



A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE  
**NATIONAL HEALTH MISSION**  
**CACHAR DISTRICT**  
**ASSAM**



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## Introduction:

The Ministry of Health and Family Welfare (MoHFW), Government of India, has entrusted the Population Research Centre (PRC) with the task of field monitoring the essential components of the National Health Mission (NHM) State Programme Implementation Plan for the year 2024-25. This report, prepared by the Population Research Centre, Institute of Economic Growth (PRC-IEG), Delhi, outlines the key findings from the field monitoring of NHM components in Cachar district, Assam.

The findings are based on visits conducted by the PRC-IEG team, comprising Dr. Rahul Kumar and Ms. Pragma Shree, to various public healthcare facilities, including S. M. Dev Civil Hospital, Cachar; CHC M. G. Model Hospital Salganga Tikal; CHC M. G. Model Hospital Palonghat; PHC Bikarampore; Block PHC Dholai; Mini PHC Narsinghpur; UPHC Silchar; AAM SHC Dwarband; AAM SHC Silcoorie; AAM SHC Dushpatil - 6; and AAM SHC Dholcherra. The team held meetings with the Joint Director of Health Services (JDHS), nodal programme officers, Medical Officer-in-Charge (MOIC), facility staff (MOs, CHOs, ANMs, etc.), community health care providers (ASHAs, Anganwadi workers, etc.), and other supporting staff. These interactions aimed to evaluate the strengths and weaknesses of the facilities in terms of service delivery.

## Major Observations of the District:

**HR & Infrastructure:** It was reported that the district faces a severe shortage of Medical Officers and paramedical staff, despite having an adequate number of specialists. The infrastructure at the visited health facilities is very good. Referral point for the District Hospital Cachar is Silchar Medical College.

Currently, 21 MOs in the district are on study leave, and there is no provision for recruiting contractual MOs to fill these vacant positions. Moreover, these MOs continue to draw their salaries from the same health facilities, further exacerbating the situation and creating an additional challenge for the healthcare system.

**AAM Services:** 105 Sub-Centers and 30 Primary Health Centers (PHCs) have been converted into Ayushman Arogya Mandirs (AAM). The AAM SHCs successfully implement 7 Comprehensive Primary Healthcare (CPHC) packages, and 5 additional packages have been partially implemented at these facilities.

**NCD Screening:** Non-Communicable Disease (NCD) screening is operational at all healthcare levels, with dedicated clinics at the District Hospital (DH) and Community Health Centers (CHCs). AAM SHCs are performing well in NCD screening. However, with regard to cancer screening, only oral and breast cancer screenings are provided. The VIA test for cervical cancer screening is unavailable in the entire district.

**National Health Programmes:** The implementation of National Health Mission (NHM) programs is robust, with nearly all NHM programs functioning in the district. Under the PMNDP program, both the civil hospital and CHC Katigorah have dialysis centre.

**Drugs & Diagnostics:** Drug availability is satisfactory across all visited facilities. While some medicines were temporarily out of stock at CHC and PHC levels, they were quickly replenished. Essential medicines are fully available at the AAM SHCs.

**Delivery Care Services:** Normal delivery services are available at all visited facilities. However, C-sections are only performed at DH & CHC Katigorah due to the lack of OBGYN specialists at the CHCs. AAM PHCs and SHCs provide normal delivery services, ensuring comprehensive care.

**Fund Utilization:** Fund allocation is timely, and most facilities utilize over 90% of the funds. Some PHCs and AAM SHCs have a Block Development Officer as the head of the Jan Arogya Samiti (JAS) committee, as the Panchayat election has not been held in the last two years. This has allowed them to withdraw untied funds for utilization.

**Teleconsultation:** Teleconsultation services are available at some facilities, but utilization is low across the district. To improve their impact, there is a need for expansion and increased awareness of these services. At PHCs where MBBS doctors are available, they have been instructed to function as both hubs and spokes for teleconsultation services. This approach will help ensure better access to remote consultations and improve service delivery in underserved areas.

**Quality Programs:** Quality programs like Kayakalp, NQAS, and LaQshya are functional in the district. The district has 10 NQAS and 60 Kayakalp-certified facilities, including DH, CHC, PHC, and AAM SHCs. 10 AAM SHCs have both NQAS and Kayakalp certifications

**Family Planning Services:** Family planning services are well-implemented, with strong acceptance of oral contraceptive pills (OCPs) and the Antara methods. PPIUCD services are widely utilized, but male sterilization rates remain low across the district.

**Community Interaction:** Community feedback indicates heavy reliance on public health facilities, especially in rural areas. The upgrading of Sub-Centers to AAM SHCs has increased patient turnout. There is a high usage of Betel Nut and Paan, which causes dental issues as it is a traditional practice.

**Diagnostic Services:** The district has excellent diagnostic services at all facilities. CHCs and PHCs are well-equipped with laboratories where various diagnostic tests are done in-house. Through the Public-Private Partnership (PPP) mode, Krishna Lab provides 47 tests at the facility.

**Innovations:** In Assam, small groups have been created to support pregnant women, called "Buddy Mothers" (a WhatsApp group with 2 pregnant women, 1 lactating woman, and 1 health worker). Additionally, there are groups for family planning and immunization services (Pakhila Group) and patient support groups for beneficiaries.

**E-HBNC:** In Cachar district, it was identified that most child mortality cases occurred in the gap between HBNC visits and HBYC visits. To address this issue, a proposal for an extended HBNC program was submitted and subsequently approved as a pilot project in Cachar district.

**Data Reporting:** Data reporting is up to date across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya). However, physical reporting is inconsistent and could be improved to match the quality of digital reporting.

## FACILITY WISE OBSERVATIONS

### S. M. Dev Civil Hospital:

DH is a Kayakalp-winner (2<sup>nd</sup> in State) facility offering a wide range of specialist services such as OBGY, surgery, medicine, orthopaedics, paediatrics, ENT, psychiatry, ophthalmology, and AYUSH. The DH is currently facing a shortage of Medical Officers and paramedic staff, particularly staff nurses. It lacks an SNCU facility and only has a 5-bedded NBSU. However, the DH's OT and labour room are LaQshya certified. Additionally, its blood bank is the only NABH-certified blood bank in all of Assam. Due to the shortage of Medical Officers, the DH has had to rely on attached MOs from nearby CHCs and PHCs. Although the hospital is sanctioned as a 50-bedded facility, it is currently operating with 100 beds, while the HR is still based on the 50-bedded capacity. A 50-bedded CCU and a 150-bedded new building have been sanctioned for future expansion.

### CHC M. G. Model Hospital Salganga Tikal:

This CHC is a Kayakalp-awarded, non-FRU facility with a daily OPD load of over 80 patients and a monthly delivery rate of 25 to 30 normal deliveries. The CHC provides basic services, including OPD, IPD, normal deliveries, family planning, diagnostic services, and emergency care. However, it was reported that the facility requires a dental chair and a dental doctor due to the high number of dental cases, primarily resulting from the traditional use of betel nut and paan in the community.

### CHC M. G. Model Hospital Palonghat:

This Kayakalp-awarded CHC, a non-FRU facility, handles a daily OPD load of over 60 patients and conducts 30 to 40 normal deliveries per month. It offers basic services, including OPD, IPD, normal deliveries, family planning, diagnostic services, and emergency care, including a two-bedded NBSU. However, it lacks an X-ray facility and a data entry operator. Despite being an important health centre, it provides fewer services than nearby PHCs, which have a higher patient load. Additionally, the CHC is located far from the main area, further limiting its accessibility.

## PHC Bikrampore:

This PHC is a Kayakalp-awarded 24x7 facility with a daily OPD attendance of over 80 patients and a monthly delivery rate ranging from 60 to 70. The PHC provides excellent diagnostic services, offering 43 in-house tests and an additional 47 tests through PPP mode. The facility also offers a comprehensive range of services, including a two-bedded NBSU. Additionally, a 6-bedded Block Program Health Unit (BPHU) is currently under construction to further enhance healthcare services at the facility.

**Block PHC Dholai:** This PHC is a Kayakalp winner (1<sup>st</sup> in district) 24x7 facility with a daily OPD attendance of over 100 patients and a monthly delivery rate ranging from 100 to 120. The PHC provides excellent diagnostic services, offering 43 in-house tests and an additional 47 tests through PPP mode. The facility also offers a comprehensive range of services, including a two-bedded NBSU. Additionally, a 6-bedded Block Program Health Unit (BPHU) is currently under construction to further enhance healthcare services at the facility.

## Mini PHC Narsinghpur:

This PHC is a Kayakalp-awarded 24x7 facility with a daily OPD attendance of over 100 patients and a monthly delivery rate ranging from 80 to 90. The PHC provides excellent diagnostic services, offering 43 in-house tests and an additional 47 tests through PPP mode. The facility also offers a comprehensive range of services, including a two-bedded NBSU. However, the facility has only 1 MO and during the night, emergency services are managed by RBSK MO.

## UPHC Silchar:

This PHC is a Kayakalp-awarded facility with a daily OPD attendance of more than 80 patients and a monthly delivery load ranging from 2 to 5, as the Civil Hospital is only 2 km away. The PHC provides excellent diagnostic services, offering 19 in-house tests and an additional 47 tests through PPP mode. While the PHC does not offer IPD services except for delivery cases. However, the facility is currently lacking a pharmacist.

## AAM SHC Dwarband:

The facilities are NQAS and Kayakalp-certified, maintaining high standards in sanitation, equipment functionality, service delivery, BMW management, bed availability, IEC material display, and drug supply.

The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation. It fully implements 7 CPHC packages, and the remaining 5 packages are partially administered

## AAM SHC Silcoorie:

This AAM SHC is a Kayakalp-awarded facility providing all essential services. It currently implements 7 CPHC packages, with normal delivery services available. The average daily OPD load is 10-15 patients. Knowledge regarding programs for ASHAs, ANMs, and CHOs is good, and telemedicine services are available.

## AAM SHC Dudhpatil - 6:

This AAM SHC is a Kayakalp-awarded facility providing all essential services. It fully implements 7 CPHC packages, and the remaining 5 packages are partially administered except normal delivery. The average daily OPD load is more than 30 patients. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation. Telemedicine is also available at the center.

## AAM SHC Dholcherra:

The facilities are NQAS and Kayakalp-certified, maintaining high standards in sanitation, equipment functionality, service delivery, BMW management, bed availability, IEC material display, and drug supply. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation. It fully implements 7 CPHC packages except normal delivery, and the remaining 5 packages are partially administered.

## RECOMMENDATIONS:

**Enhancing Delivery Services:** EmOC and LSAS training should be provided to Medical Officers to strengthen delivery services across the district.

**Training on CPHC Packages:** All Medical Officers at PHCs, along with ANMs and CHOs, should receive training on the 12 CPHC packages to ensure effective implementation and service delivery.

**Strengthening Teleconsultation Services:** Teleconsultation services at the AAM SHC level should be improved, as facilities effectively utilizing teleconsultation have shown better OPD load management and NCD follow-ups.

**Training & Implementation of VIA Test:** In NCD screening, three types of cancer screenings are provided – breast cancer, oral cancer, and cervical cancer. However, cervical cancer screening is not available in the district. Therefore, training on the VIA test should be implemented at all AAM SHCs and PHCs to improve the early detection of cervical cancer.

**Addressing Shortage of MO & Paramedical Staff:** The severe shortage of Medical Officers & paramedical staff must be addressed by deploying Medical Officers, staff nurses, ANMs, and pharmacists through NHM to ensure the continuous delivery of essential medical services.

**Managing MOs shortage during Study Leave:** To address the shortage of Medical Officers in the district healthcare system, it is recommended to introduce a policy that allows the recruitment of contractual MOs to temporarily fill the vacancies created by those on study leave. Additionally, a mechanism should be established to ensure that salaries for MOs on study leave are allocated separately to prevent financial strain on the respective health facilities. Strengthening workforce planning by balancing study leave approvals with service delivery needs and offering incentives for postings in underserved areas can further help ensure uninterrupted healthcare services.

**Rationalization of HR:** During our visits, we observed a shortage of pharmacists in some healthcare facilities. Meanwhile, at the AAM Sub-Health Centre (SHC), where the average daily OPD load is only 10-15 patients, a pharmacist is currently posted alongside one Community Health Officer (CHO) and two Auxiliary Nurse Midwives (ANMs). To optimize resource utilization and improve service delivery, the district should implement a proper rationalization plan for paramedical staff, ensuring their deployment aligns with patient load and facility requirements.





**Field Monitoring Format -District Hospital (DH)**

**Date of Visit: 08-03-2025**

GENERAL INFORMATION	
<b>Name of facility visited</b>	
<b>Facility Type</b>	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
<b>FRU</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Accessible from nearest road head</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Next Referral Point</b>	Facility: SMCH Distance: 5 Km

A. PHYSICAL INFRASTRUCTURE			
Indicator	Response		Means of verification
1. OPD Timing	8 AM – 1:30 PM		As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments: Building is very old and needs construction and repairing.		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 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  Last major renovation done in (Year): 2024		Observation
3. Number of functional in-patient beds	<p align="center"><u>100</u></p> <p align="center">No of ICU Beds available: 6</p>		As reported/Hospital Citizen Charter Board
4. List of Services available	OPD, IPD, ICU, Emergency, SNCU, NRC, PHDC, Drug Store, CT- SCAN, X-Ray, USG, ECG, Dialysis, Blood Bank, Laboratory		As reported/Hospital Citizen Charter Board
• Specialized services available in addition to	Sl.	Service	Y/N
	1	Medicine	Y

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	2	O&G	Y	
	3	Pediatric	Y	
	4	General Surgery	Y	
	5	Anesthesiology	Y	
	6	Ophthalmology	Y	
	7	Dental	Y	
	8	Imaging Services (X – ray)	Y	
	9	Imaging Services (USG)	Y	
	10	District Early Intervention Centre (DEIC)	Y	
	11	Nutritional Rehabilitation Centre (NRC)	Y	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	N	
	14	Neonatal Intensive Care Unit (NICU)	N	
	15	Pediatric Intensive Care Unit (PICU)	Y	
	16	Labour Room Complex	Y	
	17	ICU	Y	
	18	Dialysis Unit	N	
	19	Emergency Care	Y	
	20	Burn Unit	N	
	21	Teaching block (medical, nursing, paramedical)	N	
	22	Skill Lab	N	
	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		
6. Tele-medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal)  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

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
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 type="checkbox"/> Elective OT-Major (General) <input 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"> <li>If yes, number of units of blood currently available: 74</li> <li>No. of blood transfusions done in last month: :- 241</li> </ul>	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 checked="" type="checkbox"/> Free for JSSK beneficiaries <input 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 type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify) Outsourced is there	Observation
11. IT Services	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: High quality	As reported

B. Human Resources		Means of verification- As reported			
12. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>	<b>Regular</b>		<b>Contractual</b>	
		<b>Sanctioned</b>	<b>Available</b>	<b>Sanctioned</b>	<b>Available</b>
	MO (MBBS)				
	<b>Specialists</b>				
	Medicine	1	1	1	1
	Ob-Gyn	7	7	0	0
	Pediatrician	3	3	0	0
	Anesthetist	2	2	0	0
Surgeon	0	0	1	1	
Ophthalmologist	0	0	0	0	

	Orthopedic	0	0	0	0
	Radiologist	0	0	1	1
	Pathologist	0	0	0	0
	Others	0	0	0	0
	Dentist	2	2	1	1
	Staff Nurses/ GNMs	17	17	37	37
	LTs	0	0	11	11
	Pharmacist	2	2	0	0
	Dental Technician/ Hygienist	0	0	0	0
	Hospital/ Facility Manager	0	0	1	1
	EmOC trained doctor	6	6	0	0
	LSAS trained doctor	6	6	0	0
	Others				

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: <ul style="list-style-type: none"> <li>• Facility score:92.43</li> <li>• Award received: 2<sup>nd</sup> Prize</li> </ul>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> <li>• Assessment done: Internal/State</li> <li>• Facility score: 68%</li> <li>• Certification Status:</li> </ul>	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> <li>• Labour Room:               <ul style="list-style-type: none"> <li>✓ LaQshya Certified –                   <ul style="list-style-type: none"> <li>✓ <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> </li> <li>✓ If No, Assessment Done -                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> </li> </ul> </li> <li>• Operation Theatre:               <ul style="list-style-type: none"> <li>✓ LaQshya Certified –                   <ul style="list-style-type: none"> <li>✓ <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> </li> <li>✓ If No, Assessment Done -                   <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> </li> </ul> </li> </ul>	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"> <li>• If yes, total number of drugs in EDL ___ 274 ___</li> </ul>	Verify EDL Displayed

<a href="https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidlines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf">https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidlines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf</a>	<ul style="list-style-type: none"> <li>EDL displayed in OPD Area: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>No. of drugs available on the day of visit (out of the EDL)</li> </ul>																
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"> <tr> <td data-bbox="740 501 837 537">1</td> <td data-bbox="842 501 1255 537"></td> <td data-bbox="1260 501 1390 537">As</td> </tr> <tr> <td data-bbox="740 543 837 579">2</td> <td data-bbox="842 543 1255 579"></td> <td data-bbox="1260 543 1390 579">reported,</td> </tr> <tr> <td data-bbox="740 585 837 621">3</td> <td data-bbox="842 585 1255 621"></td> <td data-bbox="1260 585 1390 621">check</td> </tr> <tr> <td data-bbox="740 627 837 663">4</td> <td data-bbox="842 627 1255 663"></td> <td data-bbox="1260 627 1390 663">DVDMS,</td> </tr> <tr> <td data-bbox="740 669 837 705">5</td> <td data-bbox="842 669 1255 705"></td> <td data-bbox="1260 669 1390 705">E-aushadhi, etc.</td> </tr> </table>	1		As	2		reported,	3		check	4		DVDMS,	5		E-aushadhi, etc.	
1		As															
2		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 _____	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"> <li>In-house tests</li> </ul>	Timing: 24X7 Total number of tests available against Essential Diagnostic tests list for DH :- 66 (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house															
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: 24X7 Total number of tests provided by PPP provider : 47 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 (Two)  Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation															

22. CT scan services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input type="checkbox"/> In-house/ <input checked="" type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): 1400	Observation  Patient interviews
23. 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
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
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP  Total number of tests performed: - _____	Observation, Records
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	o Previous year _____ o Current FY _____  <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- <a href="https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf">https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf</a> )		As reported
27. Average downtime of equipment (days)		As reported

Details of equipment are nonfunctional for more than 7 days		
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: 88 No. of C-sections performed in last month: 90	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: needs repairing OT: needs repairing  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
29. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay in payment to beneficiaries: (Average for how many days/benefeciary) Approximately 15 days Payment done till: January 2025 Current month <input type="checkbox"/> Last month <input checked="" type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/> Reasons for delay:	Verify from JSY status report
30. 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 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 checked="" type="checkbox"/> No user charges	As reported/As Displayed in Maternity Ward
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 <sup>th</sup> for previous month : 17 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: 0 Current year: 0	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	Previous year: 0 Current year: 2	Maternal Deaths Records/Review
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input 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 checked="" 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	173	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	176	Verify BF records
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input 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	8	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.			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: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		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? _____ 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
	a. Hypertension		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
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
	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		As reported,

52. Status of TB elimination programme		Observation									
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____	DBT/Nikshay Report									
	<ul style="list-style-type: none"> <li>• If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>	DBT/Nikshay Report									
	<ul style="list-style-type: none"> <li>• Availability of CBNAAT/ TruNat: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months</li> </ul>	DBT/Nikshay Report									
	<ul style="list-style-type: none"> <li>• Are all TB patients tested for HIV?<input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>	DBT/Nikshay Report									
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:	DBT/Nikshay Report									
<b>F. RECORDS, FINANCE, OTHERS</b>											
53. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>	Respective records									
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 1,33,86,014 Fund utilized last year: 1,33,86,014 <table border="1" style="margin-left: auto; margin-right: auto;"> <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>13386014</td> <td>13386014</td> <td>100%</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization	13386014	13386014	100%	Facility FMR
Fund in prev. FY											
Received	Utilized	% Utilization									
13386014	13386014	100%									

	<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <ol style="list-style-type: none"> <li>1. Staff Wages</li> <li>2. Minor Repairing</li> </ol>	RKS Register
	Reasons for underutilization of fund (if any)	Staff review
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> <li>• HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>• MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>• IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>• HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>• Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> </ul>	Check respective portals at the facility wrt last entries
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	20-09-2024	RKS Register
57. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call center <input checked="" type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases were referred here in the last month?	<p>Number: 4</p> <p>Types of cases referred in: O&amp;G</p>	Referral-in register
• How many cases were referred out last month?	<p>Number: 4</p> <p>Types of cases referred out:</p>	Out-referral register

<b>Key challenges observed in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a)	
b)	
c)	
d)	
e)	

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

**Urban/ Rural: Rural**

**Date of Visit: 08-03-2025**

General Information	
<b>Name of facility visited</b>	<b>MG Model Hospital, Tikal</b>
<b>Facility Type</b>	<input type="checkbox"/> CHC <input checked="" type="checkbox"/> U-CHC
<b>FRU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Accessible from nearest road head</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Next Referral Point</b>	Facility: S M Dev Civil Hospital, Silchar Distance:24 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	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input checked="" type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building	Comments: Well	Observation
Please comment on the condition and tick the appropriate box	<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 <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	Observation
4. Number of functional in-patient beds	14	As reported/Hospital Citizen Charter Board
5. List of Services available	OPD,IPD, Delivery, free Laboratory	As reported/Hospital Citizen Charter Board

A. INFRASTRUCTURE				Means of Verification
Indicator	INFRASTRUCTURE			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	No	
	2	O&G	No	
	3	Pediatric	No	
	4	General Surgery	No	
	5	Anesthesiology	No	
	6	Ophthalmology	No	
	7	Dental	No	
	8	Imaging Services (X-ray)	No	
	9	Imaging Services (USG)	No	
10	Newborn Stabilization Unit	No		
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<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"> <li>If Yes, Mention the specialists available 24*7</li> </ul>	<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"> <li>Emergency</li> </ul>	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 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"> <li>If yes, number of units of blood currently available: _____</li> <li>No. of blood transfusions done in last month:</li> </ul>			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 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"> <li>Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul> Quality/strength of internet connection: _____1.5 GB_____	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)	3	1	0	0
Specialists	Medicine	0	0	0	0
	Ob-Gyn	0	0	0	0
	Pediatrician	1	0	0	0
	Anesthetist	0	0	0	0
	Dentist	0	0	0	0
	SNs/ GNMs	6	5	1	1
	LTs	1	1	1	0
	Pharmacist	2	2	2	2
	Dental Assistant/ Hygienist	0	0	0	0
	Hospital/ Facility Manager	0	0	0	0
	EmOC trained doctor	0	0	0	0
	LSAS trained doctor	0	0	0	0
	Others	2	2	0	0

C. QUALITY PROGRAMMES	Means of verification
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13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Award received: Winner <input type="checkbox"/> Commendation <input checked="" 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 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 If No, Assessment Done - <input type="checkbox"/> Yes/ <input 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
	If yes, total number of drugs in EDL 272_____	
	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) _____ 118_____	
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	Ondansetron As reported,
	2	Ibuprofen Check DVDMS,
	3	Doxylamine, Succinate Tab E-aushadhi, etc.
	4	
	5	

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 a shortage <u>10 times</u>	As reported  Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
• In-house tests	Timing: 8-30 am to 2-00 pm Total number of tests available against Essential Diagnostic tests list for CHC <u>34</u>	Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing: 9-00 am to 2-00 PM Total number of tests Provided by PPP Provider <u>15</u>	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 type="checkbox"/> Free for all	As reported
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 – ( <a href="https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf</a> ))	No	As reported
25. Average downtime of equipment (days)	2 days	As reported

Details of equipment are nonfunctional for more than 7 days	No	
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: <u>  27  </u> No. of C-sections performed in last month: <u>    0    </u>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: Good OT:  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 Average delay: (Average for how many days/patients) 2days/1 patient Payment done till: <b>Yes</b> Payment done till: 28-02-2025 Current month <input type="checkbox"/> Yes Last month <input type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/>  Reasons for delay: bank account problem	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	As reported/As Displayed in Maternity Ward

	<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 checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
29. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 <sup>th</sup> for previous month ( 3 nos High risk) 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 type="checkbox"/> Privacy maintained during examination ensured <input type="checkbox"/> Birth attendant allowed in Labour room <input type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input checked="" 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	78	Immunisation Register		
38. Newborns breastfed within one hour of birth during last month	25	Verify BF records		
39. Number of sterilizations performed in last one month	0	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 type="checkbox"/> Staff Nurse Medical Officer <input type="checkbox"/> Others (Specify) _____	As reported		
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Condoms, OCP, Antra	Observation/ FP records and registers		
43. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No (Yes)	Check software		
44. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No (yes)  If yes, who provides counselling to adolescents: _____ Doctor_____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No (no)	Observation, check AFHC register		
45. Whether facility has functional NCD clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No (yes) If No, is there any fixed day or days in a week for NCD care at the facility? _____ 2 Days_____ days (Mention number of days) Tuesday and Friday	Check NCD register		
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No (Yes)			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	175	175	175
	b. Diabetes	27	27	27
	c. Oral Cancer	0	0	0

	d. Breast Cancer	0	0	0
	e. Cervical Cancer	0	0	0
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 type="checkbox"/> Yes/ <input type="checkbox"/> No (yes)		As reported, Observation	
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____64_____		DBT/Nikshay Report Yes	
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No (NO) If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		DBT/Nikshay Report	
	Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____		DBT/Nikshay Report	
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input 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 type="checkbox"/> Yes/ <input type="checkbox"/> No		DBT/Nikshay Report	

	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshanYojana in the last 6 months:	DBT/Nikshay Report
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: No Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:	Facility Register/Records for leprosy
<b>F. RECORDS, FINANCE, OTHERS</b>		
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input checked="" 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 type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Respective records
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 2023-2024 Rs. 9,99,876.00	Facility FMR
	Fund utilized last year: 2023-2024 Rs. 9,99,876.00	
	Fund in prev. FY	
	Utilized	% Utilized
9,99,876.00	100	
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: List available	RKS Register

	Reasons for underutilization of fund (if any) :- RKS fund 100% utilized	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 checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input 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)	yes	RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" 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: 10 Types of cases referred in: NCD	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 4 Types of cases referred out: Mother 2 and baby 2	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	

b)	
c)	
d)	
e)	

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

**Urban/ Rural: Rural**

**Date of Visit: 08-03-2025**

<b>General Information</b>	
<b>Name of facility visited</b>	<b>M.G.Model Hospital Palonghat</b>
<b>Facility Type</b>	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
<b>FRU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Accessible from nearest road head</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Next Referral Point</b>	Facility: Silchar Medical College Distance: 20km

*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.*

<b>G. INFRASTRUCTURE</b>		<b>Means of Verification</b>
Indicator	INFRASTRUCTURE	
56. OPD Timing	As reported/Hospital Citizen Charter Board 8AM - 2PM	As reported/Hospital Citizen Charter Board
57. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
58. Condition of infrastructure/ building	Comments:Well two storied building	Observation
Please comment on the condition and tick the appropriate box	<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 <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	Observation
59. Number of functional in-patient beds	30	As reported/Hospital Citizen Charter Board
60. List of Services available	1. OPD services: Medicine, O&G, DOTs, NCD Clinic AFHC, Integrated counselling services, ICTC	As reported/Hospital Citizen Charter Board

G. INFRASTRUCTURE				Means of Verification
Indicator	INFRASTRUCTURE			
	2. IPD services: General Ward(male&female), Maternity ward, Isolation room.  3. Others National Health Programme.			
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	No	
	2	O&G	No	
	3	Pediatric	No	
	4	General Surgery	No	
	5	Anesthesiology	No	
	6	Ophthalmology	No	
	7	Dental	No	
	8	Imaging Services (X – ray)	No	
	9	Imaging Services (USG)	No	
	10	Newborn Stabilization Unit	Yes	
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<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"> <li>If Yes, Mention the specialists available 24*7</li> </ul>	<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"> <li>Emergency</li> </ul>	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
61. 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
62. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes,			Observation

G. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	Major OT <input type="checkbox"/> Minor OT <input checked="" type="checkbox"/>	Ensure signage and protocol displays
63. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> <li>If yes, number of units of blood currently available: _____</li> <li>No. of blood transfusions done in last month: _____</li> </ul>	Blood Storage Unit records, Register
64. 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
65. 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 type="checkbox"/> Other System, if any: (Specify)	Observation
66. IT Services infrastructure	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No (Yes)</li> <li>Internet connectivity: <input type="checkbox"/> Yes/ <input type="checkbox"/> No ( Yes)</li> <li>Quality/strength of internet connection: _____  30mbp/s</li> </ul>	As reported

H. Human Resources				As reported		
67. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
		Sanctioned	Available	Sanctioned	Available	
	MO (MBBS)		3			
Specialists	Medicine		No			
	Ob-Gyn		No			
	Pediatrician		No			
	Anesthetist		No			
	Dentist		No			
	SNs/ GNMs		06		02	
	LTs		01			
	Pharmacist		02			
	Dental Assistant/ Hygienist		No			
	Hospital/ Facility Manager		No			

	EmOC trained doctor		01		
	LSAS trained doctor		No		
	Others (LDA 1),(DRESSER 1), (4 GRADE 1)		03		

I. QUALITY PROGRAMMES		Means of verification
68. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Award received: Winner <input checked="" type="checkbox"/> Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
69. NQAS	Assessment done: No Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
70. 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
J. DRUGS AND DIAGNOSTICS		
71. 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 EDL____271____  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) ____146____	
72. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one____Offline____	Observation, Check software

73. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Amlodipine 5mg reported,
	2	Losartan 50mg check
	3	Nifedipine 10mg DVMMS, E-
	4	Atorvastatin 10mg aushadhi, etc.
	5	Gamma Benzene Hexachloride Lotion
74. 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
75. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
• In-house tests	Timing: 8AM-2PM Total number of tests available against Essential Diagnostic tests list for CHC _____49_____	Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing: No Total number of tests Provided by PPP Provider _____No_____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
76. 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 checked="" type="checkbox"/> No	Observation
77. 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
78. 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



83. 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 checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	As reported/As Displayed in Maternity Ward
84. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 <sup>th</sup> for previous month <b>01</b>  <sup>01</sup> If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
85. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Verify Register availability
86. 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
87. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Birth Register, Death Records
88. Number of Maternal Death reported in the facility	Previous year: 00 Current year: 00	Maternal Deaths Records/Review
89. Number of Child Death reported in the facility	Previous year: 00 Current year: 00	Maternal Deaths

		Records/Review
90. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
91. 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
92. Number of newborns immunized with birth dose at the facility in last 3 months	112	Immunisation Register
93. Newborns breastfed within one hour of birth during last month	25	Verify BF records
94. Number of sterilizations performed in last one month	28	FP Sterilizations register Verify if fixed days of sterilization exist
95. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
96. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported
97. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Condoms, OCPs, Antra	Observation/ FP records and registers
98. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
99. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register
100. 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

101. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			
102. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	f. Hypertension		142	Yes
	g. Diabetes		50	Yes
	h. Oral Cancer		00	Yes
	i. Breast Cancer		00	Yes
	j. Cervical Cancer		00	Yes
103. 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
104. 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) _____			DBT/Nikshay Report
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months _____			DBT/Nikshay Report

	<p>Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input 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</p>	As reported
	<p>Are all TB patients tested for HIV? <input type="checkbox"/>Yes/ <input type="checkbox"/>No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	DBT/Nikshay Report
	<p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</p>	DBT/Nikshay Report
105. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 00 Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:</p>	Facility Register/Records for leprosy
<b>L. RECORDS, FINANCE, OTHERS</b>		
106. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Malaria cases: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No Palliative cases: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No Leprosy cases: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p>	Respective records
	<p>Fund Received last year: 5,00,000</p>	Facility FMR 199(B23)

107. How much fund was received and utilized by the facility under NHM?	Fund utilized last year: 4,94,477	
	Fund in prev. FY	
	Utilized	% Util
	4,94,477	99
	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
108. 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 checked="" type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input 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
109. Frequency of RKS meeting (check and obtain minutes of last meeting held)	3 Months interval	RKS Register
110. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available: No <input type="checkbox"/> CHC has contracted out ambulance services; No <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input checked="" type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any): Ambulance 108 services.	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 00 Types of cases referred in:	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 05 Types of cases referred out: Pregnancy	Referral Out register

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<b>Key challenges observed in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
f)	
g)	
h)	
i)	
j)	

**Field Monitoring Format- AyushmanArogyaMandir-Primary Health Centre/ Urban Primary Health Centre(AAM -PHC/ AAM-UPHC)**

**Urban /Rural : Rural**

**Date of Visit : 08-03-2025**

<b>A. General Information</b>	
1. State	<b>Assam</b>
2. District Name	Cachar
3. Block/Taluka Name	Kalain
4. Name of Facility	Bikrampur PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	2166521423
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	8:30 AM to 1:30 PM
9. Month & Year of operationalization of AAM	Dec, 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 FacilityName	SMDCH
13. Distance of next referral facility (in Km)	25 KM
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
1. Number of Villages/Wards	<b>02 Nos</b>
2. No. of Households	715 Nos
3. Total catchment Population	3112
4. Population who are 30 years of age and above	1151

<b>B. Physical Infrastructure</b>																		
<b>Infrastructure Status and details</b>		<b>Availability</b>																
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: a.	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																

24.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>B.1 Information, Education &amp; communication (IEC) material</b>		
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

<b>C. Human Resource Availability</b>						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
.	Medical Officer (MBBS)	1	1	1	1	1
.	AYUSH MO*	1	2	2	0	0
.	Dentist*	1	0	0	1	1
.	Staff Nurse	2	0	0	4	4
.	Pharmacist	1	1	1	1	1
.	Laboratory Technician	1	1	1	1	1
.	ANM/MPW (F)#	1	1	1	1	1
.	MPW (M)	1	0	0	0	0
.	Lady Health Visitor	1	1	1	0	0
0.	Dresser	1	0	0	0	0
1.	Accountant	1	0	0	1	1
2.	Data entry operator	1	0	0	0	0
3.	Sanitation staff	1	0	0	0	0
4.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	0	0	0	4	4
5.	ASHA Facilitator (If any, only for Rural areas)		0	0	1	1
6.	Others (Specify)		0	0	0	0

7.	Whether all essential HRH available as per IPHS 2022	Yes
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\*Desirable

# For PHC sub centre-Co-located

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>				
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)	No	No	No	Yes
Family Planning	Yes	Yes	Yes	Yes
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasi s)	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)	Yes	Yes	Yes	Yes

<b>D.2 Training details- Expanded CPHC packages</b>						
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						
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

<b>E.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<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
<b>Communicable diseases</b>	<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
<b>Non-Communicable Diseases</b>	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 <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 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	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- <a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	<i>(Total number of medicines at AAM-PHC/UPHC as per National EML -125)</i>		
2	Total number of medicines available at AAM-PHC/UPHC	121		
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="vertical-align: top; width: 50%;"> <input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input 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 type="checkbox"/> Antibiotics  <input checked="" type="checkbox"/> Anti-leprosy </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input checked="" type="checkbox"/> Anti-hypertensive  <input checked="" type="checkbox"/> Oral hypoglycaemics  <input checked="" 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 type="checkbox"/> Analgesics / NSAIDs) <input 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 type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input checked="" 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 type="checkbox"/> Analgesics / NSAIDs) <input 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 type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input checked="" 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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input 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 checked="" type="checkbox"/> Less than 1 Week <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>G.1 Availability of Diagnostic Services</b>		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" 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	43
4	Number of tests Provided through In House Mode	43
5	Number of tests Provided through Hub & Spoke (Public Health System)	47
6	Number of tests Provided through Hub & Spoke- PPP Model	0
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> )	NA

<b>G.2 Diagnostic Tests Available</b>		
	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	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
	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
0.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
0.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
1.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
2.	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 type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	

Total teleconsultations in the last 01 month	0
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<b>I. Wellness Activities</b>			
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	
<b>J. Governance</b>			
Constitution of Jan ArogyaSamiti	<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	
<b>K. Reporting</b>			
<b>Online Platforms</b>		<b>Reporting</b>	
<input type="checkbox"/> AAM Portal/App		<input type="checkbox"/> Yes	<input checked="" 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:			
<b>L. Finance</b>			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	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
<b>Facility funds</b>	<b>Fund Source</b>		<b>Timely disbursement</b>
	Untied		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Other Sources		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fund utilization</b> NHM Fund/untied funds utilized during last year:	<b>Funds received (Amount in Rs.)</b> Rs. 1,49,3360/-	<b>Expenditure (Amount in Rs.)</b> Rs. 1,49,3360/-	<b>% Expenditure 100%</b>

<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;  <input type="checkbox"/> Electricity  <input type="checkbox"/> Drinking Water  <input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Medicines  <input checked="" type="checkbox"/> Reagents/Consumables  <input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Status of JSY Payments</b></p>	<p>Payment done till (month/ year) : Rs. 25,93,500/-</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<p><b>Availability of JSSK entitlements</b></p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>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 type="checkbox"/> Free referral transport (drop back from facility to home)  <input type="checkbox"/> No user charges</p>

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>6850</b>
2	No. of PW registered for ANC	<b>15</b>
3	No. of PW received 4 or more ANC check-ups	<b>22</b>
4	Total number of institutional deliveries	<b>286</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>0</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>18</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>19</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>148</b>

9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>91</b>	
10	Number of cases referred back from higher centre to PHC AAM for follow-up during last 3 months	<b>0</b>	
11	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	No. of presumptive TB patients identified	414	
	No. of TB patients diagnosed out of the presumptive patients referred	04	
	No. of TB patients taking treatment in the AAM	07	
12	<b>Community Based Screening for NCDs</b>		
	% of target population administered CBAC		
	% of target population with score below 4		
	% of target population with score 4 and above		
13	<b>Community Based Screening for NCDs</b>		
	<b>NCDs</b> <i>(No. of individuals in Last 6Months)</i>	<b>Screened</b>	<b>Treated</b>
	Hypertension	14	14
	Diabetes	24	24
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Oral Cancer*	14	0
	Breast Cancer*	24	0
	Cervical Cancer*	0	0

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Commendation
6	Patient Rights	<input checked="" 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 type="checkbox"/> Maintenance and upkeep of facility ensured <input 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 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 type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

**O. IPHS Compliance**

1	Date of assessment using ODK tool kit	31 st August 2024
2	Facility aggregate score using ODK Took kit	67%

<b>Remarks &amp; Observations</b>	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	

Any Other
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**Annexure- List of equipment**

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	yes	0	yes	0
2	Laryngoscope	yes	0	yes	0
3	Radiant Warmer	yes	0	yes	0
4	Pulse Oximeter-Finger Tip	yes	0	yes	0
5	Pulse Oximeter-Table Top	no	yes	na	na
6	Labor Bed	yes	0	yes	0
7	Foetal Doppler	yes	0	yes	0
8	Phototherapy Unit	yes	0	yes	0
9	Shoulder Wheel	0	0	na	na
10	Shoulder Pulley	0	0	na	na
11	Shoulder Abduction Ladder	0	0	na	na
12	Suction Machine	yes	0	Yes	0
13	Mobile Spotlight	yes	0	yes	0
14	Manual Vacuum Aspirator	yes	0	yes	0
15	Weighing Scale	yes	0	yes	0
16	Baby Weighing Scale	yes	0	yes	0
17	Infantometer	yes	0	yes	0
18	Ophthalmoscope	no	na	na	0
19	Fully Loaded Dental Chair Electrically Operated	no	na	na	0
20	Dental Chair-Basic	no	na	na	0
21	Oxygen Hood Neonatal	yes	0	yes	0
22	ILR With Voltage Stabilizer- Small	no	0	yes	0

S.No.	Equipment	Available	Not available	Functional	Non-Functional
23	Deep Freezer-Small	no	0	0	0
24	ILR With Voltage Stabilizer- Large	yes	0	yes	0
25	Deep Freezer-Small-Large	yes	0	yes	0
26	Vaccine Carrier with Ice Packs	yes	0	yes	0
27	Cell Counter – 3 Part	no	0	na	0
28	Semi-Automated Biochemistry Analyser	yes	0	yes	0
29	Binocular Microscope	yes	0	yes	0
30	HbA1C Analyser	no	0	na	0
31	Turbidometer	no	0	na	0
32	Glucometer	yes	0	yes	0
33	Haemoglobinometer	yes	0	yes	0
34	ESR Analyzer	no	0	na	0
35	Electrolyte Analyzer	no	0	na	0
36	Oxygen Cylinder- B Type	yes	0	yes	0
37	BP Apparatus- Aneroid	yes	0	yes	0
38	BP Apparatus-Digital	yes	0	yes	0
39	Stethoscope	yes	0	yes	0
40	Thermometer	yes	0	yes	0
41	Examination Table	yes	0	yes	0
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	no	0	na	0
43	Exerciser Couch/Table	no	0	na	0
44	Finger Exerciser Web	no	0	na	0
45	Walking Aid for Training/ Reciprocal Walker	no	0	na	0

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

**Urban /Rural: Rural**

**Date of Visit: 09-03-2025**

<b>A. General Information</b>	
16. State	<b>Assam</b>
17. District Name	Cachar
18. Block/Taluka Name	DholaiNarsingpur
19. Name of Facility	Dholai
20. Type of Facility	<input checked="" type="checkbox"/> <b>PHC-AAM</b> <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	2438367274
22. No. of days in a week facility is operational	24*7
23. OPD Timings	8-00AM to 2-00PM
24. Month & Year of operationalization of AAM	1965
25. Details of co-location, if any <i>(If any co-located SHC)</i>	
26. Accessible from nearest road head ( <b>Yes/No</b> )	Yes
27. Next Referral FacilityName	Silchar Medical College
28. Distance of next referral facility (in Km)	19 km
29. If UPHC functions as a Polyclinic (Yes/No)	
30. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
5. Number of Villages/Wards	<b>15</b>
6. No. of Households	4890
7. Total catchment Population	22702
8. Population who are 30 years of age and above	8626

<b>B. Physical Infrastructure</b>																		
<b>Infrastructure Status and details</b>		<b>Availability</b>																
25.	Availability of Govt owned Building	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
26.	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																	
27.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
28.	Availability of IPD Beds	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
29.	If yes, Number of functional IPD Beds	12 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
30.	Availability of boundary Wall	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
31.	External branding as per CPHC guidelines (Colour& Logo)	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
32.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
33.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
34.	Availability of furniture: b. c.	Table <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No Chairs <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No Almirah/Shelf <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
35.	Laboratory	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
36.	Pharmacy /Drug store	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
37.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
38.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
39.	Availability of Running Water	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
40.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
41.	Electricity connection	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
42.	Power back up	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
43.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
44.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
45.	Provision of BMW management	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
46.	Colour coded waste bins	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
47.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
48.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																

<b>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> <u>Yes</u> <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"/> <u>Yes</u> <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> <u>Yes</u> <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"/> <u>No</u>
6	Display of citizen charter	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No

<b>C. Human Resource Availability</b>						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
8.	Medical Officer (MBBS)	1	3	1	0	0
9.	AYUSH MO*	1	1	0	0	0
0.	Dentist*	1	0	0	0	0
1.	Staff Nurse	2	0	0	0	9
2.	Pharmacist	1	1	01	0	0
3.	Laboratory Technician	1	1	0	0	02
4.	ANM/MPW (F)#	1	4	3	0	0
5.	MPW (M)	1	0	0	0	0
6.	Lady Health Visitor	1	1	1	0	0
7.	Dresser	1	0	0	0	0
8.	Accountant	1	0	0	0	1
9.	Data entry operator	1	0	0	0	0
0.	Sanitation staff	1	1	0	0	0
1.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		0	0	15	15
2.	ASHA Facilitator (If any, only for Rural areas)		0	0	3	
3.	Others (Specify)		0	0	0	0
4.	Whether all essential HRH available as per IPHS 2022		<b>No</b>			

\*Desirable

# For PHC sub centre-Co-located

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

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

<b>E.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<input checked="" type="checkbox"/> <b>ANC/ PNC</b> <input checked="" type="checkbox"/> <b>Neonatal and infant healthcare services</b> <input checked="" type="checkbox"/> <b>Childhood and Adolescent healthcare services</b> <input checked="" type="checkbox"/> <b>Family planning, contraceptive and other reproductive healthcare services</b>
<b>Communicable diseases</b>	<input checked="" type="checkbox"/> <b>Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</b> <input checked="" type="checkbox"/> <b>TB</b> <input checked="" type="checkbox"/> <b>Leprosy</b> <input checked="" type="checkbox"/> <b>Acute simple illnesses</b>
<b>Non-Communicable Diseases</b>	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> <b>Screening of common cancers – Oral</b> <input checked="" type="checkbox"/> <b>Screening of common cancers – breast</b> <input type="checkbox"/> Screening of common cancers – cervix <input 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 checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Yes</u> <input 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 checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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><i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>		
2	Total number of medicines available at AAM-PHC/UPHC		
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> <u>Tuberculosis</u></p> <p><input checked="" type="checkbox"/> <u>Diabetes</u></p> <p><input checked="" type="checkbox"/> <u>Hypertension</u></p> <p><input checked="" type="checkbox"/> <u>Fever</u></p>		
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0"> <tr> <td> <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 </td> <td> <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) </td> </tr> </table>	<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)
<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	<p>What is the indenting cycle that is followed at the facility?</p> <p><input type="checkbox"/> Fortnightly</p> <p><input checked="" type="checkbox"/> <u>Monthly</u></p> <p><input type="checkbox"/> Quarterly</p>		

		<input 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 checked="" type="checkbox"/> <u>Less than 1 Week</u> <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No

<b>G.1 Availability of Diagnostic Services</b>		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> <u>In house lab</u> <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"/> <u>No</u>
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>
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> )	

<b>G.2 Diagnostic Tests Available</b>		
3.	Haemoglobin	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
4.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	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 checked="" type="checkbox"/> No
6.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

7.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
0.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
0.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
2.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
3.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
4.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>H. Availability of IT Equipment &amp; Teleconsultation services</b>	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> <u>Internet connectivity (Government funded or other, specify)</u>
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> <u>Internet connectivity (Government funded or other, specify)</u>
Teleconsultation services (PHC/CHCs/DH/MCH)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> <u>e-Sanjeevani OPD</u> <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"/> <u>Yes</u> <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	
Health Days are celebrated as per the Wellness Activity Calendar		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
J. Governance			
Constitution of Jan ArogyaSamiti		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
Periodic JAS meetings in the last 6 months		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
Minutes of meeting maintained		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
Periodic VHND sessions undertaken		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
<input type="checkbox"/> IHIP		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DVDMS		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
<input type="checkbox"/> Nikshay		<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	
Specify others, if any:			
L. Finance			
Renumeration & 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"/> <u>Yes</u> <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
	NHM=2,80,16,573 UNTIED=1,75,000	NHM=2,79,88,699 UNTIED=1,75,000	=99.90% =100%
	Is untied fund being spent on following activities?		
		Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		If yes, specify:	

	<input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet  Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment  Payment of support/cleaning Staff: <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
<b>Status of JSY Payments</b>	Payment done till (month/ year) = January'2025  Average Delay in Payment (days): 7 days  Reasons for delay, if any = Delay for collection of Bank Account.
<b>Availability of JSSK entitlements</b>	<input checked="" type="checkbox"/> <u>Yes</u> / <input type="checkbox"/> No  If yes, whether all entitlements being provided <input checked="" type="checkbox"/> <u>Free delivery services (Normal delivery/ C-section)</u> <input type="checkbox"/> Free diet <input checked="" type="checkbox"/> <u>Free drugs and consumables</u> <input checked="" type="checkbox"/> <u>Free diagnostics</u> <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> <u>Free referral transport (home to facility)</u> <input checked="" type="checkbox"/> <u>Free referral transport (drop back from facility to home)</u> <input checked="" type="checkbox"/> <u>No user charges</u>

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	
2	No. of PW registered for ANC	<b>75</b>
3	No. of PW received 4 or more ANC check-ups	<b>82</b>
4	Total number of institutional deliveries	<b>413</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>81/81</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>106</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>99</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	

10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months		
11	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	No. of presumptive TB patients identified	1841	
	No. of TB patients diagnosed out of the presumptive patients referred	113	
	No. of TB patients taking treatment in the AAM	113	
12	<b>Community Based Screening for NCDs</b>		
	% of target population administered CBAC	<b>50</b>	
	% of target population with score below 4	<b>1.32</b>	
	% of target population with score 4 and above	<b>3.89</b>	
13	<b>Community Based Screening for NCDs</b>		
	<b>NCDs</b> <i>(No. of individuals in Last 6Months)</i>	<b>Screened</b>	<b>Treated</b>
	Hypertension	200	31
	Diabetes	200	48
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Oral Cancer*	200	0
	Breast Cancer*	141	0
	Cervical Cancer*	0	0

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Winner
6	Patient Rights	<input checked="" type="checkbox"/> <u>Display of citizen's charter</u> <input checked="" type="checkbox"/> <u>Display of IEC materials</u> <input checked="" type="checkbox"/> <u>Provision for ensuring privacy</u> <input checked="" type="checkbox"/> <u>Respectful Maternity Care being practiced</u> <input checked="" type="checkbox"/> <u>All services provided free of cost</u> <input checked="" type="checkbox"/> <u>Confidentiality assured for patient information</u>
7	Support Services	<input checked="" type="checkbox"/> <u>Maintenance and upkeep of facility ensured</u> <input checked="" type="checkbox"/> <u>Maintenance of clinical records</u> <input checked="" type="checkbox"/> <u>Data management using digital technology</u> <input checked="" type="checkbox"/> <u>Systematic inventory management (medicines/consumables)</u>
8	Infection control	<input checked="" type="checkbox"/> <u>Adherence to biomedical waste management</u>

		<input checked="" type="checkbox"/> <u>Adherence to SOPs for disinfection / sterilization of equipment</u> <input checked="" type="checkbox"/> <u>Adherence to SOPs for personal protection</u>
9	Clinical care	<input checked="" type="checkbox"/> <u>Adherence to SOPs for clinical management of conditions</u> <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> <u>Provision for collecting patient feedback</u> <input checked="" type="checkbox"/> <u>Availability of Grievance Redressal Mechanisms</u> <input checked="" type="checkbox"/> <u>Periodic reviews undertaken for quality assurance</u>
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	09-09-2024
2	Facility aggregate score using ODK Tool kit	85

<b>Remarks &amp; Observations</b>	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	

Any Other
-----------

**Annexure- List of equipment**

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
24	ILR With Voltage Stabilizer- Large	Yes		Yes	
25	Deep Freezer-Small-Large	Yes		Yes	
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part	Yes		Yes	
28	Semi-Automated Biochemistry Analyser	Yes		Yes	
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser		Yes		
31	Turbidometer		Yes		
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyser		Yes		
35	Electrolyte Analyzer		Yes		
36	Oxygen Cylinder- B Type	Yes		Yes	
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		Yes		
43	Exerciser Couch/Table		Yes		
44	Finger Exerciser Web		Yes		
45	Walking Aid for Training/ Reciprocal Walker		Yes		

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

**Urban /Rural: Rural**

**Date of Visit:09-03-2025**

<b>A. General Information</b>	
31. State	<b>Assam</b>
32. District Name	Cachar
33. Block/Taluka Name	DholaiNarsingpur
34. Name of Facility	Narsingpur MPHC
35. Type of Facility	<input checked="" type="checkbox"/> <b>PHC-AAM</b> <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	2584266841
37. No. of days in a week facility is operational	24*7
38. OPD Timings	8-00AM to 2-00PM
39. Month & Year of operationalization of AAM	1919
40. Details of co-location, if any <i>(If any co-located SHC)</i>	
41. Accessible from nearest road head (Yes/No)	Yes
42. Next Referral FacilityName	Silchar Medical College
43. Distance of next referral facility (in Km)	7 km
44. If UPHC functions as a Polyclinic (Yes/No)	
45. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
9. Number of Villages/Wards	<b>1</b>
10. No. of Households	135
11. Total catchment Population	1330
12. Population who are 30 years of age and above	492

<b>B. Physical Infrastructure</b>																		
<b>Infrastructure Status and details</b>		<b>Availability</b>																
49.	Availability of Govt owned Building	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
50.	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																	
51.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
52.	Availability of IPD Beds	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
53.	If yes, Number of functional IPD Beds	4 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
54.	Availability of boundary Wall	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
55.	External branding as per CPHC guidelines (Colour& Logo)	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
56.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
57.	Waiting area with sitting arrangements for patients/ attendants	<input type="checkbox"/> Yes <input type="checkbox"/> No																
58.	Availability of furniture: d. e.	Table <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No Chairs <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No Almirah/Shelf <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
59.	Laboratory	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
60.	Pharmacy /Drug store	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
61.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
62.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
63.	Availability of Running Water	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
64.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
65.	Electricity connection	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
66.	Power back up	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
67.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
68.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
69.	Provision of BMW management	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
70.	Colour coded waste bins	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
71.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																
72.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No																

<b>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> <u>Yes</u> <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"/> <u>Yes</u> <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> <u>Yes</u> <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"/> <u>No</u>
6	Display of citizen charter	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No

<b>C. Human Resource Availability</b>						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
5.	Medical Officer (MBBS)	1	2	1	0	0
6.	AYUSH MO*	1	0	0	0	0
7.	Dentist*	1	0	0	0	0
8.	Staff Nurse	2	5	5	0	9
9.	Pharmacist	1	1	1	0	0
0.	Laboratory Technician	1	1	1	0	0
1.	ANM/MPW (F)#	1	1	1	0	0
2.	MPW (M)	1	4	1	0	0
3.	Lady Health Visitor	1	1	0	0	0
4.	Dresser	1	0	0	0	0
5.	Accountant	1	0	0	0	1
6.	Data entry operator	1	0	0	0	0
7.	Sanitation staff	1	1	0	0	0
8.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		0	0	1	1
9.	ASHA Facilitator (If any, only for Rural areas)		0	0	1	1
0.	Others (Specify)		0	0	0	0
1.	Whether all essential HRH available as per IPHS 2022	<b>No</b>				

\*Desirable

# For PHC sub centre-Co-located

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

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

<b>E.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<input checked="" type="checkbox"/> <b>ANC/ PNC</b> <input checked="" type="checkbox"/> <b>Neonatal and infant healthcare services</b> <input checked="" type="checkbox"/> <b>Childhood and Adolescent healthcare services</b> <input checked="" type="checkbox"/> <b>Family planning, contraceptive and other reproductive healthcare services</b>
<b>Communicable diseases</b>	<input checked="" type="checkbox"/> <b>Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</b> <input checked="" type="checkbox"/> <b>TB</b> <input checked="" type="checkbox"/> <b>Leprosy</b> <input checked="" type="checkbox"/> <b>Acute simple illnesses</b>
<b>Non-Communicable Diseases</b>	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> <b>Screening of common cancers – Oral</b> <input checked="" type="checkbox"/> <b>Screening of common cancers – breast</b> <input type="checkbox"/> Screening of common cancers – cervix <input 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 checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Yes</u> <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 checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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><i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i></p>		
	<p style="text-align: center;"><b>121</b></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 style="text-align: center;">118</p>		
3	<p>Availability of medicines for priority conditions</p>		
	<p><input checked="" type="checkbox"/> <u>Tuberculosis</u></p> <p><input checked="" type="checkbox"/> <u>Diabetes</u></p> <p><input checked="" type="checkbox"/> <u>Hypertension</u></p> <p><input checked="" type="checkbox"/> <u>Fever</u></p>		
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p>		
	<table border="0"> <tr> <td style="vertical-align: top;"> <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 </td> <td style="vertical-align: top;"> <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) </td> </tr> </table>	<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)
<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	<p>What is the indenting cycle that is followed at the facility?</p>		
	<p><input type="checkbox"/> Fortnightly</p> <p><input checked="" type="checkbox"/> <u>Monthly</u></p> <p><input type="checkbox"/> Quarterly</p> <p><input checked="" type="checkbox"/> <u>As required</u></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 checked="" type="checkbox"/> <u>Less than 1 Week</u> <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> <u>In house lab</u> <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	44
4	Number of tests Provided through In House Mode	44
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"/> <u>No</u>
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>
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		
5.	Haemoglobin	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
6.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
7.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
8.	Urine Microscopy	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
9.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>
0.	Stool for ova and cyst	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
1.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>

2.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
0.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
4.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
5.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
6.	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 <input checked="" type="checkbox"/> <u>Internet connectivity (Government funded or other, specify)</u>
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> <u>Internet connectivity (Government funded or other, specify)</u>
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> <u>e-Sanjeevani OPD</u> <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		
<b>J. Governance</b>			
Constitution of Jan ArogyaSamiti	<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		
<b>K. Reporting</b>			
<b>Online Platforms</b>	<b>Reporting</b>		
<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:			
<b>L. Finance</b>			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	
	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Fund utilization</b> NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	NHM-17,70,000/- UNTIED FUND-175000/-	NHM-16,51,056/- UNTIED FUND-175000	NHM- 94% UNTIED FUND-100%
	Is untied fund being spent on following activities?		
Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, specify; <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet			

	<p>Regular purchase: <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> <b>Reagents/Consumables</b></p> <p><input checked="" type="checkbox"/> <b>Equipment</b></p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No</p>
<b>Status of JSY Payments</b>	<p>Payment done till (month/ year) JANUARY,25</p> <p>Average Delay in Payment (days): 15 DAYS</p> <p>Reasons for delay, if any Delay For Collection of Bank Accounts.</p>
<b>Availability of JSSK entitlements</b>	<p><input checked="" type="checkbox"/> <b>Yes</b>/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> <b>Free delivery services (Normal delivery/ C-section)</b></p> <p><input type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> <b>Free drugs and consumables</b></p> <p><input checked="" type="checkbox"/> <b>Free diagnostics</b></p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> <b>Free referral transport (home to facility)</b></p> <p><input checked="" type="checkbox"/> <b>Free referral transport (drop back from facility to home)</b></p> <p><input checked="" type="checkbox"/> <b>No user charges</b></p>

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>15783</b>
2	No. of PW registered for ANC	<b>16</b>
3	No. of PW received 4 or more ANC check-ups	<b>11</b>
4	Total number of institutional deliveries	<b>438</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>18</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>17</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>19</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>33</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>13</b>
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	<b>44</b>
11	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>

	No. of presumptive TB patients identified	0		
	No. of TB patients diagnosed out of the presumptive patients referred	1381		
	No. of TB patients taking treatment in the AAM	45		
12	% of target population administered CBAC	<b>50</b>		
	% of target population with score below 4	<b>1.32</b>		
	% of target population with score 4 and above	<b>3.89</b>		
<b>Community Based Screening for NCDs</b>				
13	<b>NCDs</b> <i>(No. of individuals in Last 6Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>
	Hypertension	206	67	57
	Diabetes	206	23	32
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	206	0	0
	Breast Cancer*	125	0	0
	Cervical Cancer*	0	0	0

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>No</u>
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Winner
6	Patient Rights	<input checked="" type="checkbox"/> <u>Display of citizen's charter</u> <input checked="" type="checkbox"/> <u>Display of IEC materials</u> <input checked="" type="checkbox"/> <u>Provision for ensuring privacy</u> <input checked="" type="checkbox"/> <u>Respectful Maternity Care being practiced</u> <input checked="" type="checkbox"/> <u>All services provided free of cost</u> <input checked="" type="checkbox"/> <u>Confidentiality assured for patient information</u>
7	Support Services	<input checked="" type="checkbox"/> <u>Maintenance and upkeep of facility ensured</u> <input checked="" type="checkbox"/> <u>Maintenance of clinical records</u> <input checked="" type="checkbox"/> <u>Data management using digital technology</u> <input checked="" type="checkbox"/> <u>Systematic inventory management (medicines/consumables)</u>
8	Infection control	<input checked="" type="checkbox"/> <u>Adherence to biomedical waste management</u> <input checked="" type="checkbox"/> <u>Adherence to SOPs for disinfection / sterilization of equipment</u> <input checked="" type="checkbox"/> <u>Adherence to SOPs for personal protection</u>
9	Clinical care	<input checked="" type="checkbox"/> <u>Adherence to SOPs for clinical management of conditions</u> <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism

10	Quality Management Systems	<input checked="" type="checkbox"/> <u>Provision for collecting patient feedback</u> <input checked="" type="checkbox"/> <u>Availability of Grievance Redressal Mechanisms</u> <input checked="" type="checkbox"/> <u>Periodic reviews undertaken for quality assurance</u>
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	09-09-2024
2	Facility aggregate score using ODK Tool kit	72

<b>Remarks &amp; Observations</b>	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	
Any Other	

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**Annexure- List of equipment**

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
27	Cell Counter – 3 Part	Yes		Yes	
28	Semi-Automated Biochemistry Analyser	Yes		Yes	
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser		Yes		
31	Turbidometer		Yes		
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer		Yes		
35	Electrolyte Analyzer		Yes		
36	Oxygen Cylinder- B Type	Yes		Yes	
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		Yes		
43	Exerciser Couch/Table		Yes		
44	Finger Exerciser Web		Yes		
45	Walking Aid for Training/ Reciprocal Walker		Yes		

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

**Urban /Rural: Rural**

**Date of Visit: 09-03-2025**

<b>A. General Information</b>	
46. State	<b>ASSAM</b>
47. District Name	CACHAR
48. Block/Taluka Name	SILCHAR URBAN
49. Name of Facility	URBAN PHC
50. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
51. NIN of the facility	6718777714
52. No. of days in a week facility is operational	6 DAYS
53. OPD Timings	8:00 AM TO 2:00 PM
54. Month & Year of operationalization of AAM	25 <sup>TH</sup> OCT 2025
55. Details of co-location, if any <i>(If any co-located SHC)</i>	
56. Accessible from nearest road head (Yes/No)	YES
57. Next Referral FacilityName	DIST. HOSPITAL
58. Distance of next referral facility (in Km)	2:00 KM
59. If UPHC functions as a Polyclinic (Yes/No)	NO
60. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
13. Number of Villages/Wards	<b>28 WARDS</b>
14. No. of Households	5933
15. Total catchment Population	296036
16. Population who are 30 years of age and above	10965

<b>B. Physical Infrastructure</b>			
<b>Infrastructure Status and details</b>		<b>Availability</b>	
73.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
74.	If there is no government-owned Building, specify building type	<b>S.no</b>	<b>Building</b>
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
75.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
76.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
77.	If yes, Number of functional IPD Beds	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
78.	Availability of boundary Wall	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
79.	External branding as per CPHC guidelines (Colour& Logo)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
80.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No
81.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
82.	Availability of furniture: f. g.	Table <input checked="" type="checkbox"/> Yes Chairs <input checked="" type="checkbox"/> Yes Almirah/Shelf <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
83.	Laboratory	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
84.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
85.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
86.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
87.	Availability of Running Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
88.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
89.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
90.	Power back up	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
91.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
92.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
93.	Provision of BMW management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
94.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
95.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
96.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>B.1 Information, Education &amp; communication (IEC) material</b>		
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 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 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

<b>C. Human Resource Availability</b>						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
2.	Medical Officer (MBBS)	1	0	0	2	2
3.	AYUSH MO*	1	0	0	0	0
4.	Dentist*	1	0	0	0	0
5.	Staff Nurse	2	0	0	3	2
6.	Pharmacist	1	0	0	0	0
7.	Laboratory Technician	1	0	0	1	1
8.	ANM/MPW (F)#	1	0	0	5	3
9.	MPW (M)	1	0	0	0	0
0.	Lady Health Visitor	1	0	0	0	0
1.	Dresser	1	0	0	0	0
2.	Accountant	1	0	0	1	1
3.	Data entry operator	1	0	0	0	0
4.	Sanitation staff	1	0	0	0	0
5.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		0	0	66	62
6.	ASHA Facilitator (If any, only for Rural areas)	0	0	0	0	0
7.	Others (Specify)	0	0	0	0	0
8.	Whether all essential HRH available as per IPHS 2022	<b>YES</b>				

\*Desirable

# For PHC sub centre-Co-located

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>				
<b>Services</b>	<b>MO (MBBS) (Y/N)</b>	<b>Staff Nurse (Y/N)</b>	<b>MPW (F) / (M) (Y/N)</b>	<b>ASHA (Y/N)</b>
Maternal Health (ANC/PNC Care)	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
Child Health (New Born Care/ HBNC/HBYC)	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>
Family Planning	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasi s)	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
NCD	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
Others (Specify)				

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

<b>E.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<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
<b>Communicable diseases</b>	<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
<b>Non-Communicable Diseases</b>	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 <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 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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	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- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	<b>125</b>  <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	121																		
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"> <tr> <td><input checked="" type="checkbox"/> Oral Contraceptives</td> <td><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input checked="" type="checkbox"/> Analgesics / NSAIDs)</td> <td><input type="checkbox"/> Anti-fungal</td> </tr> <tr> <td><input type="checkbox"/> Anti-pyretic</td> <td><input type="checkbox"/> Anti-malarial</td> </tr> <tr> <td><input checked="" type="checkbox"/> Anti-allergics</td> <td><input checked="" type="checkbox"/> Anti-hypertensive</td> </tr> <tr> <td><input type="checkbox"/> Antidotes for poisoning</td> <td><input checked="" type="checkbox"/> Oral hypoglycaemics</td> </tr> <tr> <td><input checked="" type="checkbox"/> Gastrointestinal meds</td> <td><input checked="" type="checkbox"/> Hypolipidemic</td> </tr> <tr> <td><input type="checkbox"/> Anti-filarial</td> <td><input checked="" type="checkbox"/> ORS</td> </tr> <tr> <td><input checked="" type="checkbox"/> Antibiotics</td> <td><input checked="" type="checkbox"/> Multi-vitamins</td> </tr> <tr> <td><input type="checkbox"/> Anti-leprosy</td> <td><input checked="" type="checkbox"/> Dermatological (cream)</td> </tr> </table>	<input checked="" type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis	<input checked="" type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal	<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial	<input checked="" type="checkbox"/> Anti-allergics	<input checked="" type="checkbox"/> Anti-hypertensive	<input type="checkbox"/> Antidotes for poisoning	<input checked="" type="checkbox"/> Oral hypoglycaemics	<input checked="" type="checkbox"/> Gastrointestinal meds	<input checked="" type="checkbox"/> Hypolipidemic	<input type="checkbox"/> Anti-filarial	<input checked="" type="checkbox"/> ORS	<input checked="" type="checkbox"/> Antibiotics	<input checked="" type="checkbox"/> Multi-vitamins	<input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Dermatological (cream)
<input checked="" type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis																			
<input checked="" type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal																			
<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial																			
<input checked="" type="checkbox"/> Anti-allergics	<input checked="" type="checkbox"/> Anti-hypertensive																			
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<input checked="" type="checkbox"/> Gastrointestinal meds	<input checked="" type="checkbox"/> Hypolipidemic																			
<input type="checkbox"/> Anti-filarial	<input checked="" type="checkbox"/> ORS																			
<input checked="" type="checkbox"/> Antibiotics	<input checked="" type="checkbox"/> Multi-vitamins																			
<input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Dermatological (cream)																			
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input 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 checked="" type="checkbox"/> Less than 1 Week <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>G.1 Availability of Diagnostic Services</b>		
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	43
4	Number of tests Provided through In House Mode	43
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	0
11	Details of equipment which are non-functional for 7 Days( <i>List of equipment is provided as annexure for reference</i> )	0

<b>G.2 Diagnostic Tests Available</b>		
7.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	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
0.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Stool for ova and cyst	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
0.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
6.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
7.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
8.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>H. Availability of IT Equipment &amp; Teleconsultation services</b>	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <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 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	
Total teleconsultations in the last 01 month	

<b>I. Wellness Activities</b>	
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	
<b>J. Governance</b>			
Constitution of Jan ArogyaSamiti	<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	
<b>K. Reporting</b>			
<b>Online Platforms</b>	<b>Reporting</b>		
<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:			
<b>L. Finance</b>			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	
	Untied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Other Sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fund utilization</b> NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.) <b>175000</b>	Expenditure (Amount in Rs.) <b>174230</b>	% Expenditure <b>99.56</b>
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, specify: <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet  Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No		

	<input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment  Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Status of JSY Payments</b>	Payment done till (month/ year)  Average Delay in Payment (days):  Reasons for delay, if any
<b>Availability of JSSK entitlements</b>	<input 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 checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>8559</b>
2	No. of PW registered for ANC	<b>434</b>
3	No. of PW received 4 or more ANC check-ups	<b>451</b>
4	Total number of institutional deliveries	<b>0</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>10</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>0</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>0</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>0</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>0</b>
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	<b>0</b>
11	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	337

	No. of TB patients diagnosed out of the presumptive patients referred	25		
	No. of TB patients taking treatment in the AAM	25		
12	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
<b>Community Based Screening for NCDs</b>				
13	<b>NCDs</b> <i>(No. of individuals in Last 6Months)</i>	<b>Screened</b> <b>3087</b>	<b>Treated</b> <b>425</b>	<b>Follow-up</b> <b>425</b>
	Hypertension		276	276
	Diabetes		149	149
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	3087	0	0
	Breast Cancer*	1695	0	0
	Cervical Cancer*	0	0	0

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
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 checked="" type="checkbox"/> Yes <input 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	
6	Patient Rights	<input checked="" 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 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 type="checkbox"/> Ensuring care continuity through bilateral referral mechanism

10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	30 <sup>TH</sup> MAY 2024
2	Facility aggregate score using ODK Tool kit	61.07

<b>Remarks &amp; Observations</b>	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	
Any Other	

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**Annexure- List of equipment**

<b>S.No.</b>	<b>Equipment</b>	<b>Available</b>	<b>Not available</b>	<b>Functional</b>	<b>Non-Functional</b>
1	Ambu Bag	3	0	3	0
2	Laryngoscope	0	0	0	0
3	Radiant Warmer	1	0	1	0
4	Pulse Oximeter-Finger Tip	1	0	1	0
5	Pulse Oximeter-Table Top	0	0	0	0
6	Labor Bed	1	0	1	0
7	Foetal Doppler	1	0	1	0
8	Phototherapy Unit	0	0	0	0
9	Shoulder Wheel	0	0	0	0
10	Shoulder Pulley	0	0	0	0
11	Shoulder Abduction Ladder	0	0	0	0
12	Suction Machine	1	0	1	0
13	Mobile Spotlight	1	0	1	0
14	Manual Vacuum Aspirator	2	0	2	0
15	Weighing Scale	2	0	2	0
16	Baby Weighing Scale	2	0	2	0
17	Infantometer	0	0	0	0
18	Ophthalmoscope	0	0	0	0
19	Fully Loaded Dental Chair Electrically Operated	0	0	0	0
20	Dental Chair-Basic	0	0	0	0
21	Oxygen Hood Neonatal	0	0	0	0
22	ILR With Voltage Stabilizer- Small	1	0	1	0
23	Deep Freezer-Small	1	0	1	0
24	ILR With Voltage Stabilizer- Large	1	0	1	0
25	Deep Freezer-Small-Large	1	0	1	0
26	Vaccine Carrier with Ice Packs	1	0	1	0

<b>S.No.</b>	<b>Equipment</b>	<b>Available</b>	<b>Not available</b>	<b>Functional</b>	<b>Non-Functional</b>
27	Cell Counter – 3 Part	0	0	0	0
28	Semi-Automated Biochemistry Analyser	1	0	1	0
29	Binocular Microscope	1	0	1	0
30	HbA1C Analyser	0	0	0	0
31	Turbidometer	0	0	0	0
32	Glucometer	1	0	1	0
33	Haemoglobinometer	1	0	1	0
34	ESR Analyzer	0	0	0	0
35	Electrolyte Analyzer	0	0	0	0
36	Oxygen Cylinder- B Type	0	0	0	0
37	BP Apparatus- Aneroid	2	0	2	0
38	BP Apparatus-Digital	0	0	0	0
39	Stethoscope	2	0	2	0
40	Thermometer	2	0	2	0
41	Examination Table	2	0	2	0
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	0	0	0	0
43	Exerciser Couch/Table	0	0	0	0
44	Finger Exerciser Web	0	0	0	0
45	Walking Aid for Training/ Reciprocal Walker	0	0	0	0

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

**Date of Visit: 10-03-2025**

<b>A. General Information</b>	
1. State	<b>Assam</b>
2. District Name	Cachar
3. Block/Taluka Name	Dholai BPHC
4. Name of Facility	Dwarbond AAM
5. Type of Facility	MSc Type A
6. NIN of the facility	8885552342
7. No. of days in a week facility is operational	26-27 days
8. OPD Timings	8am -2pm
9. Month & Year of AAM operationalization	1956
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Borjalenga MPHC
12. Distance of next referral facility (Km)	8km

<b>A.1 Demographic Details</b>	
17. Number of Villages	<b>4</b>
18. No. of Households	1022
19. Total catchment Population	4969
20. Population who are 30 years of age and above	1839

<b>B. Physical Infrastructure</b>		
	<b>Infrastructure Status and details</b>	<b>Availability</b>
97.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
98.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
99.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
100.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
101.	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
102.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
103.	Availability of furniture: h. Table i. Chairs j. 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
104.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
105.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
106.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
107.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
108.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
109.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
110.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
111.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
112.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
113.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
114.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
116.	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
117.	<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 <input type="checkbox"/> CHO <input type="checkbox"/> ANM

<b>B.1 Information, Education &amp; communication (IEC) material</b>		
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 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 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 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

<b>C. Human Resource Availability</b>						
	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		0	0		
3	ASHA <i>(Population Norms -1 ASHA per 1000 population)</i>	-	4	4		
4	Any other (If yes, specify)	MTS	1	1		
		Pharmacist	1	1		
		Asha supervisor			1	1

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
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

<b>D.2 Training details- Expanded CPHC packages</b>						
<b>Staff</b>	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)	No	No	Yes	No	No	No
MPW (M)	No	No	No	No	No	No
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

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

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

<b>F. Essential medicines</b>	
Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	31  (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	125
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
Medicine categories with shortfall/ stockouts on the day of assessment	<input checked="" 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 type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics  <input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins

	<input checked="" type="checkbox"/> <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?		<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input 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"/> <input 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"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management		<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input 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"/> <input type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> <input type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> <input type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> <input type="checkbox"/> Glucometer <input checked="" type="checkbox"/> <input type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> <input type="checkbox"/> Thermometer <input checked="" type="checkbox"/> <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No

### H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> <input type="checkbox"/> Laptop
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	<input checked="" type="checkbox"/> <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> <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 checked="" type="checkbox"/> <input type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> <input type="checkbox"/> e-Sanjeevani OPD <input 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	All case
Total Teleconsultations in the last 01 month	25

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 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	
<b>Remuneration &amp; Incentives</b>	
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 type="checkbox"/> No

<p>Disbursement of performance-based incentives to CHO</p> <p>Disbursement of team-based incentives to AAM-SHC team</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>						
<p><b>Facility funds</b></p> <p>Timely disbursement of untied funds</p> <p>Fund flow through other sources</p> <p>Specify any other fundsource:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>						
<p><b>Fund utilization</b></p> <p>% NHM Fund utilized last year:</p>	<table border="1"> <thead> <tr> <th data-bbox="922 495 1127 590">Funds received (Amt in Rs.)</th> <th data-bbox="1127 495 1317 590">Expenditure (Amt in Rs.)</th> <th data-bbox="1317 495 1469 590">% Expenditure</th> </tr> </thead> <tbody> <tr> <td data-bbox="922 590 1127 701">40000</td> <td data-bbox="1127 590 1317 701">40000</td> <td data-bbox="1317 590 1469 701">100%</td> </tr> </tbody> </table>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	40000	40000	100%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure					
40000	40000	100%					
<p>Is untied fund being spent on following activities</p>	<p><b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p><b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p><b>K. Governance</b></p>							
<p><b>Community-based platforms</b></p> <p>Constitution of Jan Arogya Samiti</p> <p>Periodic JAS meetings in the last 6 months (Once a month)</p> <p>JAS meeting minutes available</p> <p>VHSNC Meeting held and minutes available</p> <p>Periodic VHND sessions undertaken (Sessions held against planned)</p> <p>Involvement of CHO in community-based platforms</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p><b>L. Wellness Activities</b></p>							
<p>Wellness sessions being held periodically</p> <p>Availability of a trained instructor for wellness session</p> <p>Health Days are celebrated as per the Wellness Activity Calendar</p> <p>Number of Wellness sessions conducted in Last month</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>.....</p> <p>10</p>						
<p><b>ASHA Functionality</b></p>							

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		24		
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits		<b>1385</b>	
2	No. of PW registered for ANC		<b>20</b>	
3	No. of PW received 4 or more ANC check-ups		<b>23</b>	
4	Total number of institutional deliveries		<b>3</b>	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified		<b>4</b>	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine		<b>41</b>	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine		<b>39</b>	
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months		<b>17</b>	
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>		<b>Current year</b>	
	No. of presumptive TB patients identified		453	
	No. of TB patients diagnosed out of the presumptive patients referred		11	
	No. of TB patients taking treatment in the AAM		11	
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		<b>1839</b>	
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>
	Hypertension	100	11	129
	Diabetes	100	1	22
	Oral Cancer	100	0	0
	Breast Cancer	47	0	0
	Cervical Cancer	0	0	0

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>	
1	Has there been an internal assessment for NQAS? <span style="float: right;">✓ <input type="checkbox"/> Yes <input type="checkbox"/> No</span>

2	Is the facility certified at the State-level for NQAS?	✓ <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	✓ <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is Facility participating in Kayakalp?	✓ <input type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	75%
6	Patient Rights	<ul style="list-style-type: none"> <li>✓ <input type="checkbox"/> Display of citizen's charter</li> <li>✓ <input type="checkbox"/> Display of IEC materials</li> <li>✓ <input type="checkbox"/> Provision for ensuring privacy</li> <li>✓ <input type="checkbox"/> Respectful Maternity care being practiced</li> <li>✓ <input type="checkbox"/> All services provided free of cost</li> <li>✓ <input type="checkbox"/> Confidentiality assured for patient information</li> </ul>
7	Support Services	<ul style="list-style-type: none"> <li>✓ <input type="checkbox"/> Maintenance and upkeep of facility ensured</li> <li>✓ <input type="checkbox"/> Maintenance of clinical records</li> <li>✓ <input type="checkbox"/> Data management using digital technology</li> <li>✓ <input type="checkbox"/> Systematic inventory management (edicines/consumables)</li> </ul>
8	Infection control	<ul style="list-style-type: none"> <li>✓ <input type="checkbox"/> Adherence to biomedical waste management</li> <li>✓ <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment</li> <li>✓ <input type="checkbox"/> Adherence to SOPs for personal protection</li> </ul>
9	Clinical care	<ul style="list-style-type: none"> <li>✓ <input type="checkbox"/> Adherence to SOPs for clinical management of conditions</li> <li>✓ <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism</li> </ul>
10	Quality Management Systems	<ul style="list-style-type: none"> <li>✓ <input type="checkbox"/> Provision for collecting patient feedback</li> <li>✓ <input type="checkbox"/> Availability of Grievance Redressal Mechanisms</li> <li>✓ <input type="checkbox"/> Periodic reviews undertaken for quality assurance</li> </ul>

### O. IPHS Compliance

1	Date of assessment using ODK tool kit	09-09-2024
2	Facility aggregate score using ODK Took kit	81

<b>Remarks &amp; Observations</b>
Infrastructure
HRH
IEC
Expanded service Packages
IT System
Any Other

**Appendix-List of equipment**

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

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

**Date of Visit: 10-03-2025**

<b>A. General Information</b>	
13. State	<b>ASSAM</b>
14. District Name	<b>CACHAR</b>
15. Block/Taluka Name	<b>BORJALENGA</b>
16. Name of Facility	<b>SILCOORIE AAM</b>
17. Type of Facility	<b>MSC</b>
18. NIN of the facility	<b>7351211243</b>
19. No. of days in a week facility is operational	<b>6</b>
20. OPD Timings	<b>8AM TO 3PM</b>
21. Month & Year of AAM operationalization	<b>June 2020</b>
22. Accessible from nearest road head (Yes/No)	<b>YES</b>
23. Next Referral Facility	<b>SONABARIGHAT SHC</b>
24. Distance of next referral facility (Km)	<b>8.5Km</b>

<b>A.1 Demographic Details</b>	
21. Number of Villages	<b>8</b>
22. No. of Households	<b>2233</b>
23. Total catchment Population	<b>11,541</b>
24. Population who are 30 years of age and above	<b>4259</b>

<b>B. Physical Infrastructure</b>		
	<b>Infrastructure Status and details</b>	<b>Availability</b>
118	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
119	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
120	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
121	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
122	OPD room	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
124	Availability of furniture:	
	k. Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	l. Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	m. Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
125	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
126	Pharmacy /Drug store	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
127	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
128	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
129	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
130	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
131	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
132	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
133	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
134	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
135	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
136	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
137	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
138	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>B.1 Information, Education &amp; communication (IEC) material</b>		
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 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 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 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

<b>C. Human Resource Availability</b>						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP				1	1
2	ANM/MPW-F		1	1	1	1
3	MPW-M		1	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			11	8
4	Any other (If yes, specify)		MTS-1 GR(IV)-1	MTS-1 GR(IV)-1	0	0

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
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
-----	-----	-----	-----

<b>D.2 Training details- Expanded CPHC packages</b>						
<b>Staff</b>	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

<b>E. Service Delivery</b>	
Service provided	<p style="text-align: center;"><b>Reproductive Maternal and Child Health</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> ANC/ PNC <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Neonatal and infant healthcare services</li> <li><input checked="" type="checkbox"/> Childhood and Adolescent healthcare services</li> </ul> </li> <li><input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</li> </ul> <p style="text-align: center;"><b>Communicable diseases</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> TB</li> <li><input checked="" type="checkbox"/> Leprosy</li> </ul> </li> <li><input checked="" type="checkbox"/> Acute simple illnesses</li> </ul> <p style="text-align: center;"><b>Non-Communicable Diseases</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Screening of common cancers – Oral</li> <li><input checked="" type="checkbox"/> Screening of common cancers – breast</li> <li><input type="checkbox"/> Screening of common cancers – cervix</li> </ul> </li> </ul>

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 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. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	33  (Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC	28		
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		
Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>× Oral Contraceptives</li> <li>× Analgesics / NSAIDs)</li> <li>× Anti-pyretic</li> <li>× Anti-allergics</li> <li>× Antidotes for poisoning</li> <li>× Gastrointestinal meds</li> <li>× Anti-filarial</li> <li>× Antibiotics</li> <li>× Anti-leprosy</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>× Anti-tuberculosis</li> <li>× Anti-fungal</li> <li>× Anti-malarial</li> <li>× Anti-hypertensive</li> <li>× Oral hypoglycemics</li> <li>× Hypolipidemic</li> <li>× ORS</li> <li>× Multi-vitamins</li> <li>× Dermatological (cream)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>× Oral Contraceptives</li> <li>× Analgesics / NSAIDs)</li> <li>× Anti-pyretic</li> <li>× Anti-allergics</li> <li>× Antidotes for poisoning</li> <li>× Gastrointestinal meds</li> <li>× Anti-filarial</li> <li>× Antibiotics</li> <li>× Anti-leprosy</li> </ul>	<ul style="list-style-type: none"> <li>× Anti-tuberculosis</li> <li>× Anti-fungal</li> <li>× Anti-malarial</li> <li>× Anti-hypertensive</li> <li>× Oral hypoglycemics</li> <li>× Hypolipidemic</li> <li>× ORS</li> <li>× Multi-vitamins</li> <li>× Dermatological (cream)</li> </ul>
<ul style="list-style-type: none"> <li>× Oral Contraceptives</li> <li>× Analgesics / NSAIDs)</li> <li>× Anti-pyretic</li> <li>× Anti-allergics</li> <li>× Antidotes for poisoning</li> <li>× Gastrointestinal meds</li> <li>× Anti-filarial</li> <li>× Antibiotics</li> <li>× Anti-leprosy</li> </ul>	<ul style="list-style-type: none"> <li>× Anti-tuberculosis</li> <li>× Anti-fungal</li> <li>× Anti-malarial</li> <li>× Anti-hypertensive</li> <li>× Oral hypoglycemics</li> <li>× Hypolipidemic</li> <li>× ORS</li> <li>× Multi-vitamins</li> <li>× Dermatological (cream)</li> </ul>		
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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> 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 type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" 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 checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" 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	
Total Teleconsultations in the last 01 month	25

II. 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:	

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

<p align="center"><b>Facility funds</b></p> <p>Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:</p>	<p align="center"> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No </p>		
<p align="center"><b>Fund utilization</b></p> <p>% NHM Fund utilized last year:</p>	<p align="center">Funds received (Amt in Rs.)</p>	<p align="center">Expenditure (Amt in Rs.)</p>	<p align="center">% Expenditure</p>
<p>Is untied fund being spent on following activities</p>	<p><b>Regular payment of Bills:</b> <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  <b>Regular purchase:</b> <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  <b>Payment of support/cleaning Staff:</b>  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>		
<b>K. Governance</b>			
<p align="center"><b>Community-based platforms</b></p> <p>Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms</p>	<p align="center"> <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  <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  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No </p>		
<b>L. Wellness Activities</b>			
<p>Wellness sessions being held periodically Availability of a trained instructor for wellness session Health Days are celebrated as per the Wellness Activity Calendar Number of Wellness sessions conducted in Last month</p>	<p align="center"> <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  10 </p>		
<b>ASHA Functionality</b>			
<p>Status of availability of Functional HBNC Kits (weighing scale/digital thermometer/ blanket or warm bag)</p>	<p align="center"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Partial</p>		
<p>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</p>	<p align="center"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Partial</p>		

Number of Village Health & Sanitation days conducted in last 6 months		48	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>			
1	Total number of outpatient department visits	<b>1448</b>	
2	No. of PW registered for ANC	<b>41</b>	
3	No. of PW received 4 or more ANC check-ups	<b>39</b>	
4	Total number of institutional deliveries	<b>2</b>	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>4</b>	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>68</b>	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>68</b>	
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>4</b>	
9	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	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	
10	<b>Community Based Screening for NCDs:</b>		
	% of target population administered CBAC:		100%
	% of target population with score below 4:		81%
	% of target population with score 4 and above:		19%
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Hypertension	1705	239
	Diabetes	1705	69
	Oral Cancer	1705	0
	Breast Cancer	601	0
	Cervical Cancer	Nil	Nil
		<b>Followed-up</b>	

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>	
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 checked="" type="checkbox"/> Yes <input 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	75%
6	Patient Rights	<input checked="" 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 checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	08.06.2024
2	Facility aggregate score using ODK Took kit	51.07

Remarks & Observations	
Infrastructure	

HRH
IEC
Expanded service Packages
IT System
Any Other

**Appendix-List of equipment**

<b>S. No.</b>	<b>Equipment</b>	<b>Available</b>	<b>Not available</b>	<b>Functional</b>	<b>Not functional</b>
1	BP apparatus- Digital/ Sphygmomanometer	<b>YES</b>		<b>YES</b>	
2	BP apparatus- Aneroid/ Sphygmomanometer	<b>YES</b>		<b>YES</b>	
3	Weighing machine Electronic	<b>YES</b>		<b>YES</b>	
4	Hemoglobinometer	<b>YES</b>		<b>YES</b>	
5	Glucometer	<b>YES</b>		<b>YES</b>	
6	Thermometer	<b>YES</b>		<b>YES</b>	
7	Baby weighing scale	<b>YES</b>		<b>YES</b>	
8	Stethoscope	<b>YES</b>		<b>YES</b>	
9	Near Vision chart	<b>NO</b>		<b>NO</b>	

10	Snellen vision chart	<b>NO</b>		<b>NO</b>	
11	Stadiometer	<b>YES</b>		<b>YES</b>	
12	Tuning fork	<b>YES</b>		<b>YES</b>	

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

**Date of Visit: 11-03-2025**

<b>A. General Information</b>	
25. State	<b>ASSAM</b>
26. District Name	<b>CACHAR</b>
27. Block/Taluka Name	<b>BORJALENGA</b>
28. Name of Facility	<b>SILCOORIE AAM</b>
29. Type of Facility	<b>MSC</b>
30. NIN of the facility	<b>7351211243</b>
31. No. of days in a week facility is operational	<b>6</b>
32. OPD Timings	<b>8AM TO 3PM</b>
33. Month & Year of AAM operationalization	<b>June 2020</b>
34. Accessible from nearest road head (Yes/No)	<b>YES</b>
35. Next Referral Facility	<b>SONABARIGHAT SHC</b>
36. Distance of next referral facility (Km)	<b>8.5Km</b>

<b>A.1 Demographic Details</b>	
25. Number of Villages	<b>8</b>
26. No. of Households	<b>2233</b>
27. Total catchment Population	<b>11,541</b>
28. Population who are 30 years of age and above	<b>4259</b>

<b>B. Physical Infrastructure</b>		
	<b>Infrastructure Status and details</b>	<b>Availability</b>
139	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
140	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
141	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
142	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
143	OPD room	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
144	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
145	Availability of furniture:	
	n. Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	o. Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	p. Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
146	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
147	Pharmacy /Drug store	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
148	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
149	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
150	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
151	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
152	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
153	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
154	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
155	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
156	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
157	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
158	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
159	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>B.1 Information, Education &amp; communication (IEC) material</b>		
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 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 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 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

<b>C. Human Resource Availability</b>						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP				1	1
2	ANM/MPW-F		1	1	1	1
3	MPW-M		1	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			11	8
4	Any other (If yes, specify)		MTS-1 GR(IV)-1	MTS-1 GR(IV)-1	0	0

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
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
-----	-----	-----	-----

<b>D.2 Training details- Expanded CPHC packages</b>						
<b>Staff</b>	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

<b>E. Service Delivery</b>	
Service provided	<p style="text-align: center;"><b>Reproductive Maternal and Child Health</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> ANC/ PNC <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Neonatal and infant healthcare services</li> <li><input checked="" type="checkbox"/> Childhood and Adolescent healthcare services</li> </ul> </li> <li><input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</li> </ul> <p style="text-align: center;"><b>Communicable diseases</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> TB</li> <li><input checked="" type="checkbox"/> Leprosy</li> </ul> </li> <li><input checked="" type="checkbox"/> Acute simple illnesses</li> </ul> <p style="text-align: center;"><b>Non-Communicable Diseases</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Screening of common cancers – Oral</li> <li><input checked="" type="checkbox"/> Screening of common cancers – breast</li> <li><input type="checkbox"/> Screening of common cancers – cervix</li> </ul> </li> </ul>

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 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. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	33  (Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC	28		
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		
Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>× Oral Contraceptives</li> <li>× Analgesics / NSAIDs)</li> <li>× Anti-pyretic</li> <li>× Anti-allergics</li> <li>× Antidotes for poisoning</li> <li>× Gastrointestinal meds</li> <li>× Anti-filarial</li> <li>× Antibiotics</li> <li>× Anti-leprosy</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>× Anti-tuberculosis</li> <li>× Anti-fungal</li> <li>× Anti-malarial</li> <li>× Anti-hypertensive</li> <li>× Oral hypoglycemics</li> <li>× Hypolipidemic</li> <li>× ORS</li> <li>× Multi-vitamins</li> <li>× Dermatological (cream)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>× Oral Contraceptives</li> <li>× Analgesics / NSAIDs)</li> <li>× Anti-pyretic</li> <li>× Anti-allergics</li> <li>× Antidotes for poisoning</li> <li>× Gastrointestinal meds</li> <li>× Anti-filarial</li> <li>× Antibiotics</li> <li>× Anti-leprosy</li> </ul>	<ul style="list-style-type: none"> <li>× Anti-tuberculosis</li> <li>× Anti-fungal</li> <li>× Anti-malarial</li> <li>× Anti-hypertensive</li> <li>× Oral hypoglycemics</li> <li>× Hypolipidemic</li> <li>× ORS</li> <li>× Multi-vitamins</li> <li>× Dermatological (cream)</li> </ul>
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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 checked="" type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> 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 type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop

	<input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" 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	
Total Teleconsultations in the last 01 month	25

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

<p align="center"><b>Facility funds</b></p> <p>Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:</p>	<p align="center"> <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No </p>		
<p align="center"><b>Fund utilization</b></p> <p>% NHM Fund utilized last year:</p>	<p align="center">Funds received (Amt in Rs.)</p>	<p align="center">Expenditure (Amt in Rs.)</p>	<p align="center">% Expenditure</p>
<p>Is untied fund being spent on following activities</p>	<p><b>Regular payment of Bills:</b> <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  <b>Regular purchase:</b> <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  <b>Payment of support/cleaning Staff:</b>  <input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>		
<b>K. Governance</b>			
<p align="center"><b>Community-based platforms</b></p> <p>Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms</p>	<p align="center"> <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  <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 </p>		
<b>L. Wellness Activities</b>			
<p>Wellness sessions being held periodically Availability of a trained instructor for wellness session Health Days are celebrated as per the Wellness Activity Calendar Number of Wellness sessions conducted in Last month</p>	<p align="center"> <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  10 </p>		
<b>ASHA Functionality</b>			
<p>Status of availability of Functional HBNC Kits (weighing scale/digital thermometer/ blanket or warm bag)</p>	<p align="center"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Partial</p>		
<p>Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)</p>	<p align="center"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Partial</p>		

Number of Village Health & Sanitation days conducted in last 6 months		48	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>			
1	Total number of outpatient department visits	<b>1448</b>	
2	No. of PW registered for ANC	<b>41</b>	
3	No. of PW received 4 or more ANC check-ups	<b>39</b>	
4	Total number of institutional deliveries	<b>2</b>	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>4</b>	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>68</b>	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>68</b>	
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>4</b>	
9	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	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	
10	<b>Community Based Screening for NCDs:</b>		
	% of target population administered CBAC:		100%
	% of target population with score below 4:		81%
	% of target population with score 4 and above:		19%
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Hypertension	1705	239
	Diabetes	1705	69
	Oral Cancer	1705	0
	Breast Cancer	601	0
	Cervical Cancer	Nil	Nil

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>	
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 checked="" type="checkbox"/> Yes <input 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	75%
6	Patient Rights	<input checked="" 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
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Infrastructure	

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Expanded service Packages
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Any Other

**Appendix-List of equipment**

<b>S. No.</b>	<b>Equipment</b>	<b>Available</b>	<b>Not available</b>	<b>Functional</b>	<b>Not functional</b>
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2	BP apparatus- Aneroid/ Sphygmomanometer	<b>YES</b>		<b>YES</b>	
3	Weighing machine Electronic	<b>YES</b>		<b>YES</b>	
4	Hemoglobinometer	<b>YES</b>		<b>YES</b>	
5	Glucometer	<b>YES</b>		<b>YES</b>	
6	Thermometer	<b>YES</b>		<b>YES</b>	
7	Baby weighing scale	<b>YES</b>		<b>YES</b>	
8	Stethoscope	<b>YES</b>		<b>YES</b>	
9	Near Vision chart	<b>NO</b>		<b>NO</b>	

10	Snellen vision chart	<b>NO</b>		<b>NO</b>	
11	Stadiometer	<b>YES</b>		<b>YES</b>	
12	Tuning fork	<b>YES</b>		<b>YES</b>	

**Field Monitoring Format-AyushmanArogyaMandir-Sub Health Centre (AAM-SHC)**

**Date of Visit: 10-03-2025**

<b>A. General Information</b>	
37. State	<b>Assam</b>
38. District Name	Cachar
39. Block/Taluka Name	Kalain
40. Name of Facility	Dholcherra AAM
41. Type of Facility	AAM-SC
42. NIN of the facility	2157621323
43. No. of days in a week facility is operational	6 Days
44. OPD Timings	8:30 AM to 1:30 PM
45. Month & Year of AAM operationalization	Dec, 2023
46. Accessible from nearest road head (Yes/No)	Yes
47. Next Referral Facility	Bikrampur PHC
48. Distance of next referral facility (Km)	3 KM

<b>A.1 Demographic Details</b>	
29. Number of Villages	02
30. No. of Households	1032 Nos
31. Total catchment Population	4762
32. Population who are 30 years of age and above	1762

<b>B. Physical Infrastructure</b>		
	<b>Infrastructure Status and details</b>	<b>Availability</b>
160	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
161	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
162	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
163	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
164	OPD room	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
165	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
166	Availability of furniture:	
	q. Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	r. Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	s. Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
167	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
168	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
169	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
170	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
171	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
172	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
173	Electricity connection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
174	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
175	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
176	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
177	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
178	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
179	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

180	<i>Residential Quarters available for Staff 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
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<b>B.1 Information, Education &amp; communication (IEC) material</b>		
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 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 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 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

<b>C. Human Resource Availability</b>						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	1	1	1	1
3	MPW-M		0	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	0	0	6	6
4	Any other (If yes, specify)		NA	NA	NA	NA

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
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

<b>D.2 Training details- Expanded CPHC packages</b>						
<b>Staff</b>	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)	No	No	No	No	No	No
MPW (M)	No	No	No	No	No	No
ASHA	No	No	No	No	No	No

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

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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 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

F. Essential medicines		
Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	(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 checked="" type="checkbox"/> Monthly	

	<input type="checkbox"/> Quarterly <input 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
<b>G. Essential diagnostics</b>	
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	11 Nos
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 checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>H. Information Technology &amp; Teleconsultation</b>	
Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)

Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input checked="" type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input 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	Hypertension, High Blood Pressure & High Blood Sugar
Total Teleconsultations in the last 01 month	15 Nos

IV. 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 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:	

M. Finance	
Renumeration & Incentives	
Timely disbursement of incentives to ASHAs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of renumeration to CHOs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of renumeration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input 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

<b>Facility funds</b> Timely disbursement of untied funds Fund flow through other sources Specify any other fundsource:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Fund utilization</b> % NHM Fund utilized last year:		Funds received (Amt in Rs.) Rs. 20000/-	Expenditure (Amt in Rs.) Rs. 20000/-	% Expenditure 100%
Is untied fund being spent on following activities		<b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet <b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment <b>Payment of support/cleaning Staff:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>K. Governance</b>				
<b>Community-based platforms</b> Constitution of Jan ArogyaSamiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms		<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 <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>L. Wellness Activities</b>				
Wellness sessions being held periodically Availability of a trained instructor for wellness session Health Days are celebrated as per the Wellness Activity Calendar Number of Wellness sessions conducted in Last month		<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 .....02.....		
<b>ASHA Functionality</b>				
Status of availability of Functional HBNC Kits (weighing scale/digital thermometer/ blanket or warm bag)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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		18 Nos		
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits	1539 Nos		

2	No. of PW registered for ANC	<b>20 Nos</b>																									
3	No. of PW received 4 or more ANC check-ups	<b>19 Nos</b>																									
4	Total number of institutional deliveries	<b>0</b>																									
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>07 Nos</b>																									
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>22 Nos</b>																									
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>21 Nos</b>																									
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>166 Nos.</b>																									
9	<b>TB patients undergoing treatment</b>																										
	<b>Indicators</b>	<b>Current year</b>																									
	No. of presumptive TB patients identified	125 Nos																									
	No. of TB patients diagnosed out of the presumptive patients referred	0																									
	No. of TB patients taking treatment in the AAM	01																									
10	<b>Community Based Screening for NCDs :</b> % of target population administered CBAC : % of target population with score below 4 : % of target population with score 4 and above :	100% 36.7% 36.8%																									
11	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"><b>NCDs</b> <i>(No. of individuals in last 6 Months)</i></th> <th style="width: 15%;"><b>Screened</b></th> <th style="width: 15%;"><b>Referred</b></th> <th style="width: 30%;"><b>Followed-up</b></th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>929</td> <td>59</td> <td>136</td> </tr> <tr> <td>Diabetes</td> <td>929</td> <td>51</td> <td>98</td> </tr> <tr> <td>Oral Cancer</td> <td>929</td> <td>----</td> <td>----</td> </tr> <tr> <td>Breast Cancer</td> <td>531</td> <td>----</td> <td>----</td> </tr> <tr> <td>Cervical Cancer</td> <td>----</td> <td>----</td> <td>----</td> </tr> </tbody> </table>			<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>	Hypertension	929	59	136	Diabetes	929	51	98	Oral Cancer	929	----	----	Breast Cancer	531	----	----	Cervical Cancer	----	----	----
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Breast Cancer	531	----	----																								
Cervical Cancer	----	----	----																								

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input 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	Commendation
6	Patient Rights	<input checked="" 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 checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

### O. IPHS Compliance

1	Date of assessment using ODK tool kit	15/08/2024
2	Facility aggregate score using ODK Took kit	86%

### Remarks & Observations

Infrastructure
HRH
IEC

Expanded service Packages
IT System
Any Other

**Appendix-List of equipment**

<b>S. No.</b>	<b>Equipment</b>	<b>Available</b>	<b>Not available</b>	<b>Functional</b>	<b>Not functional</b>
1	BP apparatus- Digital/ Sphygmomanometer	No		No	
2	BP apparatus- Aneroid/ Sphygmomanometer	Yes		Yes	
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	No		No	
10	Snellen vision chart	Yes		Yes	
11	Stadiometer	Yes		Yes	
12	Tuning fork	Yes		Yes	

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

**Date of Visit: 10-03-2025**

<b>A. General Information</b>	
49. State	<b>Assam</b>
50. District Name	Cachar
51. Block/Taluka Name	Udharbond
52. Name of Facility	Dudhpatil VI AAM
53. Type of Facility	Sub Centre
54. NIN of the facility	6162876871
55. No. of days in a week facility is operational	6days
56. OPD Timings	8am – 2pm
57. Month & Year of AAM operationalization	
58. Accessible from nearest road head (Yes/No)	Yes
59. Next Referral Facility	Chutodudpatil MG Model Hospital
60. Distance of next referral facility (Km)	

<b>A.1 Demographic Details</b>	
33. Number of Villages	<b>7</b>
34. No. of Households	1343
35. Total catchment Population	7142
36. Population who are 30 years of age and above	2643

<b>B. Physical Infrastructure</b>		
	<b>Infrastructure Status and details</b>	<b>Availability</b>
181	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
182	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
183	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
184	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
185	OPD room	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
186	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
187	Availability of furniture:	
	t. Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	u. Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	v. Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
188	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
189	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
190	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
191	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
192	Availability of Running water in the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
193	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
194	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
195	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
196	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
197	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
198	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
199	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
200	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
201	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>B.1 Information, Education &amp; communication (IEC) material</b>		
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 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

<b>C. Human Resource Availability</b>						
	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	1	1
3	MPW-M		1	1		
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			7	7
4	Any other (If yes, specify)					

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
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

<b>D.2 Training details- Expanded CPHC packages</b>						
<b>Staff</b>	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)	No	No	No	No	No	No
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

<b>E. Service Delivery</b>	
Service provided	<p align="center"><b>Reproductive Maternal and Child Health</b></p> <p align="center"><input type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> [Yes]</p> <p align="center"><input type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> [Yes]</p> <p align="center"><input type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> [Yes]</p> <p align="center"><input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <input checked="" type="checkbox"/> [Yes]</p> <p align="center"><b>Communicable diseases</b></p> <p align="center"><input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> [Yes]</p> <p align="center"><input checked="" type="checkbox"/> TB [Yes]</p> <p align="center"><input checked="" type="checkbox"/> Leprosy [Yes]</p> <p align="center"><input checked="" type="checkbox"/> Acute simple illnesses [Yes]</p> <p align="center"><b>Non-Communicable Diseases</b></p> <p align="center"><input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) [Yes]</p> <p align="center"><input checked="" type="checkbox"/> Screening of common cancers – Oral [Yes]</p> <p align="center"><input checked="" type="checkbox"/> Screening of common cancers – breast [Yes]</p> <p align="center"><input type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> [No]</p>
<b>E.2 Availability of Expanded Packages of Services</b>	
<b>Service Packages</b>	<b>Services Available      Drugs available      Diagnostics &amp; consumables available</b>

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 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. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	32  (Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC	32		
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis [Yes] <input checked="" type="checkbox"/> Diabetes [Yes] <input checked="" type="checkbox"/> Hypertension [Yes] <input checked="" type="checkbox"/> Fever		
Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <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 [Yes]  <input type="checkbox"/> Gastrointestinal meds  <input checked="" type="checkbox"/> Anti-filarial  <input type="checkbox"/> Antibiotics  <input checked="" type="checkbox"/> Anti-leprosy </td> <td style="vertical-align: top; width: 50%;"> <input checked="" type="checkbox"/> Anti-tuberculosis  <input checked="" type="checkbox"/> Anti-fungal  <input checked="" type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycemics  <input checked="" type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input checked="" type="checkbox"/> Multi-vitamins [Yes]  <input type="checkbox"/> Dermatological(cream) </td> </tr> </table>	<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 [Yes] <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins [Yes] <input type="checkbox"/> Dermatological(cream)
<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 [Yes] <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins [Yes] <input type="checkbox"/> Dermatological(cream)		
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 <sub>2</sub> 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 type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)

Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input checked="" 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	OPD cases
Total Teleconsultations in the last 01 month	18

V. Reporting	
<b>Online Platforms</b>	<b>Reporting</b>
<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 type="checkbox"/> Yes <input checked="" 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:	

N. Finance	
<b>Remuneration &amp; Incentives</b>	
Timely disbursement of incentives to ASHAs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of remuneration to CHOs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facility funds</b>	
Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fund flow through other sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify any other fund source:	

<b>Fund utilization</b> % NHM Fund utilized last year:		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
Is untied fund being spent on following activities		<b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet <b>Regular purchase:</b> <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 <b>Payment of support/cleaning Staff:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>K. Governance</b>				
<b>Community-based platforms</b>				
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		
<b>L. Wellness Activities</b>				
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		.....4.....		
<b>ASHA Functionality</b>				
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		42		
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits	3385		
2	No. of PW registered for ANC	35		
3	No. of PW received 4 or more ANC check-ups	35		
4	Total number of institutional deliveries	0		

5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>5</b>		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>31</b>		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>34</b>		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	32		
	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>
	Hypertension	658	38	38
	Diabetes	658	34	34
	Oral Cancer	658	0	0
	Breast Cancer	320	0	0
	Cervical Cancer	0	0	0

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>	
1	Has there been an internal assessment for NQAS? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
2	Is the facility certified at the State-level for NQAS? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
3	Is the facility certified at the National level for NQAS? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
4	Is Facility participating in Kayakalp? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>
5	If yes, achievement under Kayakalp (Winner, commendation) and score <span style="float: right;">72</span>
6	Patient Rights <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Display of citizen's charter</li> <li><input checked="" type="checkbox"/> Display of IEC materials</li> <li><input checked="" type="checkbox"/> Provision for ensuring privacy</li> <li><input checked="" type="checkbox"/> Respectful Maternity care being practiced</li> <li><input checked="" type="checkbox"/> All services provided free of cost</li> </ul>

		<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"/> • <input 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 checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

#### O. IPHS Compliance

<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	30/08/2024
2	Facility aggregate score using ODK Took kit	75.89

**Appendix-List of equipment**

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



<p><i>pressure, blood sugar, wound-dressing, etc.,)</i>  <b>Reasons, thereof.</b></p>		<p>Self (home remedies)</p>		
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**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>How long has it been there?</i></p> <p><i>What are the health services being provided there?</i></p>	<p><b>May use local terms as recognized by the community</b></p> <p><b>Services may include:</b>  <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p> <p><b>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</b></p> <p><b>Probes-RCH, NCD, Communicable diseases, expanded packages)</b></p>	<p>ASHA ANM</p> <p>3 Months Full Time Greater than one year</p> <p>Yes, Palliative case visit, Teleconsultation, IEC, Family Planning, and Outreach Immunization.</p>
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**Topic: Accessibility to primary healthcare services**

<p><i>How do you access the facility from your residence?</i></p>	<p><b>Probes:</b> <i>Walk to the facility</i>  <i>Use public transport</i>  <i>Use personal transport</i></p>	<p>All</p>
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p><b>Barriers may include:</b>  <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p>	<ul style="list-style-type: none"> <li>• <i>Geographical barriers</i></li> <li>• <i>structural barriers within the facility or its premises</i></li> <li>• <i>√ financial barriers</i></li> <li>• <i>√ socio-cultural barriers</i></li> <li>• <i>Others, (please specify):.....</i></li> </ul>

<p><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></p>	<p><b>Yes</b></p>	<ul style="list-style-type: none"> <li>• Lack of balanced diet</li> <li>• Lack of knowledge</li> <li>• Low economy</li> <li>• Less participation</li> </ul>
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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><b>Probes</b></p> <ul style="list-style-type: none"> <li>- Condition of the building</li> <li>- Maintenance</li> <li>- Dedicated space for waiting and examination</li> <li>- Adequate seating arrangement</li> <li>- Functional toilet</li> <li>- Potable and drinking water</li> <li>- Power supply</li> </ul>	<p><b>Infrastructure and services</b></p>	<p><b>Response</b></p>
		<p><i>Condition of the building</i></p>	<p><input checked="" type="checkbox"/> Good  <input type="checkbox"/> Neither good nor bad  <input type="checkbox"/> Bad</p>
		<p><i>Maintenance</i></p>	<p><input checked="" type="checkbox"/> Good  <input type="checkbox"/> Neither good nor bad  <input type="checkbox"/> Bad</p>
		<p><i>Dedicated space for waiting and examination</i></p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>
		<p><i>Adequate seating arrangement</i></p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>
		<p><i>Functional toilet</i></p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>
		<p><i>Potable/ drinking water</i></p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>
		<p><i>Power supply</i></p>	<p><input checked="" 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><b>Staff may include:</b> 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</p> <p>Yes</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><b>Probe</b>  <i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes</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><b>Probe</b>  <i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>No refer to PHC lab, DH lab, testing lab</p>
<p><b>Topic: Acceptability of healthcare services</b></p>		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p><b>Probe:</b> <i>Adequate skills and knowledge</i></p>	<p>Yes</p>
<p><i>Do you feel that the primary healthcare facility uses <u>innovative methods or technology</u> 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</i></p>	<p><b>Innovative may include</b> <i>painless, time-saving or cost-saving methods or technology</i></p> <p><b>Alternate phrasing:</b> <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></i></p>	<p>Yes</p> <p>No</p>

<p><i>any services that would cost you, due to which you tend to avoid those services?</i></p>		
<p><b>Topic: Appropriateness of primary healthcare services delivered through AAM</b></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>Flood Cyclone Rainy Season</p> <p>Yes by Rapid response team</p> <p>Yes</p>
<p><b>Topic: Community's involvement / participation</b></p>		
<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>Probes</i></p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalentents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<ul style="list-style-type: none"> <li>• Yoga</li> <li>• IEC Activities</li> <li>• Club meetings</li> <li>• JAS</li> </ul> <p>Social media message sharing Gathering Community</p>

<p><i>Please mention the activity and your contribution</i></p>		
<p><b>Topic: Unmet Needs</b></p>		
<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> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>Participating locals for Health Awareness</p> <p>CHC, PHC, Private facilities</p> <p>Yes</p>
<p><b>Topic: Quality of Care provided through the primary healthcare facility</b></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><b>Probes</b></p> <ul style="list-style-type: none"> <li>- Provider behaviour/ attitude</li> <li>- Waiting time</li> <li>- Cleanliness of the premises</li> <li>- Provision for Grievance redressal and escalation</li> <li>- Practice of soliciting and implementing feedback</li> <li>- Right diagnosis</li> <li>- Accuracy of diagnostic tests done at the facility</li> <li>- Effectiveness of medicines dispensed at the facility</li> </ul>	<p>Good</p> <p>Not more than 5-10 mins</p> <p>Good</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>

<i>Do you feel that your health improves by using the services provided at the facility?</i>		
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