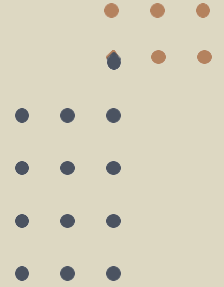


JANUARY, 2025

A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE

NATIONAL HEALTH MISSION

BOKARO, JHARKHAND



Submitted by:
**Dr. Priyanka Yadav,
Ms. Pragya Shree &
Prof. Suresh Sharma**



**POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH
DELHI**

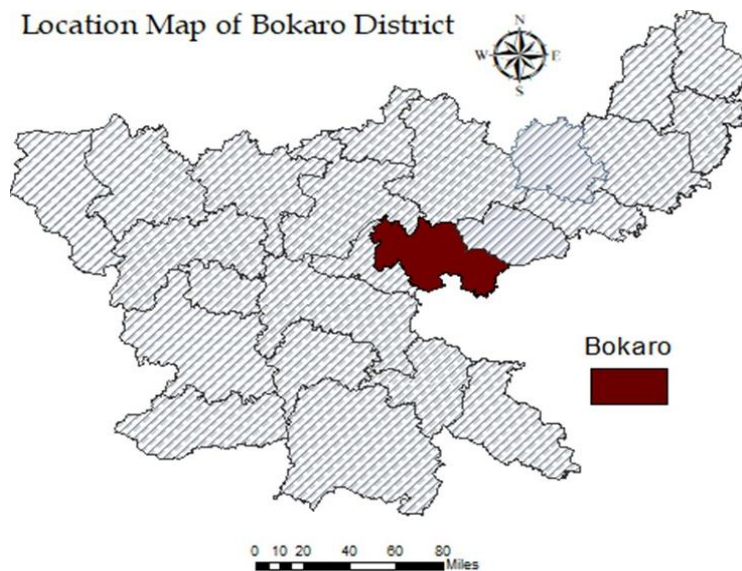
BOKARO, JHARKHAND



Introduction

The Ministry of Health and Family Welfare (MoHFW), Government of India, has assigned the Population Research Centre (PRC) the responsibility of field monitoring of the key components of the National Health Mission (NHM) State Programme Implementation Plan for 2024-25. For further planning and resource allocation in any area, it is anticipated that a timely and systematic assessment of the essential NHM components is important. This report, compiled by the Population Research Centre, Institute of Economic Growth (PRC-IEG), Delhi, presents the key findings from the field monitoring of NHM components in Bokaro district, Jharkhand. The report emphasizes on the important findings regarding the health needs at the district and sub-district levels so that the concerned authority may be directed to prioritize each area using the strategy most suitable for achieving the objectives of the National Health Mission.

Location Map of Bokaro District



The findings are based on field visits conducted by the PRC-IEG team, comprising Dr. Priyanka Yadav and Ms. Pragya Shree to various public healthcare facilities. These include District Sadar Hospital, CHC Chas; CHC Nawadih; PHC Bhawanipur; PHC Bhendra; PHC Pindrajora; PHC Telo; AAM SHC Ghatiyali; AAM SHC Kurra; AAM SHC Surhi and UAAM Birni.

During these visits, the team engaged with the Nodal programme officers, Civil Surgeon, Medical Officer-in-Charge (MOIC), Medical Staff (MOs, CHOs, ANMs, etc.), Community healthcare providers (ASHAs, Anganwadi workers, etc.), and other support personnel. These discussions were conducted to evaluate the facilities' strengths and identify challenges in healthcare service delivery.

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Key Findings and Observations from the District:

- ❖ **Infrastructure Maintenance and Civil work:** For a longer period of time, the facility's civil work requirements are ignored and unaddressed. Many rural health facilities lack adequate infrastructure, which hampers the delivery of quality healthcare services. Most of the facilities do not have proper electricity, power back up, water, washroom facilities which also effects the functionality.
- ❖ **Human Resource and Shortage of Equipment's:** There is often a deficit of trained medical staff willing to work in rural settings, leading to understaffed facilities. The district lacks sufficient medical officers and specialists at the PHC and CHC levels. Additionally, most facilities do not have functional X-ray and USG services.
- ❖ **Teleconsultation services:** Teleconsultation services are available at some of the facilities. However due to lack of staff, the utilization is low. Major cases of teleconsultation include fever, hypertension, skin disease, cough etc.
- ❖ **Public health financing:** There are shortage of funds in the district which delay in disbursement of salary of staff.
- ❖ **AAM Services:** The Sub Centres and Primary Health Centres have been converted to Ayushman Arogya Mandirs (AAM). AAM SHCs successfully deliver majority of the Comprehensive Primary Healthcare (CPHC) packages. Majority of the AAM SHC are also not delivery points. However, due to a paucity of medical officers in PHCs, services are confined to basic care such as regular births, family planning, and OPD, with just a few CPHC packages being implemented.
- ❖ **NCD Screening:** NCD screening is provided at all levels of care, including CHC, PHC, SHC. PHCs and SHCs primarily treat hypertension and diabetes. Oral, Breast Cancer are only screened and suspected cases are referred to higher facilities whereas in case of Cervical cancer in absence of proper training and infrastructure it remains unscreened at most of the facilities.

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- ❖ **Drugs and Diagnostics:** Drug availability is generally satisfactory across all visited facilities. Although some medicines were temporarily out of stock at CHC and PHC levels, they were promptly restocked. Essential medicines were fully available at all levels.
- ❖ **Status of Maternal Health and Health Outcomes:** The district is improving in its delivery services. Normal deliveries are conducted at CHC, PHC, SHC level. However due to lack in specialists at the primary level C-section are conducted at DH. Family planning services are widely utilized, with oral pills and Condoms being the most common method. However, the acceptance of IUCD and PPIUCD is satisfactory in the district.
- ❖ **Data reporting:** Data reporting is consistently updated across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya). However, the quality of physical reporting is inconsistent and needs improvement to align with digital reporting standards.
- ❖ **Quality Programs:** Quality programs such as Kayakalp, NQAS, SUMAN and LaQshya are actively implemented in the district. However, the district lags in the parameters. Several facilities are NQAS and Kayakalp certified.
- ❖ **National Health Programmes:** The NHM programs are effectively implemented, with nearly all of them operational in the district.
- ❖ **Community Interaction:** Community feedback shows a significant reliance on public health facilities. However, there is need to upgrade the facilities for better services. There is an utmost requirement of more District Hospital or Medical College in the district as patient from near by districts also come to the medical college, thus, creating pressure on the limited resources.

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District Health Facility Assessment

District Hospital Bokaro

- The hospital, originally designed to accommodate 100 beds, is currently operating with 150 beds, resulting in a high patient load.
- The SNCU is currently operating with 12 beds. However, due to the increasing patient load, there is a pressing need to expand the capacity of the unit.
- The district hospital faces challenges due to political interference, which affects the smooth functioning of its operations.
- There is a shortage of staff impacting the regular services.
- Outsourcing staff hired through agency are not well trained to deliver services.



CHC Chas

- The facility is situated in an old building which requires major renovation.
- Being a CHC the facility doesn't provide Dental, X-ray, USG services.
- Shortage of HR Specialists- Anesthesiology, Obs & Gynae, Pediatric Specialist effects the regular operations.
- There is no blood storage unit available in the facility.
- Shortage of equipment's such as X-ray and USG services creates a load on the DH.
- Lack of IEC material such as Citizen charter, BMW hoardings.



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CHC Nawadih

- The facility is under staffed with non-availability of specialists such as Pediatric & Gynecologist.
- The CHC is under renovation thus all the services provided at the ground floor leading to inefficient functioning.
- The facility doesn't have its own Ambulance, in view of its remote location there is a requirement.
- Shortage of medicine such as Inj Diclofence, Inj Tramex, Inj Ondem.



UPHC Chas Bhawanipur

- The facility is located in an urban setting still lacks basic infrastructure such as water.
- Teleconsultation services not provided which could increase its efficiency.
- In absence of basic infrastructure, the Facility don't provide delivery services which could have decreased the CHC load.



PHC Bhendra

- In absence of staff the PHC is not functional 24*7.
- The facility has been converted to AAM PHC but its functions as an OPD center with a limited medicine supply and only kit-based diagnostic tests.
- The MO, ANM and ASHA are not trained in RMNCHA+ Communicable & Non- Communicable Diseases & Expanded CPHC packages.



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PHC Pindrajora

- Kayakalp certified facility operating without Dentist, Staff Nurse, Pharmacist, data entry operator.
- The facility is an AAM-PHC but the staff MO, ANM & ASHA are not trained in all modules of Expanded CPHC Packages thus not delivering the utmost services.



PHC Telo

- The facility suffers from shortage of funds, which restricts them to provide better services.
- The facility lacks in IEC material such as Citizen Charter and data reporting mainly NCD data.
- Facility is a delivery point however in absence of funds it is not functioning to its full capacity.



AAM- SHC Ghatiyali

- The AAM-SHC is Kayakalp certified with shortage of fund leading to no timely disbursement of salary.
- Teleconsultation services provided which increase its efficiency
- The physical data reporting in the facility is not systematical, mainly the NCD data.



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AAM- SHC Kurra

- The facility requires infrastructure upgrades, including a laboratory, renewed branding.
- Despite these gaps, the CHO, ANM, and ASHAs exhibited a strong grasp of the programs, ensuring effective implementation. Furthermore, the teleconsultation facility is operating smoothly.



AAM-SHC Surhi

- The infrastructure is generally good, minor gaps such as the lack of safe drinking water, boundary wall needs to be addressed.
- The facility requires IEC material such as Citizen Charter.
- The facility also suffers from shortage of fund which hinders its functionality.



AAM-SHC Birni

- The facility is upholding good standards in sanitation, equipment efficiency, service delivery, BMW management, bed availability, IEC material display, and drug supply.
- Shortage of funds leads to delay in Renumeration and Incentives.



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Recommendations:

- 1. Focusing on CPHC Packages:** Medical Officers at PHCs, along with CHOs, ANMs and ASHAs, should be trained in complete 12 CPHC packages to ensure efficient implementation and service delivery.
- 2. Upgradation of the facilities:** There is an urgent need to upgrade the district's healthcare infrastructure. Essential facilities such as water supply, electricity, boundary walls, and toilet facilities must be ensured at all healthcare centers to enhance service delivery and maintain operational efficiency.
- 3. Providing Human Resource as per IPHS norms:** In order to provide better services sanctioned amount of HR should be deployed. The issue of shortage of Specialist and Medical Officers should be addressed.
- 4. Awareness on Family Planning:** There is a requirement of bringing more awareness about the family planning methods in the district. Prevalence of IUD and PPIUCD need to increase.
- 5. Improving Delivery Services:** Most of the facilities are capable of handling delivery services. There is need to strengthen the staff by providing proper training and start the services.
- 6. Focusing on Teleconsultation:** Teleconsultation services should be implemented in all the facility for better output and providing better facilities.
- 7. Jan Arogya Samiti:** JAS should be constituted in all facility and periodic meeting should be held.

Field Monitoring Format -District Hospital (DH)

Date of Visit: 13-01-2025

GENERAL INFORMATION	
Name of facility visited	DH Bokaro
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: RIMS Ranchi, Dhanbad medical College Distance: 45 km

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	09:00 AM to 03:00 PM	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Renovation working is in process.	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	<input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year):_2025_____			
3. Number of functional in-patient beds	_100_____ No of ICU Beds available: 10			As reported/Hospital Citizen Charter Board
4. List of Services available	24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Optometry, RBSK, AK, Palliative, Physiotherapy, Ambulance, ECG, Referral, Medicare, MIU, Specialist, SNCU.			As reported/Hospital Citizen Charter Board
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	Yes	
	2	O&G	Yes	
	3	Pediatric	Yes	
	4	General Surgery	Yes	
	5	Anesthesiology	Yes	
	6	Ophthalmology	Yes	
	7	Dental	Yes	
	8	Imaging Services (X – ray)	Yes	

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	9	Imaging Services (USG)	Yes	
	10	District Early Intervention Centre (DEIC)	No	
	11	Nutritional Rehabilitation Centre (NRC)	No	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Yes	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	Yes	
	14	Neonatal Intensive Care Unit (NICU)	No	
	15	Pediatric Intensive Care Unit (PICU)	Yes	
	16	Labour Room Complex	Yes	
	17	ICU	Yes	
	18	Dialysis Unit	Yes	
	19	Emergency Care	Yes	
	20	Burn Unit	No	
	21	Teaching block (medical, nursing, paramedical)	No	
	22	Skill Lab	No	
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/Hospital Citizen Charter Board
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal)			Tele-medicine records register/ e-sanjeevani portal

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input checked="" type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • If yes, number of units of blood currently available: <u>92</u> • No. of blood transfusions done in last month: <u>67</u> 	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/>	Observation

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	Other System, if any: (Specify)	
11. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _Good_____	As reported

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual		
		Sanctioned	Available	Sanctioned	Available	
	MO (MBBS)					
	Specialists	Medicine	1	0		
		Ob-Gyn	1	1		
		Pediatrician	1	0		
		Anesthetist	1	1		
		Surgeon	1	1		
		Ophthalmologist	1	1		
		Orthopedic	2	2		
		Radiologist	1	0		
		Pathologist	1	1		
		Others				
	Dentist	1	1			
	Staff Nurses/ GNMs	1	1			
LTs	2	1				
Pharmacist	4	4				

	Dental Technician/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
	LSAS trained doctor				
	Others				

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: No <ul style="list-style-type: none"> • Facility score: • Award received: 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> • Assessment done: Internal • Internal/State • Facility score: • Certification Status: 	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> • Labour Room: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/> No ✓ If No, Assessment Done - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/>No • Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/> No 	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS & DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
	<ul style="list-style-type: none"> • If yes, total number of drugs in EDL <u>377</u> • EDL displayed in OPD Area: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No 	Verify EDL Displayed

https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<ul style="list-style-type: none"> No. of drugs available on the day of visit (out of the EDL) <u> 12 </u> 																									
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	Observation, Check software																								
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 70%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td>As reported,</td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td>check</td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td>DVDMS,</td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td>E-</td> </tr> <tr> <td></td> <td></td> <td>aushadhi,</td> </tr> <tr> <td></td> <td></td> <td>etc.</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	1			2		As reported,	3		check	4		DVDMS,	5		E-			aushadhi,			etc.				
1																										
2		As reported,																								
3		check																								
4		DVDMS,																								
5		E-																								
		aushadhi,																								
		etc.																								
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage No _____	As reported Stock/Indent register																								
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported																								
<ul style="list-style-type: none"> In-house tests 	Timing: 09:00 AM to 03:00 PM Total number of tests available against Essential Diagnostic tests list for DH <u> 14 </u> (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house																								
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: 09:00 AM to 03:00 PM Total number of tests provided by PPP provider : <u> 250 </u> Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP																								

		provider agency
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: 2 Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. CT scan services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): 2000/- to 2500/-	Observation Patient interviews
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: 4143 (December)	Observation, Records
<ul style="list-style-type: none"> Whether the services are free for all 	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<input type="radio"/> Previous year _3723_ <input type="radio"/> Current FY __4143_ <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)	No	As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	No	As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: _217_____	Verify C-section records from Maternity

	No. of C-sections performed in last month: __70__	OT registers
<ul style="list-style-type: none"> • Comment on the condition of: 	<p>Labour room: Good</p> <p>OT: 2 Radiant warmer functional</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Observation
29. Status of JSY payments	<p>Payment is up to date: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Average delay in payment to beneficiaries:</p> <p>(Average for how many days/benefeciary)</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input checked="" type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	Verify from JSY status report
30. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p>	As reported/As Displayed in Maternity Ward

	<input checked="" type="checkbox"/> Free diagnostics <input checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
31. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month ² If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
33. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	Previous year: 3 Current year:2	Maternal Deaths Records/R review
36. Number of Child Death reported in the facility	Previous year: 50 Current year:24	Maternal Deaths

		Records/R review
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	1029	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	333	Verify BF records
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input checked="" type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input checked="" type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant	Observation
42. Number of sterilizations performed in last one month	179	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported

45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Mala D & Condom maximum use in temporary method PPIUCD after 30-40% delivery Current year 15-20 male sterilisation	As reported/observe FP registers/records if available	
46. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software	
47. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: Counsellor_____	Observation, check AFHC register	
48. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _everyday_____ days (Mention number of days)	Check NCD register	
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported	
50. Number of individuals screened for the following in last 6 months:			
	Screened	Confirmed	NCD Register
a. Hypertension	8181	1290	8181
b. Diabetes	8181	759	8181
c. Oral Cancer	7	7	7
d. Breast Cancer	25	0	25
e. Cervical Cancer	142	3	142

51. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) <u>2.3%</u>	DBT/Nikshay Report
	<ul style="list-style-type: none"> • If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	DBT/Nikshay Report
	<ul style="list-style-type: none"> • Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months <u>2%</u> 	DBT/Nikshay Report
	<ul style="list-style-type: none"> • Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: <u>75%</u>	DBT/Nikshay Report
F. RECORDS, FINANCE, OTHERS		
53. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	Respective records

<p>54. How much fund was received and utilized by the facility under NHM?</p>	<p>Fund Received last year: 3825000/- Fund utilized last year:36814785/-</p> <table border="1" data-bbox="727 327 1219 528"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>96.24%</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization			96.24%	<p>Facility FMR</p>
Fund in prev. FY											
Received	Utilized	% Utilization									
		96.24%									
	<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Machine maintenance</p>	<p>RKS Register</p>									
	<p>Reasons for underutilization of fund (if any)</p>	<p>Staff review</p>									
<p>55. Status of data entry in (match with physical records)</p>	<ul style="list-style-type: none"> • HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • MCTS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • HWC Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated 	<p>Check respective portals at the facility wrt last entries</p>									
<p>56. Frequency of RKS meeting (check and obtain minutes of last meeting held)</p>	<p>Dec 2024</p>	<p>RKS Register</p>									

57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
<ul style="list-style-type: none"> How many cases were referred here in the last month? 	Number: 45 Types of cases referred in: Respiratory, Burn, injury, trauma	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: Types of cases referred out: Emergency case, trauma case	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Unwanted referrals b) Loose motion 7 Diarrhoea cases are referred from block to DH c) Political influencer	
d) HR shortage e) As many new programs and being started there is no need of space, HR f) Outsourcing staff not upto mark g) Doctor insufficient	

Remarks & Observations (Write in Bullets within 100-300 words)

- High load of patient, the hospital is 100 bedded however, it functioning with 150 beds.
- SNCU functioning with 12 beds, but there is need to increase it.
- Unwanted referrals
- Issue of Political Interference
- HR Shortage.
- Outsourcing staff not upto mark
- Not LaQshya certified.
- No NRC is needed.

Field Monitoring Format -Community Health Centre (CHC)/ U-CHC

Urban/ Rural: Rural

Date of Visit: 15-01-2025

General Information	
Name of facility visited	CHC Chas
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: Sadar Hospital Bokaro Distance: 1 km

Please remember that along with the checklist you have to list five key challenges observed in the facility and explore the root causes during the discussion in the facility and document them.

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 09:00 AM to 03:00 PM	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Old building	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	6 Beds			As reported/Hospital Citizen Charter Board	
5. List of Services available	OPD, Normal delivery, Pharmacy, NCD, Leprosy, TB, Malaria, Routine Immunization, ARV, Lab, Family planning etc.			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital	Citizen Charter Board
	1	Medicine	Yes		
	2	O&G	No		
	3	Pediatric	No		
	4	General Surgery	No		
	5	Anesthesiology	No		
	6	Ophthalmology	Yes		
	7	Dental	No		
	8	Imaging Services (X – ray)	No		
	9	Imaging Services (USG)	No		
10	Newborn Stabilization Unit	No			

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available	As reported
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:	As reported
<ul style="list-style-type: none"> Emergency 	General emergency: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Facilities available for: 1. Triage: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation: Verify if triage area is marked
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultations per day for the last month If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, Major OT <input type="checkbox"/> Minor OT <input type="checkbox"/>	Observation Ensure signage and protocol displays
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ 	Blood Storage Unit records, Register

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: Good	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		2	2	5	5
	Specialists	Medicine	-	-	-	-
		Ob-Gyn	-	-	-	-
		Pediatrician	-	-	-	-
		Anesthetist	-	-	-	-
	Dentist		-	-	-	-

	SNs/ GNMs	1	1	1	1
	LTs	-	-	1	1
	Pharmacist	1	1	1	1
	Dental Assistant/ Hygienist	-	-	-	-
	Hospital/ Facility Manager	-	-	-	-
	EmOC trained doctor	-	-	-	-
	LSAS trained doctor	-	-	-	-
	Others				

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Facility score: Award received: Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	LaQshya Assessment Report – check score Verify certificate if awarded

D. DRUGS AND DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed
	<p>If yes, total number of drugs in EDL_64</p> <p>EDL displayed in OPD Area: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>No. of drugs available on the day of visit (out of the EDL) _69_____</p>	
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____	Observation, Check software
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	As reported, check DVDMS,
	2	E-aushadhi, etc.
	3	
	4	
	5	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage_____	As reported Stock/Indent register

20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> In-house tests 	Timing: 09:00 AM to 03:00 PM Total number of tests available against Essential Diagnostic tests list for CHC ___14___	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported

24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))		As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	X-ray	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: _____312_____ No. of C-sections performed in last month: _____76_____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: 2 bedded, Good OT: Good Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
27. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from JSY status report

	<p>Average delay: (Average for how many days/patients)</p> <p>Payment done till: Nov, 2024</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	
<p>28. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p>	<p>As reported/As Displayed in Maternity Ward</p>

	<input type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	
29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month ⁷ If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register

36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	219	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	68	Verify BF records
39. Number of sterilizations performed in last one month		FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Condom, OCP, Antra	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register

45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	4643	94	94
	b. Diabetes	4643	94	94
	c. Oral Cancer	-	-	-
	d. Breast Cancer	-	-	-
	e. Cervical Cancer	-	-	-
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Observation		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) __3%__	DBT/Nikshay Report		
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking	DBT/Nikshay Report		

	anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months __90%__	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 75%	DBT/Nikshay Report
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 103 Out of those, how many are having Gr. II deformity: 2 Frequency of Community Surveillance: Good	Facility Register/Records for leprosy

F. RECORDS, FINANCE, OTHERS

<p>51. Maintenance of records on</p>	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Malaria cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Palliative cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	<p>Respective records</p>										
<p>52. How much fund was received and utilized by the facility under NHM?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Fund Received last year: 8500000/-</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Fund utilized last year: 84485234/-</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">Fund in prev. FY</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Utilized</td> <td style="width: 50%; padding: 5px;">% Utilized</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;">99</td> </tr> </table> <p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>	Fund Received last year: 8500000/-		Fund utilized last year: 84485234/-		Fund in prev. FY		Utilized	% Utilized		99	<p>Facility FMR</p> <p>RKS Register</p> <p>Staff review</p>
Fund Received last year: 8500000/-												
Fund utilized last year: 84485234/-												
Fund in prev. FY												
Utilized	% Utilized											
	99											

53. Status of data entry in (match with physical records)	<p>HMIS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/>Not updated</p>	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	12 Jan, 2025	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: Types of cases referred in:	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: Types of cases referred out:	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Manpower Issue	Req. of Gyane, Doctors
b) Old infra, building	assement, can't be done for NQAS
c) Less IEC material	Branding needed.

Remarks & Observations (Write in Bullets within 100-300 words)
<ul style="list-style-type: none"> • Old Building needed renovation. • Dental, X-ray, USG services not available. • Shortage of HR Specialists- Anesthesiology, Obs & Gynae, Pediatric Specialist not available in the facility. • There is no blood storage unit available in the facility. • Shortage of equipment's such as X-ray and USG services. • Lack of IEC, Branding needed.

Field Monitoring Format -Community Health Centre (CHC)/ U-CHC

Urban/ Rural: Rural

Date of Visit: 14-01-2025

General Information	
Name of facility visited	CHC Nawadih
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: DH Bokaro Distance: 55 km

Please remember that along with the checklist you have to list five key challenges observed in the facility and explore the root causes during the discussion in the facility and document them.

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 09:00 AM to 03:00 PM	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good in condition Functioning 24*7	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	18 Beds			As reported/Hospital Citizen Charter Board	
5. List of Services available	OPD, Normal delivery, Pharmacy, NCD, Leprosy, TB, Malaria, Routine Immunization, ARV, Lab, Family planning etc.			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	Yes		
	2	O&G	Yes		
	3	Pediatric	Yes		
	4	General Surgery	Yes		
	5	Anesthesiology	Yes		
	6	Ophthalmology	Yes		
	7	Dental	Yes		
	8	Imaging Services (X – ray)	Yes		

A. INFRASTRUCTURE			Means of Verification
Indicator	INFRASTRUCTURE		
	9	Imaging Services (USG)	No
	10	Newborn Stabilization Unit	No
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input checked="" type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		As reported
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input checked="" type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input checked="" type="checkbox"/> Ob-Gyn <input checked="" type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:		As reported
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Observation: Verify if triage area is marked
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultations per day for the last month If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input type="checkbox"/> No		Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input checked="" type="checkbox"/> Minor OT <input checked="" type="checkbox"/>		Observation Ensure signage and protocol displays

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ 	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: Medium	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		-	-	-	-
	Specialists	Medicine	-	-	-	-
		Ob-Gyn	-	-	-	-

	Pediatrician	-	-	-	-
	Anesthetist	-	-	-	-
	Dentist	1	1	-	-
	SNs/ GNMs	2	2	-	-
	LTs	1	-	1	1
	Pharmacist	1	-	1	
	Dental Assistant/ Hygienist	1	-	1	1
	Hospital/ Facility Manager	-	-	1	1
	EmOC trained doctor	-	-	-	-
	LSAS trained doctor	-	-	-	-
	Others				

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Award received: Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No	LaQshya Assessment Report – check score Verify certificate if awarded

	If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed	
	If yes, total number of drugs in EDL24_____		
	EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		
	No. of drugs available on the day of visit (out of the EDL) __53_____		
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, Check software	
	If other, which one_____		
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Inj Diclofence	As reported, check DVDMS,
	2	Inj Tramexa	E-aushadhi, etc.
	3	Inj Ondem	
	4		
	5		
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported	

	In last 6 months, how many times there was a shortage_____	Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> In-house tests 	Timing: 09:00 AM to 03:00 PM Total number of tests available against Essential Diagnostic tests list for CHC _11_____	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: 1 Portable Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries	As reported

	<input type="checkbox"/> Free for all	
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))		As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: <u>43</u> No. of C-sections performed in last month: _____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: OT: Good Functional New-born care corner (functional radiant warmer with	Observation

	neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
27. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: (Average for how many days/patients) Payment done till: Nov, 2024 Payment done till: Current month <input type="checkbox"/> Last month <input type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/> Reasons for delay:	Verify from JSY status report
28. Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services	As reported/As Displayed in Maternity Ward

	<input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	
29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month ⁸ If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 4 Current year:4	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 26 Current year:18	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register

36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	119	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	43	Verify BF records
39. Number of sterilizations performed in last one month	63	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Good, satisfactory	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ____ANM_____ Separate male and female counselors available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register

45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)			Check NCD register
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	5573	209	209
	b. Diabetes	5573	116	116
	c. Oral Cancer	-	-	-
	d. Breast Cancer	-	-	-
	e. Cervical Cancer	-	-	-
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 4.5%_____			DBT/Nikshay Report
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking			DBT/Nikshay Report

	anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months __64%__	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 100%	DBT/Nikshay Report
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 32 Out of those, how many are having Gr. II deformity: 01	Facility Register/Records for leprosy

	Frequency of Community Surveillance: every month		
F. RECORDS, FINANCE, OTHERS			
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Respective records	
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 43500000/-</p> <p>Fund utilized last year: 43422309.50/-</p>	Facility FMR	
	Fund in prev. FY		
	Utilized		% U
	99.82%		

	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register
	Reasons for underutilization of fund (if any)	Staff review
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	09 Jan 2025	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported

	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 14 Types of cases referred out: Emergency	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) HR Gynae absent b) Political interferences c) Pedia, Specialist HR	
d) Proper training must be done for the Doctor so that they can provide specialised services.	
e) Transport, ambulance required f) X ray digital Analyzer Doctor training must be done by state Emoc.	
g) 1 st floor under construction, everything on same floor	

h) Old building disposal norms.	
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Remarks & Observations (Write in Bullets within 100-300 words)

- Lack of specialists- Pediatric & Gynecologist. and staff.
- Under renovation.
- Requirement of Ambulance.
- Shortage of medicine.
- Proper training must be done for the Doctor so that they can provide specialized services.

Field Monitoring Format- Ayushman Arogya Mandir-Primary Health Centre/ Urban Primary Health Centre (AAM -PHC/ AAM-UPHC)

Urban /Rural: Urban

Date of Visit: 15-01-2025

A. General Information	
1. State	Jharkhand
2. District Name	Bokaro
3. Block/Taluka Name	Chas
4. Name of Facility	UPHC Chas Bhawanipur
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1126314713
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	09:00 AM to 03:00 PM
9. Month & Year of operationalization of AAM	July, 2022
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	DH
13. Distance of next referral facility (in Km)	5 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	33/34/35/06/18/19/31/32/17
2. No. of Households	6570
3. Total catchment Population	36257
4. Population who are 30 years of age and above	13410

B. Physical Infrastructure			
Infrastructure Status and details		Availability	
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	S.no	Building
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8.	OPD room	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Examination table with privacy curtains/screen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Availability of furniture:	Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15.	Availability of Running Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	-	-	1	1
2.	AYUSH MO*	1	-	-	-	-
3.	Dentist*	1	-	-	-	-
4.	Staff Nurse	2	-	-	-	-
5.	Pharmacist	1	-	-	-	-
6.	Laboratory Technician	1	-	-	1	1
7.	ANM/MPW (F)#	1	-	-	1	1
8.	MPW (M)	1	-	-	-	-
9.	Lady Health Visitor	1	-	-	-	-
10.	Dresser	1	-	-	-	-
11.	Accountant	1	-	-	-	-
12.	Data entry operator	1	-	-	-	-
13.	Sanitation staff	1	-	-	1	1
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		-	-	-	19
15.	ASHA Facilitator (If any, only for Rural areas)		-	-	1	1
16.	Others (Specify)		-	-	2	2
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	Yes	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)				

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	Trained in Elderly & Palliative Care (Y/N)	Trained in Trauma & Emergency care (Y/N)
MO (MBBS)	Yes	Yes	Yes	Yes	Yes	Yes
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW-F	Yes	Yes	Yes	Yes	Yes	Yes
MPW- M	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix

	<input checked="" type="checkbox"/> Screening and management of mental health ailments
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E.2 Availability of Expanded Packages of Services						
Service Packages	Services Available		Drugs available		Diagnostics & consumables available	
Ophthalmic care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

F. Availability of Essential medicines		
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	83 <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>
2	Total number of medicines available at AAM-PHC/UPHC	83
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever

4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	8

		(Total number of diagnostic tests at AAM- PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	8
4	Number of tests Provided through In House Mode	8
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	MP Slide method	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Malaria Rapid test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop / Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
J. Governance			
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Minutes of meeting maintained	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Other Sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>Fund utilization</p> <p>NHM Fund/untied funds utilized during last year:</p>	<table border="1"> <thead> <tr> <th data-bbox="603 255 892 450">Funds received (Amount in Rs.)</th> <th data-bbox="892 255 1177 450">Expenditure (Amount in Rs.)</th> <th data-bbox="1177 255 1458 450">% Expenditure</th> </tr> </thead> <tbody> <tr> <td data-bbox="603 450 892 568">500000/-</td> <td data-bbox="892 450 1177 568">450000/-</td> <td data-bbox="1177 450 1458 568">90%</td> </tr> </tbody> </table>			Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	500000/-	450000/-	90%
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure							
500000/-	450000/-	90%							
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>								

Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)						
1	Total number of outpatient department visits	3082				
2	No. of PW registered for ANC	221				
3	No. of PW received 4 or more ANC check-ups	295				
4	Total number of institutional deliveries	0				
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	6				
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	88				
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	84				
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0				
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	7				
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0				
11	TB patients undergoing treatment <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Indicators</th> <th style="width: 30%;">Current year</th> </tr> </thead> <tbody> <tr> <td>No. of presumptive TB patients identified</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>		Indicators	Current year	No. of presumptive TB patients identified	0
Indicators	Current year					
No. of presumptive TB patients identified	0					

	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
12	% of target population administered CBAC	37%		
	% of target population with score below 4	18		
	% of target population with score 4 and above	19		
Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	2533	336	336
	Diabetes	2533	290	290
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	2533	0	-
	Breast Cancer*	1429	0	-
	Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter

		<input type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity Care being practiced <input type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	August 2024
2	Facility aggregate score using ODK Took kit	24.65

Remarks & Observations

Infrastructure
Water Shortage
Facility don't provide delivery services.
HRH
IEC
Expanded service Packages
IT System
Any Other <ul style="list-style-type: none"> • Teleconsultation services not provided.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope				
3	Radiant Warmer				
4	Pulse Oximeter-Finger Tip				
5	Pulse Oximeter-Table Top				
6	Labor Bed	Yes		Yes	
7	Foetal Doppler				
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine				
13	Mobile Spotlight	Yes		Yes	
14	Manual Vacuum Aspirator				
15	Weighing Scale				
16	Baby Weighing Scale	Yes		Yes	
17	Infantometer	Yes		Yes	
18	Ophthalmoscope				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
22	ILR With Voltage Stabilizer-Small				
23	Deep Freezer-Small				
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part	Yes		Yes	
28	Semi-Automated Biochemistry Analyser				
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type				
37	BP Apparatus- Aneroid	Yes		Yes	
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table	Yes		Yes	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle				
43	Exerciser Couch/Table				
44	Finger Exerciser Web				
45	Walking Aid for Training/ Reciprocal Walker				

Field Monitoring Format- Ayushman Arogya Mandir-Primary Health Centre/ Urban Primary Health Centre (AAM -PHC/ AAM-UPHC)

Urban /Rural: Rural

Date of Visit: 14-01-2025

A. General Information	
1. State	Jharkhand
2. District Name	Bokaro
3. Block/Taluka Name	Nawadih
4. Name of Facility	PHC Bhendra
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	
7. No. of days in a week facility is operational	6 days
8. OPD Timings	09:00 AM to 03:00 PM
9. Month & Year of operationalization of AAM	04/2023
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	CHC Nawadih
13. Distance of next referral facility (in Km)	12 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	15
2. No. of Households	6765
3. Total catchment Population	31756
4. Population who are 30 years of age and above	11238

B. Physical Infrastructure			
Infrastructure Status and details		Availability	
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	S.no	Building √ Mark
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4.	Availability of IPD Beds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Availability of furniture:	Table <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chairs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Almirah/Shelf <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	-	-	1	1
2.	AYUSH MO*	1	-	-	-	-
3.	Dentist*	1	-	-	-	-
4.	Staff Nurse	2	-	-	-	-
5.	Pharmacist	1	-	-	-	-
6.	Laboratory Technician	1	-	-	1	1
7.	ANM/MPW (F)#	1	-	-	2	2
8.	MPW (M)	1	-	-	1	1
9.	Lady Health Visitor	1	-	-	-	-
10.	Dresser	1	-	-	-	-
11.	Accountant	1	-	-	-	-
12.	Data entry operator	1	-	-	-	-
13.	Sanitation staff	1	-	-	-	-
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		-	-	-	15
15.	ASHA Facilitator (If any, only for Rural areas)		-	-	-	3

16.	Others (Specify)				
17.	Whether all essential HRH available as per IPHS 2022				

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	No	No	No	Yes
Child Health (New Born Care/ HBNC/HBYC)	No	No	No	Yes
Family Planning	No	No	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	No	No	Yes	Yes
NCD	No	No	Yes	Yes
Others (Specify)				

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	Trained in Elderly & Palliative Care (Y/N)	Trained in Trauma & Emergency care (Y/N)
MO (MBBS)	No	No	No	No	No	No
Staff Nurse	No	No	No	No	No	No
ANM/ MPW-F	Yes	Yes	Yes	No	Yes	Yes
MPW- M	Yes	Yes	Yes	No	Yes	Yes
ASHA	No	No	No	No	No	No

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB

	<input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments

E.2 Availability of Expanded Packages of Services						
Service Packages	Services Available		Drugs available		Diagnostics & consumables available	
Ophthalmic care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

F. Availability of Essential medicines		
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	 <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>
2	Total number of medicines available at AAM-PHC/UPHC	67

3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
4	Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream) </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)			
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)		
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks		
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	
4	Number of tests Provided through In House Mode	
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

15.	Blood Sugar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

I. Wellness Activities			
Wellness sessions being held periodically		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Availability of a trained instructor for wellness session		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
J. Governance			
Constitution of Jan Arogya Samiti		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic JAS meetings in the last 6 months		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minutes of meeting maintained		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic VHND sessions undertaken		<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> IHIP		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> HMIS		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FPLMIS		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> DVDMS		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nikshay		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility funds	Fund Source		Timely disbursement	
	Untied		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Sources		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fund utilization NHM Fund/untied funds utilized during last year:				
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	
	175000/-	65000/-	37.14%	
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
Status of JSY Payments	<p>Payment done till (month/ year) Nov, 2024</p> <p>Average Delay in Payment (days):</p>			

	Reasons for delay, if any
Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	747
2	No. of PW registered for ANC	100
3	No. of PW received 4 or more ANC check-ups	72
4	Total number of institutional deliveries	26
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	1
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	127
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	127
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0

11	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	715		
	No. of TB patients diagnosed out of the presumptive patients referred			
	No. of TB patients taking treatment in the AAM			
12	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
Community Based Screening for NCDs				
13	NCDs	Screened	Treated	Follow-up
	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension			
	Diabetes			
	NCDs	Screened	Referred	Follow-up
	<i>(No. of individuals in Last 6 Months)</i>			
	Oral Cancer*			
Breast Cancer*				
Cervical Cancer*				

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	
2	Facility aggregate score using ODK Took kit	

Remarks & Observations
<p>Infrastructure</p> <p>Theft issue</p> <p>Security Issue</p> <p>No housing facility for staff</p>
<p>HRH</p> <p>HR issue</p> <p>HR training issue</p>
<p>IEC</p> <p>No Citizen Charter</p>
<p>Expanded service Packages</p>
<p>IT System</p>
<p>Any Other</p>

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope				
3	Radiant Warmer	Yes		Yes	
4	Pulse Oximeter-Finger Tip				
5	Pulse Oximeter-Table Top				
6	Labor Bed	Yes		Yes	
7	Foetal Doppler				
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
12	Suction Machine	Yes		Yes	
13	Mobile Spotlight				
14	Manual Vacuum Aspirator				
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale	Yes		Yes	
17	Infantometer				
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
22	ILR With Voltage Stabilizer-Small				
23	Deep Freezer-Small				
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser				
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type				
37	BP Apparatus- Aneroid				
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table	Yes		Yes	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle				
43	Exerciser Couch/Table				
44	Finger Exerciser Web				
45	Walking Aid for Training/ Reciprocal Walker				

Field Monitoring Format- Ayushman Arogya Mandir-Primary Health Centre/ Urban Primary Health Centre (AAM -PHC/ AAM-UPHC)

Urban /Rural: Rural

Date of Visit: 15-01-2025

A. General Information	
1. State	Jharkhand
2. District Name	Bokaro
3. Block/Taluka Name	Chas
4. Name of Facility	AAM PHC Pindrajora
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	1112445653
7. No. of days in a week facility is operational	24*7
8. OPD Timings	09:00 AM to 03:00 PM
9. Month & Year of operationalization of AAM	04/2023
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	SDH Chas
13. Distance of next referral facility (in Km)	11 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	08
2. No. of Households	2422
3. Total catchment Population	12110
4. Population who are 30 years of age and above	3500

B. Physical Infrastructure			
Infrastructure Status and details		Availability	
1.	Availability of Govt owned Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	S.no	Building
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Availability of IPD Beds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Availability of boundary Wall	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	OPD room Examination table with privacy curtains/screen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Waiting area with sitting arrangements for patients/ attendants	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Availability of furniture:	Table	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Chairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Almirah/Shelf	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Pharmacy /Drug store	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Availability of Running Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Electricity connection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Power back up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21.	Provision of BMW management	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Colour coded waste bins	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	1	-	-
2.	AYUSH MO*	1	-	-	1	1
3.	Dentist*	1	-	-	-	-
4.	Staff Nurse	2	-	-	-	-
5.	Pharmacist	1	-	-	-	-
6.	Laboratory Technician	1	1	1	-	-
7.	ANM/MPW (F)#	1	1	1	1	1
8.	MPW (M)	1	3	2	2	2
9.	Lady Health Visitor	1	-	-	-	-
10.	Dresser	1	-	-	-	-
11.	Accountant	1	-	-	-	-
12.	Data entry operator	1	-	-	-	-
13.	Sanitation staff	1	-	-	-	3
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	-	-	-	-	19
15.	ASHA Facilitator (If any, only for Rural areas)	-	-	-	2	2
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	No	No	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	No	Yes	Yes	Yes
Family Planning	No	No	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	No	Yes	Yes
NCD	Yes	No	Yes	Yes
Others (Specify)				

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	Trained in Elderly & Palliative Care (Y/N)	Trained in Trauma & Emergency care (Y/N)
MO (MBBS)	No	No	No	No	No	No
Staff Nurse	No	No	No	No	No	No
ANM/ MPW-F	Yes	Yes	Yes	No	Yes	No
MPW- M	No	No	No	No	No	No
ASHA	Yes	Yes	Yes	No	Yes	Yes

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix

	<input type="checkbox"/> Screening and management of mental health ailments
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Availability of Essential medicines		
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</i>	<i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>
2	Total number of medicines available at AAM-PHC/UPHC	55
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever

4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	

		(Total number of diagnostic tests at AAM- PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	18
4	Number of tests Provided through In House Mode	-
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
J. Governance			
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Minutes of meeting maintained	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Other Sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<p>Fund utilization</p> <p>NHM Fund/untied funds utilized during last year:</p>	<table border="1"> <thead> <tr> <th data-bbox="603 255 895 454">Funds received (Amount in Rs.)</th> <th data-bbox="895 255 1177 454">Expenditure (Amount in Rs.)</th> <th data-bbox="1177 255 1463 454">% Expenditure</th> </tr> </thead> <tbody> <tr> <td data-bbox="603 454 895 640">120000/-</td> <td data-bbox="895 454 1177 640">120000/-</td> <td data-bbox="1177 454 1463 640">100%</td> </tr> </tbody> </table>			Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	120000/-	120000/-	100%
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure							
120000/-	120000/-	100%							
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>								
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Nov 2024</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>								

Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1890
2	No. of PW registered for ANC	47
3	No. of PW received 4 or more ANC check-ups	14
4	Total number of institutional deliveries	232
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	57
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	51
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	4
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	0
	No. of TB patients diagnosed out of the presumptive patients referred	6

	No. of TB patients taking treatment in the AAM	0		
12	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
	Community Based Screening for NCDs			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	1500	76	76
	Diabetes	1500	76	76
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	-	-	-
	Breast Cancer*	-	-	-
	Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Winner 2 times 2020-21 70% 2017-18 72%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials

		<input type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity Care being practiced <input type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	20-10-2024
2	Facility aggregate score using ODK Took kit	39.89%

Remarks & Observations	
Infrastructure	
Branding material required	
Old building outside req to demolish	

HRH No lady doctor Only 1 medical officer , required 2
IEC IEC material required.
Expanded service Packages MO not trained in Expanded CPHC Packages. ANM & ASHA partially trained.
IT System No data entry operator.
Any Other

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope				
3	Radiant Warmer	Yes		Yes	
4	Pulse Oximeter-Finger Tip				
5	Pulse Oximeter-Table Top				
6	Labor Bed	Yes		Yes	
7	Foetal Doppler	Yes		Yes	
8	Phototherapy Unit	Yes		Yes	
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine	Yes		Yes	
13	Mobile Spotlight				
14	Manual Vacuum Aspirator	Yes		Yes	
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale	Yes		Yes	
17	Infantometer				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
22	ILR With Voltage Stabilizer-Small	Yes		Yes	
23	Deep Freezer-Small	Yes		Yes	
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser				
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type	Yes		Yes	
37	BP Apparatus- Aneroid				
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table	Yes		Yes	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle				
43	Exerciser Couch/Table				
44	Finger Exerciser Web				
45	Walking Aid for Training/ Reciprocal Walker				

Field Monitoring Format- Ayushman Arogya Mandir-Primary Health Centre/ Urban Primary Health Centre (AAM -PHC/ AAM-UPHC)

Urban /Rural: Rural

Date of Visit: 14-01-2025

A. General Information	
1. State	Jharkhand
2. District Name	Bokaro
3. Block/Taluka Name	Chandrapura
4. Name of Facility	PHC Telo
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	09:00 AM to 03:00 PM
9. Month & Year of operationalization of AAM	2016
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	CHC Nawadih
13. Distance of next referral facility (in Km)	13 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	No

A.1 Demographic Details	
1. Number of Villages/Wards	12
2. No. of Households	4113
3. Total catchment Population	9392
4. Population who are 30 years of age and above	6018

B. Physical Infrastructure																	
Infrastructure Status and details		Availability															
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
2.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>S.no</th> <th>Building</th> <th>√ Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td></td> </tr> <tr> <td>D</td> <td>Rented etc</td> <td></td> </tr> </tbody> </table>	S.no	Building	√ Mark	A	Other Govt.		B	Panchayat Bhawan		C	Urban Local Body		D	Rented etc	
		S.no	Building	√ Mark													
		A	Other Govt.														
		B	Panchayat Bhawan														
		C	Urban Local Body														
D	Rented etc																
3.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
4.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
5.	If yes, Number of functional IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
10.	Availability of furniture:	Table <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chairs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Almira/Shelf <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
13.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
19.	Safe drinking Water for staff and patients	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	2	-	-
2.	AYUSH MO*	1	-	-	-	-
3.	Dentist*	1	-	-	-	-
4.	Staff Nurse	2	2	-	2	2
5.	Pharmacist	1	-	-	-	-
6.	Laboratory Technician	1	-	-	1	1
7.	ANM/MPW (F)#	1	-	-	1	1
8.	MPW (M)	1	-	-	-	-
9.	Lady Health Visitor	1	-	-	-	-
10.	Dresser	1	-	-	-	-
11.	Accountant	1	-	-	-	-
12.	Data entry operator	1	-	-	-	-
13.	Sanitation staff	1	-	-	2	2
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		-	-	-	13
15.	ASHA Facilitator (If any, only for Rural areas)		-	-	2	2
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	Yes	Yes	No	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	No	Yes
Family Planning	Yes	Yes	No	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	No	Yes
NCD	Yes	Yes	No	Yes
Others (Specify)	Yes	Yes	No	Yes

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	Trained in Elderly & Palliative Care (Y/N)	Trained in Trauma & Emergency care (Y/N)
MO (MBBS)	Yes	Yes	Yes	Yes	Yes	Yes
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW-F	Yes	Yes	Yes	Yes	Yes	Yes
MPW- M	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast

	<input type="checkbox"/> Screening of common cancers – cervix <input type="checkbox"/> Screening and management of mental health ailments
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines	
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>164</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>45</p>
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input checked="" type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p>

		<input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	64 (Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	6

4	Number of tests Provided through In House Mode	6
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	MP Slide method	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Fever, Skin, Cough, HT, DM
Total teleconsultations in the last 01 month	2

I. Wellness Activities	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

J. Governance

Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

K. Reporting

Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

L. Finance

Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
NHM Fund/untied funds utilized during last year:			

<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year) Nov, 2024</p> <p>Average Delay in Payment (days): 1 month</p> <p>Reasons for delay, if any No fund</p>		
<p>Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>		

	<p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1234
2	No. of PW registered for ANC	79
3	No. of PW received 4 or more ANC check-ups	377
4	Total number of institutional deliveries	33
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	10
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	70
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	65
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	1
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	2
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	
	No. of TB patients diagnosed out of the presumptive patients referred	
	No. of TB patients taking treatment in the AAM	
12	Community Based Screening for NCDs	

	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	385	385	301
	Diabetes	187	187	180
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	-	-	-
	Breast Cancer*	-	-	-
	Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced

		<input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	No
2	Facility aggregate score using ODK Took kit	NA

Remarks & Observations

Infrastructure

No fund to buy register, mob etc

HRH

Shortage of HR

IEC
No citizen charter
Expanded service Packages
The services are provided.
IT System
Any Other

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope				
3	Radiant Warmer	Yes		Yes	
4	Pulse Oximeter-Finger Tip	Yes		Yes	
5	Pulse Oximeter-Table Top				
6	Labor Bed	Yes		Yes	
7	Foetal Doppler	Yes		Yes	
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine				
13	Mobile Spotlight				
14	Manual Vacuum Aspirator				
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale	Yes		Yes	
17	Infantometer				
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
22	ILR With Voltage Stabilizer-Small				
23	Deep Freezer-Small				
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser				
29	Binocular Microscope				
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type				
37	BP Apparatus- Aneroid				
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table	Yes		Yes	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle				
43	Exerciser Couch/Table				
44	Finger Exerciser Web				
45	Walking Aid for Training/ Reciprocal Walker				

Field Monitoring Format-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit: 15-01-2025

A. General Information	
1. State	Jharkhand
2. District Name	Bokaro
3. Block/Taluka Name	Chas
4. Name of Facility	AAM Ghatiyali
5. Type of Facility	Sub centre
6. NIN of the facility	5562884469
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	09:00 AM to 03:00 PM
9. Month & Year of AAM operationalization	04/2024
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Chas
12. Distance of next referral facility (Km)	9.1 km

A.1 Demographic Details	
1. Number of Villages	23574
2. No. of Households	4276
3. Total catchment Population	23528
4. Population who are 30 years of age and above	8335

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input type="checkbox"/> ANM

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1
2	ANM/MPW-F	2	-	-	1	1
3	MPW-M		-	-	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	-	16
4	Any other (If yes, specify)					

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases			
Services	CHO (Yes/ No)	MPW (F) / (M) (Yes/ No)	ASHA (Yes/ No)
Maternal Health (ANC/PNC Care)	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes

Family Planning	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes
NCD	Yes	Yes	Yes

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/ No)	Trained in ENT care (Yes/ No)	Trained in oral care (Yes/ No)	Trained in MNS (Yes/ No)	Trained in Elderly & Palliative care (Yes/ No)	Trained in Trauma & Emergency care (Yes/ No)
CHO	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW (F)	Yes	Yes	Yes	Yes	Yes	Yes
MPW (M)	-	-	-	-	-	-
ASHA	No	No	No	No	No	No

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <p><input type="checkbox"/> ANC/ PNC</p> <p><input type="checkbox"/> Neonatal and infant healthcare services</p> <p><input type="checkbox"/> Childhood and Adolescent healthcare services</p> <p><input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</p> <p>Communicable diseases</p> <p><input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p>

	<input checked="" type="checkbox"/> TB <input type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference-	
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https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	31	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	7 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	7
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit

User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)

Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Fever, Cough, Skin, Hypertension.
Total Teleconsultations in the last 01 month	50

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

J. Finance	
Remuneration & Incentives	
Timely disbursement of incentives to ASHAs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to CHOs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Facility funds</p> <p>Timely disbursement of untied funds</p> <p>Fund flow through other sources</p> <p>Specify any other fund source:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Fund utilization</p> <p>% NHM Fund utilized last year:</p>	<p>Funds received (Amt in Rs.)</p> <p>50000/-</p>	<p>Expenditure (Amt in Rs.)</p> <p>25000/-</p>	<p>% Expenditure</p> <p>50%</p>
<p>Is untied fund being spent on following activities</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>K. Governance</p>			
<p>Community-based platforms</p>			

Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...10 Days.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	12	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1280
2	No. of PW registered for ANC	112
3	No. of PW received 4 or more ANC check-ups	112
4	Total number of institutional deliveries	1
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	24
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	-

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	-		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	91		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified			
	No. of TB patients diagnosed out of the presumptive patients referred	142		
	No. of TB patients taking treatment in the AAM	16		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	2295		624
	Diabetes	2295		624
	Oral Cancer	2295		
	Breast Cancer	504		
	Cervical Cancer	504		

N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	73.1%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms

	<input type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	15 June 2024
2	Facility aggregate score using ODK Took kit	47%

Remarks & Observations	
Infrastructure	Lack in bio disposal waste management system
HRH	
IEC	Lack in IEC.
Expanded service Packages	ASHA not trained in Expanded CPHC Packages Not all services provided in CPHC Package.
IT System	No DVDMS.
Any Other	No timely disbursement of salary. Facility is Kayakalp certified.

Appendix-List of equipment

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	Yes		Yes	
2	BP apparatus- Aneroid/ Sphygmomanometer				
3	Weighing machine Electronic	Yes		Yes	
4	Hemoglobinometer	Yes		Yes	
5	Glucometer	Yes		Yes	
6	Thermometer	Yes		Yes	
7	Baby weighing scale	Yes		Yes	
8	Stethoscope	Yes		Yes	
9	Near Vision chart	Yes		Yes	
10	Snellen vision chart	Yes		Yes	
11	Stadiometer				
12	Tuning fork				

Field Monitoring Format-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Rural/ Urban: Rural

Date of Visit: 15-01-2025

A. General Information	
1. State	Jharkhand
2. District Name	Bokaro
3. Block/Taluka Name	Chas
4. Name of Facility	AAM Kurra
5. Type of Facility	AAM SHC
6. NIN of the facility	3251345512
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	09:00 AM to 03:00 PM
9. Month & Year of AAM operationalization	2012 December
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Chas
12. Distance of next referral facility (Km)	12 km

A.1 Demographic Details	
1. Number of Villages	12
2. No. of Households	2305
3. Total catchment Population	16684
4. Population who are 30 years of age and above	6174

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input type="checkbox"/> ANM

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	1	1	-	-
2	ANM/MPW-F	2	1	1	-	-
3	MPW-M		1	1	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-		-	16
4	Any other (If yes, specify)		1	1	-	-

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases			
Services	CHO (Yes/ No)	MPW (F) / (M) (Yes/ No)	ASHA (Yes/ No)
Maternal Health (ANC/PNC Care)	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes

Family Planning	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes
NCD	Yes	Yes	Yes

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/ No)	Trained in ENT care (Yes/ No)	Trained in oral care (Yes/ No)	Trained in MNS (Yes/ No)	Trained in Elderly & Palliative care (Yes/ No)	Trained in Trauma & Emergency care (Yes/ No)
CHO	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW (F)	Yes	Yes	Yes	Yes	Yes	Yes
MPW (M)	-	-	-	-	-	-
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <p><input type="checkbox"/> ANC/ PNC</p> <p><input type="checkbox"/> Neonatal and infant healthcare services</p> <p><input type="checkbox"/> Childhood and Adolescent healthcare services</p> <p><input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</p> <p>Communicable diseases</p> <p><input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p>

	<input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference-	105
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https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	58	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	10
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent

	<input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app

	Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	Cough & Cold, Fever, Itching, Weakness, TB, Tobacco consumption
Total Teleconsultations in the last 01 month	30

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

J. Finance	
Remuneration & Incentives	
Timely disbursement of incentives to ASHAs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to CHOs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Facility funds Timely disbursement of untied funds <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fund flow through other sources <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify any other fund source:				
Fund utilization % NHM Fund utilized last year:		Funds received (Amt in Rs.) 50000/-	Expenditure (Amt in Rs.) 50000/-	% Expenditure 100%
Is untied fund being spent on following activities		Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No If yes, specify <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance				

Community-based platforms		
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic JAS meetings in the last 6 months (Once a month)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
JAS meeting minutes available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	10.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	06	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	100
2	No. of PW registered for ANC	30
3	No. of PW received 4 or more ANC check-ups	27
4	Total number of institutional deliveries	5
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	4

6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	27		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	24		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	20		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	4		
	No. of TB patients diagnosed out of the presumptive patients referred	12		
	No. of TB patients taking treatment in the AAM	05		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	37%		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	5746	119	119
	Diabetes	5746	80	80
	Oral Cancer	-	-	-
	Breast Cancer	-	-	-
	Cervical Cancer	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	70%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity care being practiced <input type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms

		<input type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	14 June 2024
2	Facility aggregate score using ODK Took kit	59%

Remarks & Observations	
Infrastructure	
Door & Window maintenance	
Water issue	
Toiled need maintenance	
HRH	
Only 1 ANM in the facility	
IEC	
Required	
Expanded service Packages	
IT System	
Any Other	

Appendix-List of equipment

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	Yes		Yes	
2	BP apparatus- Aneroid/ Sphygmomanometer				
3	Weighing machine Electronic	Yes		Yes	
4	Hemoglobinometer	Yes		Yes	
5	Glucometer	Yes		Yes	
6	Thermometer	Yes		Yes	
7	Baby weighing scale	Yes		Yes	
8	Stethoscope	Yes		Yes	
9	Near Vision chart				
10	Snellen vision chart	Yes		Yes	
11	Stadiometer				
12	Tuning fork				

Annexure VI

Field Monitoring Format - Community Level

Date of Visit	
Name of Village/ Slum visited	
Details of nearest public health facility (from residence)	<i>Facility name:</i> <i>Facility type:</i> <i>Distance:</i>
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Please remember that along with the checklist you have to list five key challenges observed in the community and explore the root causes during the discussion with the community members and document them.

Questions	Probes	Responses to be recorded here
Topic: Community's choice of provider		

<p>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</p>	<p>Healthcare provider probes: <i>Self (home remedies), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</i></p> <p>Reasons probes: <i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<p>√</p>	<p>Reason for the choice</p> <ul style="list-style-type: none"> • Proximity, • Convenience • Economical • Trust/Faith on the provider/ Practice .
<p>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.) Reasons, thereof.</p>		<p><i>Self (home remedies)</i></p> <p><i>Informal healers</i></p> <p><i>private practitioners/ hospitals,</i></p> <p><i>public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i></p> <p><i>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</i></p> <p><i>AYUSH practitioners.</i></p> <p><i>Self (home remedies)</i></p>	

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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC

Can you share your views on the AAM-SC/ PHC/ UPHC in your area?

How long has it been there?

What are the health services being provided there?

May use local terms as recognized by the community

*Services may include:
RMCHA+N services,
communicable diseases,
NCDs, elderly, palliative care, etc*

*Probes-less than 3 Months/
Less than 6 months/less than one yr./ Greater than one yr.)*

*Probes-RCH, NCD,
Communicable diseases,
expanded packages)*

Topic: Accessibility to primary healthcare services

How do you access the facility from your residence?	<i>Probes: Walk to the facility</i> <i>Use public transport</i> <i>Use personal transport</i>	
What are the challenges you face in accessing this facility?	<i>Barriers may include:</i> <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none"> • <i>Geographical barriers</i> • <i>structural barriers within the facility or its premises</i> • <i>financial barriers</i> • <i>socio-cultural barriers</i> • <i>Others, (please specify):</i>
Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/ visits?		

Topic: Availability of primary health care infrastructure and services

What are your opinions on the building in which the primary healthcare facility is functioning?	<i>Probes</i>	Infrastructure and services	Response
What more needs to be added to improve the	<ul style="list-style-type: none"> - <i>Condition of the building</i> - <i>Maintenance</i> - <i>Dedicated space for waiting and examination</i> - <i>Adequate seating arrangement</i> - <i>Functional toilet</i> - <i>Potable and drinking water</i> - <i>Power supply</i> 	<i>Condition of the building</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad

<p><i>treatment-seeking experience in this place?</i></p>		<p><i>Dedicated space for waiting and examination</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p><i>Adequate seating arrangement</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p><i>Functional toilet</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p><i>Potable/ drinking water</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p><i>Power supply</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>When you visit the facility, are the staff available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p>Staff may include: Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	

<p><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	
<p>Topic: Acceptability of healthcare services</p>		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p>Probe: <i>Adequate skills and knowledge</i></p>	
<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p>	<p>Innovative may include <i>painless, time-saving or cost-saving methods or technology</i></p> <p>Alternate phrasing: <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment?</i></p> <p><i><u>This may include social, psychological, physical or financial distress.</u></i></p>	

<p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>		
<p>Topic: Appropriateness of primary healthcare services delivered through AAM</p>		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>	<p><i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe: To share some insights</i></p>	
<p>Topic: Community's involvement / participation</p>		
<p><i>Can you share about any activity/ initiative</i></p>	<p><i>Probes</i></p>	

<p><i>in which you or your family participate to improve your personal/collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and your contribution</i></p>	<p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	
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Topic: Unmet Needs

<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p>		
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<p><i>Do they have to incur personal expenditure as a result?</i></p>		
<p>Topic: Quality of Care provided through the primary healthcare facility</p>		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - <i>Provider behaviour/ attitude</i> - <i>Waiting time</i> - <i>Cleanliness of the premises</i> - <i>Provision for Grievance redressal and escalation</i> - <i>Practice of soliciting and implementing feedback</i> - <i>Right diagnosis</i> - <i>Accuracy of diagnostic tests done at the facility</i> - <i>Effectiveness of medicines dispensed at the facility</i> 	

Summary:

Key Challenges Observed	Root Cause

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Field Monitoring Format-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit: 14-01-2025

A. General Information	
1. State	Jharhand
2. District Name	Bokaro
3. Block/Taluka Name	Surhi
4. Name of Facility	AAM Surhi
5. Type of Facility	Sub centre
6. NIN of the facility	3344228378
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	09:00 AM to 03:00 PM
9. Month & Year of AAM operationalization	10-06-2013
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Nawadih
12. Distance of next referral facility (Km)	6 km

A.1 Demographic Details	
1. Number of Villages	01
2. No. of Households	2866
3. Total catchment Population	17,434
4. Population who are 30 years of age and above	6451

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1
2	ANM/MPW-F	2	-	-	2	2
3	MPW-M		-	-	1	1
3	ASHA <i>(Population Norms -1 ASHA per 1000 population)</i>	-	-	-	19	19
4	Any other (If yes, specify)					

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases			
Services	CHO (Yes/ No)	MPW (F) / (M) (Yes/ No)	ASHA (Yes/ No)
Maternal Health (ANC/PNC Care)	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes

Family Planning	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes
NCD	Yes	Yes	Yes

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/ No)	Trained in ENT care (Yes/ No)	Trained in oral care (Yes/ No)	Trained in MNS (Yes/ No)	Trained in Elderly & Palliative care (Yes/ No)	Trained in Trauma & Emergency care (Yes/ No)
CHO	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW (F)	Yes	Yes	Yes	Yes	Yes	Yes
MPW (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)

	<input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list	105
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(Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	56	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	14
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum

	<input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app

	Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Fever, Cold, Skin.
Total Teleconsultations in the last 01 month	88

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

J. Finance	
Remuneration & Incentives	
Timely disbursement of incentives to ASHAs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to CHOs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Disbursement of team-based incentives to AAM-SHC team			
Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	50000/-	50000/-	100%
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			

Community-based platforms		
Constitution of Jan Arogya Samiti		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months (Once a month)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
JAS meeting minutes available		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
L. Wellness Activities		
Wellness sessions being held periodically		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Wellness sessions conducted in Last month	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months		
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1241
2	No. of PW registered for ANC	96
3	No. of PW received 4 or more ANC check-ups	48
4	Total number of institutional deliveries	28
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	15

6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	87		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	75		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	1		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	12		
	No. of TB patients diagnosed out of the presumptive patients referred	305		
	No. of TB patients taking treatment in the AAM	07		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			6451
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	301	33	16
	Diabetes	296	34	17
	Oral Cancer	300	0	0
	Breast Cancer	157	0	0
	Cervical Cancer	1	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	15-06-2024
2	Facility aggregate score using ODK Took kit	42.78%

Remarks & Observations
<p>Infrastructure</p> <p>Boundary wall issue</p> <p>Yoga shed needed</p> <p>Security issue as there is no boundary wall and security guard</p>
<p>HRH</p>
<p>IEC</p> <p>Citizen charter not present</p>
<p>Expanded service Packages</p>
<p>IT System</p>
<p>Any Other</p>

Appendix-List of equipment

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	Yes		Yes	
2	BP apparatus- Aneroid/ Sphygmomanometer				
3	Weighing machine Electronic	Yes		Yes	
4	Hemoglobinometer	Yes		Yes	
5	Glucometer	Yes		Yes	
6	Thermometer	Yes		Yes	
7	Baby weighing scale	Yes		Yes	
8	Stethoscope	Yes		Yes	
9	Near Vision chart	Yes		Yes	
10	Snellen vision chart	Yes		Yes	
11	Stadiometer	Yes		Yes	
12	Tuning fork	Yes		Yes	

Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 14-01-2025

A. General Information	
1. State	Jharkhand
2. District Name	Bokaro
3. Ward Name	Nawadih
4. Name of Facility	AAM Birni
5. Type of Facility	AAM SHC
6. NIN of the facility	8224284722
7. No. of days in a week the facility is operational	7 Days
8. OPD Timing	09:00 AM to 03:00 PM
9. Month & Year of UAAM operationalization	30.06.2014
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	CHC Nawadih
12. Distance of next referral facility (Km)	8 Km

A.1 Demographic Details	
1. Number of Wards	12
2. No. of Households	3201
3. Total catchment Population	12447
4. Population who are 30 years of age and above	4605

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If there is no government-owned building, specify building type (<i>Other Govt./Urban Local Body/ Rented etc.</i>)	
3.	Availability of boundary wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour, logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Day Care Beds available (<i>Norm – 2</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Availability of furniture Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Provision of BMW management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility (<i>even in local language</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (<i>related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

7	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*Desirable amenities

C. Human Resource Availability						
S. N	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	Medical Officer (MBBS)	1	-	-	1	1
2	Staff Nurse	1	1	1	1	-
3	MPW (Male)	1	-	-	1	-
4	Sanitary Staff*	1	-	-	-	-
5	Security Staff**	1	-	-	-	-
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)				19	

*Desirable **Can be Outsourced/Hired ***Attached with UPHC

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Yes/No)	Staff Nurse (Yes/No)	MPW (M) (Yes/No)	ASHA (Yes/No)
Maternal Health (ANC/PNC Care)	Yes	Yes	No	Yes
Child Health (New Born Care/ HBNC/ HBYC)	Yes	Yes	No	Yes
Family Planning	Yes	Yes	No	Yes
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasis etc.)	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)				

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/No)	Trained in ENT care (Yes/No)	Trained in oral care (Yes/No)	Trained in MNS (Yes/No)	Trained in Elderly & Palliative Care (Yes/No)	Trained in Trauma & Emergency care (Yes/No)
MO (MBBS)	Yes	Yes	Yes	Yes	Yes	Yes

Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
MPW (F) / (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Availability of Essential medicines
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1	<p>Number of medicines at UAAM as per State Essential Medicine List (EML)</p> <p><i>Reference link for national EML:</i></p> <p>https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf</p>	<p>(Total medicines at UAAM as per national EML is 105)</p>	
2	<p>Total number of medicines available at the UAAM</p>	<p>45</p>	
3	<p>Availability of medicines for priority conditions</p>	<p><input type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>	
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p>	<p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-pyretic</p> <p><input type="checkbox"/> Anti-allergics</p> <p><input checked="" type="checkbox"/> Antidotes for poisoning</p> <p><input type="checkbox"/> Gastrointestinal meds</p> <p><input type="checkbox"/> Anti-filarial</p> <p><input type="checkbox"/> Antibiotics</p> <p><input type="checkbox"/> Anti-leprosy</p>	<p><input checked="" type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p> <p><input type="checkbox"/> Anti-malarial</p> <p><input type="checkbox"/> Anti-hypertensive</p> <p><input type="checkbox"/> Oral hypoglycaemics</p> <p><input checked="" type="checkbox"/> Hypolipidemic</p> <p><input type="checkbox"/> ORS</p> <p><input checked="" type="checkbox"/> Multi-vitamins</p> <p><input checked="" type="checkbox"/> Dermatological (cream)</p>
5	<p>What is the indenting cycle that is followed at the facility?</p>	<p><input type="checkbox"/> Fortnightly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input checked="" type="checkbox"/> As required</p> <p><input type="checkbox"/> Other (Specify)</p>	

6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

G.1 Availability of Diagnostic Services

1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In-house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	8
4	Number of tests Provided through In House Mode	8
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment (days)	
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	

H. Availability of IT Equipment & Teleconsultation services

Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop
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	<input type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> UPHC - Polyclinic <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Hospital <input type="checkbox"/> Other, specify:
Teleconsultation platforms used	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Fever, HT, DM
Total teleconsultations in the last 01 month	22

I. Wellness Activities

Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

J. Governance

Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Periodic JAS meetings in the last 6 months (once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meetings maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of functional MAS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	
United Fund utilized during last year			

	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	50000/-	50000/-	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till: September, 2024</p> <p>Average Delay in Payment (days): 03 to 04 months</p> <p>Reasons for delay, if any</p>		

Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1051
2	No. of PW registered for ANC	48
3	No. of PW received 4 or more ANC check-ups	43
4	Total number of institutional deliveries	36
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	09
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	64
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	61
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	04
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	10
8	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	14
	No. of TB patients diagnosed out of the presumptive patients referred	344
	No. of TB patients taking treatment in the AAM	14

9	Community Based Screening for NCDs			
	% of target population administered CBAC			4605
	% of target population with score below 4			
	% of target population with score 4 and above			
10	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	203	119	119
	Diabetes	92	90	90
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	203	0	1
	Breast Cancer*	91	0	1
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety			
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score		
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials	

		<input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	15-06-2024
2	Facility aggregate score using ODK Took kit	56.83%

Remarks & Observations
Infrastructure NO boundary wall
HRH
IEC Not available citizen charter
Expanded service Packages
IT System
Any Other OPD 15-30 days Tele consultation – doctor not available Normal delivery 9-10 per month Family planning- chhaya. PPIUCD

Annexure- List of essential equipment

S.No	Equipment	Available	Not available	Functional	Non functional
1	BP apparatus- Digital/ Sphygmomanometer	Yes		Yes	
2	BP apparatus- Aneroid/ Sphygmomanometer				
3	Weighing machine Electronic	Yes		Yes	
4	Hemoglobinometer	Yes		Yes	
5	Glucometer	Yes		Yes	
6	Thermometer	Yes		Yes	
7	Baby weighing scale	Yes		Yes	
8	Stethoscope	Yes		Yes	
9	Near Vision chart	Yes		Yes	
10	Snellen vision chart	Yes		Yes	
11	Stadiometer				
12	Tuning fork	Yes		Yes	

Field Monitoring Format - Community Level

Date of Visit	17-01-2025
Name of Village/ Slum visited	Birni
Details of nearest public health facility (from residence)	<i>Facility name: AAM SHC Birni</i> <i>Facility type: SHC</i> <i>Distance: 1 km</i>
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

Please remember that along with the checklist you have to list five key challenges observed in the community and explore the root causes during the discussion with the community members and document them.

Questions	Probes	Responses to be recorded here	
Topic: Community's choice of provider			
<i>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</i>	<i>Healthcare provider probes:</i> <i>Self (home remedies), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</i>		√ Reason for the choice
		<i>Self (home remedies)</i>	<ul style="list-style-type: none"> • Proximity, • Convenience • Economical • Trust/Faith on the provider/ Practice .
		<i>Informal healers</i>	
		<i>private practitioners/ hospitals,</i>	
		<i>public/ government primary hospitals (AAM-SHC/</i>	√
	<i>Reasons probes:</i> Proximity, convenience, availability of staff, free of cost services, trust on the provider.		

<p><i>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.,) Reasons, thereof.</i></p>		PHC/ UPHC/ UAAM), √		
		secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)		
		AYUSH practitioners.		
		Self (home remedies)		

Topic: Community's Awareness of AAM-SC/ PHC/ UPHC

<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p> <p><i>(Option for response- (Its open ended)</i></p>	<p><i>May use local terms as recognized by the community</i></p> <p><i>Services may include:</i> <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p>	<p>The services provided are good and the medicines are also available.</p>
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<i>How long has it been there?</i>	<i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i>	More than a year
<i>What are the health services being provided there?</i>	<i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i>	ANC, Family Planning, NCD, Communicable disease, Elderly, Emergency medical care, Adolescent health, Immunization.

Topic: Accessibility to primary healthcare services

<i>How do you access the facility from your residence?</i>	<i>Probes: Walk to the facility Use public transport Use personal transport</i>	Walk
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<i>What are the challenges you face in accessing this facility?</i>	<i>Barriers may include: Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none"> • Geographical barriers • structural barriers within the facility or its premises • financial barriers • socio-cultural barriers • Others, (please specify):..... • No issue in reaching the facility.
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<i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/ visits?</i>	Yes	Every week outreach program is organized. It helps the people with immunization and other programs. They don't have to go to the facility.
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Topic: Availability of primary health care infrastructure and services

<p><i>What are your opinions on the building in which the primary healthcare facility is functioning?</i></p> <p><i>What more needs to be added to improve the treatment-seeking experience in this place?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Condition of the building - Maintenance - Dedicated space for waiting and examination - Adequate seating arrangement - Functional toilet - Potable and drinking water - Power supply 	<p>Infrastructure and services</p>	<p>Response</p>
		<p><i>Condition of the building</i></p>	<p><input type="checkbox"/> Good</p> <p><input checked="" type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
		<p><i>Maintenance</i></p>	<p><input checked="" type="checkbox"/> Good</p> <p><input type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
		<p><i>Dedicated space for waiting and examination</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Adequate seating arrangement</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Functional toilet</i></p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
		<p><i>Potable/ drinking water</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Power supply</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><i>When you visit the facility, are the staff available to provide services?</i></p>	<p>Staff may include: Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</p>	<p>Yes, they are available and are adequate for providing facility.</p>	

<p><i>Do you feel that the staff available are adequate at the facility?</i></p>		
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes, basic medicines are available.</p> <p>Sometimes if medicine is not available, people go to CHC Nawadih</p>
<p><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Only basic laboratory test is available, being SHC all tests are not available.</p> <p>For other lab test, referred to CHC.</p>
<p>Topic: Acceptability of healthcare services</p>		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p>Probe: Adequate skills and knowledge</p>	<p>Yes</p>
<p><i>Do you feel that the primary healthcare facility uses</i></p>	<p>Innovative may include painless, time-saving or cost-saving methods or technology</p>	<p>Yes</p>

<p><i>innovative methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p><i>Alternate phrasing: Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment?</i></p> <p><i><u>This may include social, psychological, physical or financial distress.</u></i></p>	<p>Yes</p> <p>As they are free of cost therefore using those services at the facility.</p>
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Topic: Appropriateness of primary healthcare services delivered through AAM

<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant</i></p>	<p><i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe: To share some insights</i></p>	<p>Seasonal outbreak.</p> <p>The AAM-SC staff provides information regarding the disease and also organize wellness activities.</p>
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<p><i>healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>		<p>Yes</p>
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Topic: Community's involvement / participation

<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and your contribution</i></p>	<p>Probes</p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p>Wellness Activities.</p> <p>Providing support in organizing camps and activities.</p>
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Topic: Unmet Needs

<p><i>According to you, what other</i></p>		<p>Laboratory tests should be increased.</p>
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<p><i>services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>By going to CHC.</p> <p>The travel cost incurred by the community people.</p>
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Topic: Quality of Care provided through the primary healthcare facility

<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment-</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Provider behaviour/ attitude - Waiting time - Cleanliness of the premises - Provision for Grievance redressal and escalation - Practice of soliciting and implementing feedback - Right diagnosis - Accuracy of diagnostic tests done at the facility - Effectiveness of medicines dispensed at the facility 	<p>Good.</p> <p>Yes, by increasing Laboratory test and medicine availability.</p>
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<p><i>seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>		<p>Yes.</p>
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Summary:

Key Challenges Observed	Root Cause
<ul style="list-style-type: none"> • <i>No vehicle of the Facility.</i> • <i>People have to travel to CHC or DH for lab test and medicine.</i> • <i>No drinking water and Toilet facility at the facility.</i> 	<ul style="list-style-type: none"> • <i>Sometimes it hinders the outreach session.</i> • <i>Only few lab tests and medicines are done at the AAM-SC.</i>