



**APRIL, 2025**

**A FIELD MONITORING REPORT  
OF THE KEY COMPONENTS OF THE**

# **NATIONAL HEALTH MISSION**

**DAMAN DISTRICT  
UT OF DADRA AND NAGAR HAVELI  
AND DAMAN AND DIU**

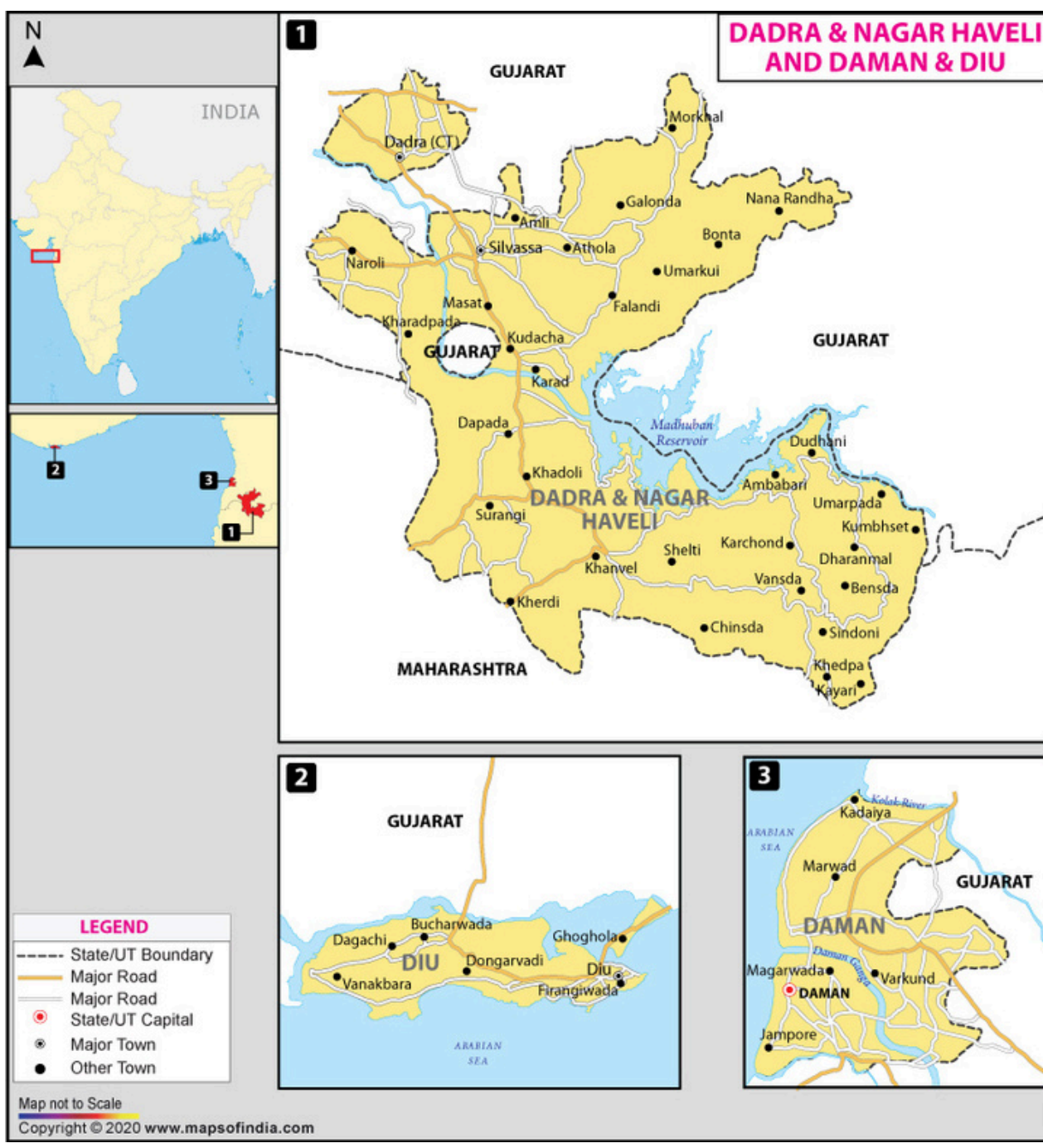
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DELHI**

# DAMAN, DNH&DD

## OVERVIEW



The Ministry of Health and Family Welfare (MoHFW), Government of India, has entrusted the Population Research Centre (PRC) with the task of field monitoring essential components of the National Health Mission (NHM) State Programme Implementation Plan for the year 2024–25. This report presents key findings from the field monitoring exercise conducted in Daman District of the Union Territory of Dadra and Nagar Haveli and Daman and Diu in April 2025.

The monitoring visits in Daman were carried out primarily at the level of primary healthcare facilities, focusing on AAM Primary Health Centres (AAM-PHCs) and AAM Sub-Health Centres (AAM-SHCs). In total, 07 facilities were covered, which included one District Hospital (DH), three AAM-PHCs, and, under each AAM-PHC, one corresponding AAM-SHCs. The objective of this exercise was to evaluate infrastructure, human resources, service availability, and overall implementation of NHM components, with the ultimate goal of identifying strengths, weaknesses, and areas in need of improvement.

## FACILITIES VISITED

DH	GOVERNMENT HOSPITAL, DAMAN
PHC	PHC BHIMPORE PHC KACHIGHAM PHC DABHEL
SHC	DEVKA AAM-SHC SOMNATH AAM-SHC JUMPRIM AAM-SHC

## KEY OBSERVATIONS: DISTRICT

### 1. Maternal and Child Health

- Institutional Delivery:** Institutional deliveries have consistently remained above 98–99% over the past three years. Notably, no home deliveries have been reported during this period, owing to targeted awareness and facility accessibility measures.
- Neonatal Care:** The SNCU (Special Newborn Care Unit) in the district is well-staffed, fully functional, and caters to both inborn and outborn neonates with a commendable survival rate exceeding 80%.
- Early ANC Registration:** Minimal delays in early ANC registration are observed and primarily associated with migratory women arriving in late trimesters to reunite with spouses employed in industrial areas.

### 2. Immunization and Communicable Disease Control

- Vaccination Coverage:** The district reports full immunization coverage with no hard-to-reach areas or dropouts, reflecting comprehensive micro-planning and outreach.
- Vector-Borne Disease Surveillance:** The district has maintained API < 1 with no major epidemic reported, indicating strong surveillance and outbreak readiness.

### 3. Non-Communicable Diseases and Wellness Services

- NP-NCD Implementation at AAM-SHCs:** Remote health facilities show 100% CBAC coverage in the past two years. Adherence to program mandates—including 12 wellness sessions/month, follow-up for BP/diabetes, and treatment coverage—was verified.
- AYUSH Integration:** Daman has a well-established AYUSH system, with Panchkarma services, pregnancy-related treatments, and homeopathic services being delivered in convergence with NHM and the State AYUSH Mission. All PHCs have an additional AYUSH doctor posted.

### 4. Health Infrastructure and Human Resources

- Facility Readiness:** PHCs and remote facilities reported no consistent stock-outs of essential medicines, and essential diagnostics list compliance was full.
- Imaging Services:** USG and X-ray services at the DH are fully utilized; however, CT services are referred to Silvassa (Dadra & Nagar Haveli).
- ICU and Dialysis:** The district has an 8-bedded ICU and a dialysis unit—both operational and adequately staffed.
- Blood Bank:** Operates on a replacement basis and maintains full compliance with national guidelines.
- Super-specialists** visit the District Hospital (DH) on designated days, ensuring access to advanced care.
- Telemedicine and Digital Health:**
  - e-Aarogya** implementation has reached 100% paperless status across all facilities.
  - TeleMANAS** is operational, with MO-level training provided by psychiatrists at the DH. The district also has a functioning Psychiatric IPD.
- Biomedical Waste (BMW) Management:** All facilities comply with segregation norms; barcode-enabled tracking is available at the DH.

### 5. Referral and Transport Services

- Ambulance Services:** Daman's transport network includes 2 ALS, 4 BLS, and 5 Pehli Sawaris. No delays were observed in JSSK beneficiary drop-back services at the DH level.

### 6. Community Engagement and Governance

- JAS Committees:** All AAM-SHCs conduct monthly JAS meetings, with the last Friday of each month institutionalized for this purpose. Meeting minutes were verified during the visit.

### 7. Migrant Outreach

- Despite the challenges of a large migratory population, the district conducts regular NCD screening camps in industrial zones and other outreach initiatives to ensure universal coverage.

### 8. Quality Certification

- All public health facilities in Daman are NQAS certified, indicating adherence to national quality standards.

### 9. Other Programmes

- NHM Deafness Control:** Universal screening of neonates is being conducted at the DH. Plans are underway to scale this to other delivery points.

# DAMAN, DNH&DD

## KEY RECOMMENDATIONS

- **Breastfeeding and Postnatal Care:**
  - Provision of breast pumps at the SNCU to support lactation among mothers of critical neonates.
  - Installation of dedicated KMC (Kangaroo Mother Care) chairs at all SNCUs and postnatal wards.
  - Display of IEC materials in PNC wards on JSY, JSSK, breastfeeding, and immunization to enhance maternal awareness.
- **Data and Capacity Building:**
  - Strengthen HMIS training and internal quality audits for staff in remote facilities, ensuring timely and accurate reporting.
- **NRC Utilization:**
  - Address low admissions at the NRC by exploring community-supported wage compensations or daycare NRC models that minimize income loss for mothers.
- **Diagnostic Services Accessibility:**
  - Install an X-ray facility at the entry point of Daman, catering to trauma cases from industrial zones and reducing unnecessary referrals to DH.
- **Sustain Migrant Coverage Strategies:**
  - Institutionalize inter-facility data sharing and tracking systems for migrant ANC and NCD cases, to ensure continuity of care despite mobility.
- **Expand Newborn Screening Coverage:**
  - Accelerate the rollout of neonatal hearing screening to all delivery points beyond DH, in alignment with NHM guidelines.
- **Enhance Facility-Based Deliveries at Remote Locations:**
  - Currently, only one PHC beyond the District Hospital (DH) functions as a delivery point. Despite NQAS certification of remote facilities, their full potential remains underutilized.
  - It is recommended that select remote PHCs and SC-HWCs be equipped and staffed to function as additional delivery points, especially in high-density or industrial zones, to further decentralize institutional deliveries and reduce referral load on the DH.

## CHECKLISTS SUBMITTED

- HMIS Data Verification Checklist - DH
- 1 District Hospital Checklist
- 3 AAM-PHCs Checklists
- 3 AAM-SHCs Chcklists

## SNAPSHOTS FROM THE FIELD



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

**Date of Visit:**

GENERAL INFORMATION	
<b>Name of facility visited</b>	<b>GOVERNMENT HOSPITAL DAMAN</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:SVBCH SILVASSA Distance:31 KM

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	(9AM TO 1PM) 2:30 PM TO 5:30PM	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:	Observation
	<input checked="" type="checkbox"/> <input type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> <input type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> <input type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement  <input type="checkbox"/> ASHA rest room is available – <b>NOT AVAILABLE</b>  <input checked="" type="checkbox"/> <input type="checkbox"/> Drug storeroom with rack is available	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital  Last major renovation done in (Year): <u>2024</u>			
3. Number of functional in-patient beds	<u>175</u>  No of ICU Beds available: <b>08</b>			As reported/Hospital Citizen Charter Board
4. List of Services available				As reported/Hospital Citizen Charter Board
<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	Y	
	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	

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

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	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	
7. Operation Theatre available	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Single general OT</li> <li><input checked="" type="checkbox"/> Elective OT-Major (General)</li> <li><input checked="" type="checkbox"/> Elective OT-Major (Ortho)</li> <li><input checked="" type="checkbox"/> Obstetrics &amp; Gynecology OT</li> <li><input checked="" type="checkbox"/> Ophthalmology/ENT OT</li> <li><input type="checkbox"/> Emergency OT</li> </ul>	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: <u>110</u></li> <li>• No. of blood transfusions done in last month: <u>146</u></li> </ul>	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input checked="" type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input 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	<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>	As reported

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	Quality/strength of internet connection: _____	

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

	Manager				
	EmOC trained doctor				
	LSAS trained doctor				
	Others				

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: <ul style="list-style-type: none"> <li>• Facility score: <b>82%</b></li> <li>• Award received:</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: <b>95.24%</b></li> <li>• Certification Status: <b>Quality certified</b></li> </ul>	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> <li>• Labour Room: LaQshya Certified - ✓ Yes/ <input type="checkbox"/>No If No, Assessment Done - <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Operation Theatre:  LaQshya Certified - ✓ Yes/ <input type="checkbox"/>No If No, Assessment Done - <input type="checkbox"/>Yes/ <input type="checkbox"/>No</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 type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• If yes, total number of drugs in EDL_ <b>375</b> _____</li> <li>• EDL displayed in OPD Area: <input type="checkbox"/>Yes/ ✓No</li> <li>• No. of drugs available on the day of visit (out of the EDL) _____</li> </ul>	Verify EDL Displayed
<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>		
17. Implementation of DVDMS or similar supply chain management	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation , Check

system		software	
	If other, which one _____		
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	<b>NIL</b>	As reported, check DVDMS, E-aushadhi, etc.
	2		
	3		
	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 shortage _____	As reported  Stock/Indent register	
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported	
• In-house tests	Timing:  Total number of tests available against Essential Diagnostic tests list for DH _____ - _____  (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house	
• Outsourced/ PPP  <b>NOT AVAILABLE</b>	Timing:  Total number of tests provided by PPP provider : _____  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	Observation	

	<p>machine is available in the hospital:</p> <p><b>300MA – FIXED</b></p> <p><b>100MA - PORTABLE</b></p> <p>Is the X-ray machine AERB certified: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	
22. CT scan services available	<p><input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p> <p>If yes: <input type="checkbox"/>In-house/ <input type="checkbox"/>PPP</p> <p>Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): ..... ..</p>	<p>Observation</p> <p>Patient interviews</p>
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<p><input checked="" type="checkbox"/>Free for BPL</p> <p><input type="checkbox"/>Free for elderly</p> <p><input checked="" type="checkbox"/>Free for JSSK beneficiaries</p> <p><input type="checkbox"/>Free for all</p>	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<p><input checked="" type="checkbox"/>Sufficient Supply</p> <p><input type="checkbox"/>Minimal Shortage</p> <p><input type="checkbox"/>Acute shortage</p>	As reported
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
25. Implementation of PM-National Dialysis programme	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
	<p><input checked="" type="checkbox"/>In-house</p> <p><input type="checkbox"/>Outsourced/ PPP</p> <p>Total number of tests performed: -</p>	Observation , Records

	_____	
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation , Records
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<input type="radio"/> Previous year <u>371</u> <input type="radio"/> Current FY <u>389</u> <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> )	NA	As reported
27. Average downtime of equipment (days)  Details of equipment are nonfunctional for more than 7 days	NA	As reported
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: <u>48</u>  No. of C-sections performed in last month: <u>48</u>	Verify C-section records from Maternity OT registers

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

	<p>facility)</p> <p>✓ <input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p>✓ <input type="checkbox"/> No user charges</p>	
31. PMSMA services provided on 9 <sup>th</sup> of every month	<p>✓ <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9<sup>th</sup> for previous month <u>21</u></p> <p>If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	✓ <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
33. Practice related to Respectful Maternity Care	<p>✓ <input type="checkbox"/> Privacy maintained during examination ensured</p> <p>✓ <input type="checkbox"/> Birth attendant allowed in Labour room</p> <p>✓ <input type="checkbox"/> Obtaining Informed consent of the mother/ custodian</p> <p>✓ <input type="checkbox"/> Safe care environment maintained</p>	Observation , Patient review
34. Whether facility have registers for entering births and deaths	✓ <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	<p>Previous year:00</p> <p>Current year:00</p>	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	<p>Previous year: 12</p> <p>Current year: 11</p>	Maternal Deaths Records/Review
37. If Comprehensive Abortion Care (CAC) services available	<input 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 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	<b>364</b>	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	<b>94</b>	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 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	<b>11</b>	FP Sterilisation 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 checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify) _____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	<b>✓</b>	As reported/observe FP registers/records if

		available		
46. FPLMIS has been implemented	<input 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: <u>ARSH COUNSELOR</u>  Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" 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? <u>DAILY</u> days (Mention number of days)	Check NCD register		
49. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported		
50. Number of individuals screened for the following in last 6 months:		<b>Screened</b>	<b>Confirmed</b>	<b>NCD Register</b>
	a. Hypertension		<b>2563</b>	
	b. Diabetes		<b>1193</b>	
	c. Oral Cancer		<b>27</b>	
	d. Breast Cancer		<b>33</b>	
	e. Cervical Cancer		<b>1</b>	
51. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation

	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) <u>12%</u> (IN OPD-53228)(SAMPLE- 5780)	DBT/Nikshay Report
	<ul style="list-style-type: none"> <li>If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>	DBT/Nikshay Report
	<ul style="list-style-type: none"> <li>Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months <u>0.5%</u></li> </ul>	DBT/Nikshay Report
	<ul style="list-style-type: none"> <li>Are all TB patients tested for HIV?<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under NikshayPoshanYojana in the last 6 months:	DBT/Nikshay Report

### F. RECORDS, FINANCE, OTHERS

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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>	Respective records									
54. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization				Facility FMR
Fund in prev. FY											
Received	Utilized	% Utilization									

	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
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 checked="" 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)	✓	RKS Register
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	

<ul style="list-style-type: none"> <li>How many cases were referred here in the last month?</li> </ul>	<p style="text-align: center;">Number: <b>40</b></p> <p>Types of cases referred in:</p>	Referral-in register
<ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>	<p style="text-align: center;">Number: <b>59</b></p> <p>Types of cases referred out:</p>	Out-referral register

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

d)	
e)	

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

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

**Urban /Rural: Rural**

**Date of Visit: 02/04/2025**

<b>A. General Information</b>	
1. State	<b>UT of DNH &amp; DD</b>
2. District Name	Daman
3. Block/Taluka Name	Daman
4. Name of Facility	Primary Health Centte, Dabhel
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	-
7. No. of days in a week facility is operational	6 days
8. OPD Timings	09:00 am – 5:30 pm
9. Month & Year of operationalization of AAM	2017
10. Details of co-location, if any <i>(If any co-located SHC)</i>	-
11. Accessible from nearest road head ( <b>Yes/No</b> )	Yes
12. Next Referral Facility Name	Government Hospital, Marwad
13. Distance of next referral facility (in Km)	9.2 km
14. If UPHC functions as a Polyclinic (Yes/No)	NA
15. If Yes, please take note of available specialist services at the Polyclinic	NA

<b>A.1 Demographic Details</b>	
1. Number of Villages/Wards	<b>5</b>
2. No. of Households	26754
3. Total catchment Population	73952
4. Population who are 30 years of age and above	34436

<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	<b>S.no</b>	<b>Building</b>	<b>√ Mark</b>
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4.	Availability of IPD Beds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5.	If yes, Number of functional IPD Beds	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No		
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Availability of furniture:	Table <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chairs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Almirah/Shelf <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23.	Bio-medical waste disposal mechanism in place	<input 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 type="checkbox"/> Yes <input checked="" 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 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
1.	Medical Officer (MBBS)	1	1	1	1	1
2.	AYUSH MO*	1	1	1	0	0
3.	Dentist*	1	0	0	0	0
4.	Staff Nurse	2	2	1	1	1
5.	Pharmacist	1	1	0	1	1
6.	Laboratory Technician	1	1	1	0	0
7.	ANM/MPW (F)#	1	1	0	0	0
8.	MPW (M)	1	1	0	0	0
9.	Lady Health Visitor	1	1	0	0	0
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	0	0
12.	Data entry operator	1	1	0	0	0
13.	Sanitation staff	1	2	0	4 (outsource)	4
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	70	0	0		70
15.	ASHA Facilitator (If any, only for Rural areas)	0	0	0	0	0
16.	Others (Specify)	0	0	0	0	0
17.	Whether all essential HRH available as per IPHS 2022					

\*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)	Y	Y	Y	Y
Child Health (New Born Care/ HBNC/HBYC)	Y	Y	Y	Y
Family Planning	Y	Y	Y	Y
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Y	Y	Y	Y
NCD	Y	Y	Y	Y
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)	Y	Y	Y	Y	Y	Y
Staff Nurse	Y	Y	Y	Y	Y	Y
ANM/ MPW-F	Y	Y	Y	Y	Y	Y
MPW- M	Y	Y	Y	Y	Y	Y
ASHA	Y	Y	Y	Y	Y	Y

<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

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines	
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><b>125</b></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	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>150 AROUND</p>
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Anti-tuberculosis</p>

		<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 checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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 E-Aarogya	

### G.1 Availability of Diagnostic Services

1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	57

		(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	33
4	Number of tests Provided through In House Mode	33
5	Number of tests Provided through Hub & Spoke (Public Health System)	30
6	Number of tests Provided through Hub & Spoke- PPP Model	30
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> )	<ul style="list-style-type: none"> <li>- SYSNEX XP-100(CELL COUNT)</li> <li>- ERBA EN-200 (BIOCHEMICAL ANALYSER)</li> </ul>

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

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

<b>H. Availability of IT Equipment &amp; Teleconsultation services</b>	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" 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 checked="" type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any (Telemans)
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Skin Conditions, Mental illness, Palliative care, pyrexia of unknown origine.
Total teleconsultations in the last 01 month	91

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

<p><b>Fund utilization</b></p> <p>NHM Fund/untied funds utilized during last year:</p>	<table border="1"> <thead> <tr> <th data-bbox="600 255 895 293">Funds received</th> <th data-bbox="895 255 1179 293">Expenditure</th> <th data-bbox="1179 255 1471 293">% Expenditure</th> </tr> </thead> <tbody> <tr> <td data-bbox="600 293 895 454">(Amount in Rs.) 3,50,000/-</td> <td data-bbox="895 293 1179 454">(Amount in Rs.) 3,45,000/-</td> <td data-bbox="1179 293 1471 454">98%</td> </tr> <tr> <td data-bbox="600 454 895 640"></td> <td data-bbox="895 454 1179 640"></td> <td data-bbox="1179 454 1471 640"></td> </tr> </tbody> </table>			Funds received	Expenditure	% Expenditure	(Amount in Rs.) 3,50,000/-	(Amount in Rs.) 3,45,000/-	98%			
Funds received	Expenditure	% Expenditure										
(Amount in Rs.) 3,50,000/-	(Amount in Rs.) 3,45,000/-	98%										
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p><b>Status of JSY Payments</b></p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days): NA</p> <p>Reasons for delay, if any</p>											

<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 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
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>9530</b>
2	No. of PW registered for ANC	<b>862</b>
3	No. of PW received 4 or more ANC check-ups	<b>109</b>
4	Total number of institutional deliveries	<b>00</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>50</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>NA</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>NA</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	5175

	No. of TB patients diagnosed out of the presumptive patients referred	14	
	No. of TB patients taking treatment in the AAM	99%	
12	% of target population administered CBAC		<b>99 %</b>
	% of target population with score below 4		<b>18 %</b>
	% of target population with score 4 and above		<b>81 %</b>
<b>Community Based Screening for NCDs</b>			
13	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>
	Hypertension	7557	451
	Diabetes	7557	384
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Oral Cancer*	7557	0
	Breast Cancer*	3120	0
	Cervical Cancer*	3120	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 checked="" type="checkbox"/> Yes <input 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 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 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	
2	Facility aggregate score using ODK Took kit	

**Remarks & Observations**

Remarks & Observations
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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	✓		✓	
2	Laryngoscope	✓		✓	
3	Radiant Warmer	✓		✓	
4	Pulse Oximeter-Finger Tip	✓		✓	
5	Pulse Oximeter-Table Top		✓		
6	Labor Bed		✓		
7	Foetal Doppler	✓		✓	
8	Phototherapy Unit		✓		
9	Shoulder Wheel		✓		
10	Shoulder Pulley		✓		
11	Shoulder Abduction Ladder		✓		
12	Suction Machine	✓		✓	
13	Mobile Spotlight	✓		✓	
14	Manual Vacuum Aspirator		✓		
15	Weighing Scale	✓		✓	
16	Baby Weighing Scale	✓		✓	
17	Infantometer	✓		✓	
18	Ophthalmoscope		✓		

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

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

Urban /Rural: Rural

Date of Visit: 02.04.225

A. General Information	
1. State	UT DNH & DD
2. District Name	DAMAN
3. Block/Taluka Name	DAMAN
4. Name of Facility	PRIMARY HEALTH CENTRE KACHIGAM
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	
7. No. of days in a week facility is operational	07 DAYS
8. OPD Timings	09:00 TO 1:00 & 2:30 TO 5:30
9. Month & Year of operationalization of AAM	AUGUST 1996
10. Details of co-location, if any (If any co-located SHC)	-
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	CHC MOTI DAMAN
13. Distance of next referral facility (in Km)	4 KM
14. If UPHC functions as a Polyclinic (Yes/No)	NO
15. If Yes, please take note of available specialist services at the Polyclinic	-
16.	
17.	

A.1 Demographic Details	
1. Number of Villages/Wards	04
2. No. of Households	1250
3. Total catchment Population	55398
4. Population who are 30 years of age and above	24775

<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	<b>S.no</b>	<b>Building</b>
		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	
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Availability of furniture:	Table <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chairs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Almirah/Shelf <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	<input 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
1.	Medical Officer (MBBS)	1	1	2	-	-
2.	AYUSH MO*	1	-	-	4	4
3.	Dentist*	1	1	1	-	-
4.	Staff Nurse	2	2	2	4	4
5.	Pharmacist	1	1	1	-	-
6.	Laboratory Technician	1	1	1	1	1
7.	ANM/MPW (F)#	1	4	4	4	4
8.	MPW (M)	1	-	-	2	2
9.	Lady Health Visitor	1	-	-	-	-
10.	Dresser	1	1	0	-	-
11.	Accountant	1	-	-	1	1
12.	Data entry operator	1	-	-	1	-
13.	Sanitation staff	1	1	1	14	14 Outsourced
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		-	-	17	17
15.	ASHA Facilitator (If any, only for Rural areas)		-	-	-	-
16.	Others (Specify)		-	-	-	-

17.	Whether all essential HRH available as per IPHS 2022	
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\*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)	Yes	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)	Yes	Yes	Yes	Yes

<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)	Y	Y	Y	Y	Y	Y
Staff Nurse	Y	Y	Y	Y	Y	Y
ANM/ MPW-F	Y	Y	Y	Y	Y	Y
MPW- M	Y	Y	Y	Y	Y	Y
ASHA	Y	Y	Y	Y	Y	Y

<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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

F. Availability of Essential medicines		
1	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>Available : 172</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	172
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis  <input checked="" type="checkbox"/> Diabetes  <input checked="" type="checkbox"/> Hypertension

		<input checked="" type="checkbox"/> Fever
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy
		<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" 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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model

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

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

19.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input 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 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	25

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

<p><b>Fund utilization</b></p> <p>NHM Fund/untied funds utilized during last year:</p>	<table border="1"> <thead> <tr> <th data-bbox="600 255 892 454">Funds received (Amount in Rs.)</th> <th data-bbox="892 255 1179 454">Expenditure (Amount in Rs.)</th> <th data-bbox="1179 255 1471 454">% Expenditure</th> </tr> </thead> <tbody> <tr> <td data-bbox="600 454 892 640"></td> <td data-bbox="892 454 1179 640"></td> <td data-bbox="1179 454 1471 640"></td> </tr> </tbody> </table>			Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure							
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input 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 checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p><b>Status of JSY Payments</b></p>	<p>Payment done till (month/ year) – Monthly</p> <p>Average Delay in Payment (days): No delay</p> <p>Reasons for delay, if any</p>								

<b>Availability of JSSK entitlements</b>	<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
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>9000</b>
2	No. of PW registered for ANC	<b>811</b>
3	No. of PW received 4 or more ANC check-ups	<b>675</b>
4	Total number of institutional deliveries	<b>12</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>29</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>128</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>164</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>108</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>11</b>
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	<b>4</b>
11	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	1418

	No. of TB patients diagnosed out of the presumptive patients referred	72		
	No. of TB patients taking treatment in the AAM	72		
12	% of target population administered CBAC	<b>99.50%</b>		
	% of target population with score below 4	<b>47%</b>		
	% of target population with score 4 and above	<b>53%</b>		
<b>Community Based Screening for NCDs</b>				
13	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>
	Hypertension	29344	4021	7255
	Diabetes	29344	4185	8908
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	27573	23	17
	Breast Cancer*	15078	4	7
	Cervical Cancer*	11236	10	1

<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 the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Winner (Score- 97.68%)

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	
2	Facility aggregate score using ODK Took kit	

**Remarks & Observations**

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	Y		Y	
2	Laryngoscope	Y		Y	
3	Radiant Warmer	Y		Y	
4	Pulse Oximeter-Finger Tip	Y		Y	
5	Pulse Oximeter-Table Top	Y		Y	
6	Labor Bed	Y		Y	
7	Foetal Doppler	Y		Y	
8	Phototherapy Unit	Y		Y	
9	Shoulder Wheel	Y		Y	
10	Shoulder Pulley	Y		Y	
11	Shoulder Abduction Ladder	Y		Y	
12	Suction Machine	Y		Y	
13	Mobile Spotlight	Y		Y	
14	Manual Vacuum Aspirator	Y		Y	
15	Weighing Scale	Y		Y	
16	Baby Weighing Scale	Y		Y	
17	Infantometer	Y		Y	
18	Ophthalmoscope	Y		Y	

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

**Field Monitoring Format- AyushmanArogyaMandir-Primary Health Centre Bhimpore.**

Urban /Rural:     rural    

Date of Visit: 3/4/2025

<b>A. General Information</b>	
1. State	<b>Daman</b>
2. District Name	Daman
3. Block/Taluka Name	Daman
4. Name of Facility	PHC Bhimpore
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	1111717763
7. No. of days in a week facility is operational	6
8. OPD Timings	9:00 am to 5:30 pm
9. Month & Year of operationalization of AAM	Sept 2015
10. Details of co-location, if any <i>(If any co-located SHC)</i>	no
11. Accessible from nearest road head ( <b>Yes/No</b> )	Yes
12. Next Referral FacilityName	DH
13. Distance of next referral facility (in Km)	6 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>5</b>
2. No. of Households	19273
3. Total catchment Population	55056
4. Population who are 30 years of age and above	25182

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

**B.1 Information, Education & communication (IEC) material**

1	Display of signages and name of the facility	Yes
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	Yes
3	Display of IEC on water, sanitation & hygiene	Yes
4	IEC/Poster on BMW displayed at the facility.	Yes
5	Installation of TV/ LED screen in the waiting area for IEC display	Yes
6	Display of citizen charter	Yes
7	Information on grievance redressal displayed	Yes
8	Information on referral transport displayed	Yes
9	Information on nearest referral facility displayed	Yes

<b>C. Human Resource Availability</b>						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	1	1	0	0
2.	AYUSH MO*	1	0	0	1	1
3.	Dentist*	1	0	0	1	1
4.	Staff Nurse	2	0	0	1	1
5.	Pharmacist	1	1	1	0	0
6.	Laboratory Technician	1	0	0	1	1
7.	ANM/MPW (F)#	1	0	0	1	1
8.	MPW (M)	1	0	0	1	1
9.	Lady Health Visitor	1	0	0	1	1
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	0	0
12.	Data entry operator	1	0	0	1	1
13.	Sanitation staff	1	0	0	3	3
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	0	0	0	17	17
15.	ASHA Facilitator (If any, only for Rural areas)	0	0	0	0	0
16.	Others (Specify)	0	0	0	0	0
17.	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>				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)

Maternal Health (ANC/PNC Care)	Y	Y	Y	Y
Child Health (New Born Care/ HBNC/HBYC)	Y	Y	Y	Y
Family Planning	Y	Y	Y	Y
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasis)	Y	Y	Y	Y
NCD	Y	Y	Y	Y
Others (Specify)				

### D.2 Training details- Expanded CPHC packages

Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	Trained in Elderly & Palliative Care (Y/N)	Trained in Trauma & Emergency care (Y/N)
MO (MBBS)	Y	Y	Y	Y	Y	Y
Staff Nurse	Y	Y	Y	Y	Y	Y
ANM/ MPW-F	Y	Y	Y	Y	Y	Y
MPW- M	Y	Y	Y	Y	Y	Y
ASHA	Y	Y	Y	Y	Y	Y

### E.1 Availability of Services

<b>Reproductive 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

<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	Yes	Yes	Yes
Basic ear, nose, throat (ENT) care services	Yes	Yes	Yes
Oral health care services	Yes	Yes	Yes
Elderly and Palliative care services	Yes	Yes	Yes
Screening & management of mental health ailments	Yes	Yes	Yes
Emergency Medical Services	Yes	Yes	Yes

<b>F. Availability of Essential medicines</b>		
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>100</b></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	100
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever

4	Medicine categories with shortfall/ stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" 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 checked="" type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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?	Yes	
8	DVDMS or any other software is being used for stock management	Yes	

### G.1 Availability of Diagnostic Services

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	35
4	Number of tests Provided through In House Mode	30
5	Number of tests Provided through Hub & Spoke (Public Health System)	2
6	Number of tests Provided through Hub & Spoke- PPP Model	2
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes
9	User fee charged for diagnostics	No
10	Average downtime of equipment	1 week
11	Details of equipment which are non-functional for 7 Days( <i>List of equipment is provided as annexure for reference</i> )	0

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

<b>H. Availability of IT Equipment &amp; Teleconsultation services</b>	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input 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 type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	Yes
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	Yes
Common conditions for teleconsultation	HYPERTENSION, DIABETES, FEVER, MENTAL HEALTH, NEONATAL AND CHILD CARE OTHER EMERGENCE CARE
Total teleconsultations in the last 01 month	150

<b>I. Wellness Activities</b>	
Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	No
Health Days are celebrated as per the Wellness Activity Calendar	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes
<b>J. Governance</b>	
Constitution of Jan Arogya Samiti	Yes

Periodic JAS meetings in the last 6 months	Yes
Minutes of meeting maintained	Yes
Periodic VHND sessions undertaken	Yes

### K. Reporting

Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	Yes
<input type="checkbox"/> National NCD Portal/App	Yes
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	Yes
<input type="checkbox"/> FPLMIS	Yes
<input type="checkbox"/> DVDMS	Yes
<input type="checkbox"/> Nikshay	Yes
Specify others, if any:	

### L. Finance

Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	Yes	Yes
	AAM-PHC Team (Team Based Incentives)	Yes	Yes
Facility funds	Fund Source		Timely disbursement
	Untied		Yes
	Other Sources		Yes
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	3,50,918	324318	92.66%.
NHM Fund/untied funds utilized during last year:			

<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: No</p>
<p><b>Status of JSY Payments</b></p>	<p>Payment done till (month/ year) :1 MONTH</p> <p>Average Delay in Payment (days):NO</p> <p>Reasons for delay, if any</p>
<p><b>Availability of JSSK entitlements</b></p>	<p>Yes</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p>

	<input checked="" type="checkbox"/> Free diagnostics <input checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>3540</b>
2	No. of PW registered for ANC	<b>248</b>
3	No. of PW received 4 or more ANC check-ups	<b>173</b>
4	Total number of institutional deliveries	<b>167</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>57</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>181</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>212</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>202</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>2</b>
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	<b>202</b>
11	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	402
	No. of TB patients diagnosed out of the presumptive patients referred	3
	No. of TB patients taking treatment in the AAM	111
12	<b>Community Based Screening for NCDs</b>	
	% of target population administered CBAC	<b>97%</b>
	% of target population with score below 4	<b>3%</b>
	% of target population with score 4 and above	<b>97%</b>

13	<b>NCDs</b> <i>(No. of individuals in Last 6Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>
	Hypertension	21302	997	997
	Diabetes	21302	677	677
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	21254	6	5
	Breast Cancer*	7138	3	7
	Cervical Cancer*	7138	2	2

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	Yes
2	Is the facility certified at the State-level for NQAS?	Yes
3	Is the facility certified at the National level for NQAS?	Yes
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Commendation,external-97.70%
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
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	21/05/2024
2	Facility aggregate score using ODK Took kit	81.82

<b>Remarks &amp; Observations</b>	
Infrastructure:	

HRH: fulfilled

IEC

TB,NCD,ANC.PNC,FAMILY PLANNING,LEPROSY,IMMUNIZATION,ANEMIA MUKT  
BHARAT,SANITATION,DIET, MENSTRUAL HYGIENE ,MENTAL HEALTH,OPD  
TIMINGS,CITIZEN CHARTER

Expanded service Packages: 12 package servies available

IT System

COMPUTER AND WIFI CONNECTIONS AVAILABLE

Any Other

**Annexure- List of equipment**

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	2		2	
2	Laryngoscope	3		3	
3	Radiant Warmer	0		0	
4	Pulse Oximeter-Finger Tip	3		3	
5	Pulse Oximeter-Table Top	0		0	
6	Labor Bed	0		0	
7	Foetal Doppler	1		1	
8	Phototherapy Unit	0		0	
9	Shoulder Wheel	0		0	
10	Shoulder Pulley	0		0	
11	Shoulder Abduction Ladder	0		0	
12	Suction Machine	1		1	
13	Mobile Spotlight	1		1	
14	Manual Vacuum Aspirator	0		0	
15	Weighing Scale	3		3	
16	Baby Weighing Scale	1		1	
17	Infantometer	1		1	
18	Ophthalmoscope	1		1	
19	Fully Loaded Dental Chair Electrically Operated	0		0	
20	Dental Chair-Basic	0		0	
21	Oxygen Hood Neonatal	1		1	
22	ILR With Voltage Stabilizer-Small	1		1	
23	Deep Freezer-Small	1		1	
24	ILR With Voltage Stabilizer-Large	00		0	
25	Deep Freezer-Small-Large	0		0	
26	Vaccine Carrier with Ice Packs	8		8	
27	Cell Counter – 3 Part	1		1	
28	Semi-Automated Biochemistry Analyser	1		1	
29	Binocular Microscope	1		1	
30	HbA1C Analyser	0		0	
31	Turbidometer	1		1	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
32	Glucometer	3		3	
33	Haemoglobinometer	1		1	
34	ESR Analyzer	1		1	
35	Electrolyte Analyzer	1		1	
36	Oxygen Cylinder- B Type	2		2	
37	BP Apparatus- Aneroid	0		0	
38	BP Apparatus-Digital	5		5	
39	Stethoscope	5		5	
40	Thermometer	3		3	
41	Examination Table	2		2	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	0		0	
43	Exerciser Couch/Table	0		0	
44	Finger Exerciser Web	0		0	
45	Walking Aid for Training/ Reciprocal Walker	0		0	

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

**Date of Visit: 02-04-2025**

<b>A. General Information</b>	
1. State	<b>UT Of Dadra Nagar Haveli &amp; Daman Diu</b>
2. District Name	Daman
3. Block/Taluka Name	Daman
4. Name of Facility	AAMJumprim
5. Type of Facility	Ayushman Arogya Mandir Jumprim
6. NIN of the facility	3313884813
7. No. of days in a week facility is operational	6
8. OPD Timings	9 Am To 5:30 Pm
9. Month & Year of AAM operationalization	Feb 2020
10. Accessible from nearest road head ( <b>Yes/No</b> )	yes
11. Next Referral Facility	DH
12. Distance of next referral facility (Km)	1 Km

<b>A.1 Demographic Details</b>	
1. Number of Villages	<b>2 wards</b>
2. No. of Households	1587
3. Total catchment Population	5320
4. Population who are 30 years of age and above	3141

<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
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes
4.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes
8.	Laboratory	<input checked="" type="checkbox"/> Yes
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes
14.	Electricity connection	<input checked="" type="checkbox"/> Yes
15.	Power back up	<input checked="" type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes
19.	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes
20.	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input checked="" type="checkbox"/> Yes
21.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input checked="" 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
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> Yes
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes
8	Information on referral transport displayed	<input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" 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	1	0	0	1	1
3	MPW-M		0	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	- 3				3
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)	NA	NA	NA	NA	NA	NA
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

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

	<p><b>Non-Communicable Diseases</b></p> <ul style="list-style-type: none"> <li>✓ Screening and management of common NCDs (DM, HTN)</li> <li>✓ Screening of common cancers – Oral</li> <li>✓ Screening of common cancers – breast</li> <li>✓ Screening of common cancers – cervix</li> </ul>
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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 checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Oral health care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Emergency Medical Services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes

**F. Essential medicines**

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(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>)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105)</p>
<p>Total number of medicines available at AAM-SHC</p>	<p>114</p>
<p>Availability of medicines for</p>	<p>✓ Tuberculosis</p>

priority conditions	<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 checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input 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"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input checked="" 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	

<b>G. Essential diagnostics</b>	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(14)  (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 checked="" type="checkbox"/> PPP  <input checked="" 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 checked="" type="checkbox"/> Ortho-toluidine reagent  <input checked="" 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 checked="" type="checkbox"/> Tablet  <input checked="" type="checkbox"/> Smartphone

	<input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" 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 checked="" type="checkbox"/> DH <input 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	Hypertantion , Diabetes , fever , cold , headache, mental health,
Total Teleconsultations in the last 01 month	30

<b>I. 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>J. Finance</b>			
<b>Renumeration &amp; Incentives</b>			
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		
<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 fundsource:	User Change.		
<b>Fund utilization</b>			
% NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	Rs,1,00,262	Rs,55,051/-	54%

	/-		
<p>Is untied fund being spent on following activities</p>	<p><b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p><b>Regular purchase:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<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	...10.....	
<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	12	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>4919</b>
2	No. of PW registered for ANC	<b>52</b>
3	No. of PW received 4 or more ANC check-ups	<b>48</b>
4	Total number of institutional deliveries	<b>48</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>13</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>99</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>98</b>
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>21</b>
9	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	402
	No. of TB patients diagnosed out of the presumptive patients referred	3

	No. of TB patients taking treatment in the AAM	9	
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>100%</b> <b>96%</b> <b>4%</b>	
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Hypertension	3141	757
	Diabetes	3141	602
	Oral Cancer	3141	13
	Breast Cancer	1573	7
	Cervical Cancer	1573	4
			<b>Followed-up</b>
			757
			602
			13
			7
			4

#### N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input 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 , 95.90%,
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

<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	21/05/2024
2	Facility aggregate score using ODK	86.48

	Took kit	
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Remarks & Observations
<p>Infrastructure.</p> <ul style="list-style-type: none"> <li>• Weight Machine , Stadiometer.</li> <li>• Glucometer, Hemoglobinometer meter, etc.</li> </ul>
<p>HRH</p> <ul style="list-style-type: none"> <li>• CHO – I</li> <li>• ANM – I</li> <li>• MPW – 0</li> <li>• ASHA - 3</li> </ul>
<p>IEC</p> <p>TB,NCD,ANC ,PNC,FAMILY PLANNING, LEPROSY , IMMUNIZATION,ANEMIA UKT BHARAT , SANITATION, DIET , MENSTRUAL HYGIENE ,MENTAL HEALTH ,VHSNC .etc</p>
<p>Expanded service Packages</p>
<p>IT System</p> <p>Computer and WiFi connection available</p>
<p>Any Other</p>

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**Appendix-List of equipment**

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
2	BP apparatus- Aneroid/ Sphygmomanometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
3	Weighing machine Electronic	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
4	Hemoglobinometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
5	Glucometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
6	Thermometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
7	Baby weighing scale	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
8	Stethoscope	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
9	Near Vision chart	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
10	Snellen vision chart	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

11	Stadiometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
12	Tuning fork	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

## Annexure VI

### Field Monitoring Format - Community Level

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

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

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

<p><i>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound- dressing, etc.,) Reasons, thereof.</i></p>	<p><i>MCH), AYUSH practitioners.</i></p>	<p><i>practitioners/ hospitals,</i></p>	<p><i>Practice .</i></p>	
	<p><b><i>Reasons probes: Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></b></p>	<p><i>public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i></p>		
		<p><i>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</i></p>		
		<p><i>AYUSH practitioners.</i></p>		
		<p><i>Self (home remedies)</i></p>		
<p><b>Topic: Community's Awareness of AAM-SC/ PHC/ UPHC</b></p>				
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p>	<p><b><i>May use local terms as recognized by the community</i></b></p> <p><b><i>Services may include: RMCHA+N services, communicable diseases,</i></b></p>			



<i>camps/ visits?</i>			
<b>Topic: Availability of primary health care infrastructure and services</b>			
<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>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>When you visit the facility, are the staff available to</i>	<b>Staff may include:</b> Medical officers(AAM PHC/ UPHC/ UAAM), Community health		

<p><i>provide services?</i></p> <p><b><i>Do you feel that the staff available are adequate at the facility?</i></b></p>	<p><i>officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	
<p><b><i>Is the facility providing all the medicines prescribed for your condition?</i></b></p> <p><b><i>If not, reasons thereof.</i></b></p>	<p><b><i>Probe</i></b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	
<p><b><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></b></p> <p><b><i>If not, reasons thereof.</i></b></p>	<p><b><i>Probe</i></b></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	
<p><b>Topic: Acceptability of healthcare services</b></p>		
<p><b><i>Do you feel that the staff at the facility is capable to provide health care?</i></b></p>	<p><b><i>Probe:</i></b><i>Adequate skills and knowledge</i></p>	

<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p><i><b>Innovative</b> may include painless, time-saving or cost-saving methods or technology</i></p> <p><i><b>Alternate phrasing:</b> 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>	
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**Topic: Appropriateness of primary healthcare services delivered through AAM**

<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant healthcare</i></p>	<p><i><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i><b>Probe:</b> To share some insights</i></p>	
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<p><i>services?</i></p> <p><i>Are those services economical in terms of time and money?</i></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>Please mention the activity and your contribution</i></p>	<p><b>Probes</b></p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/JAS/MAS</i></p>	
<p><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</i></p>		

<p><i>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><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><i>Do you feel that your health improves by using the services provided at the</i></p>	<p><b><i>Probes</i></b></p> <ul style="list-style-type: none"> <li>- <i>Provider behaviour/ attitude</i></li> <li>- <i>Waiting time</i></li> <li>- <i>Cleanliness of the premises</i></li> <li>- <i>Provision for Grievance redressal and escalation</i></li> <li>- <i>Practice of soliciting and implementing feedback</i></li> <li>- <i>Right diagnosis</i></li> <li>- <i>Accuracy of diagnostic tests done at the facility</i></li> <li>- <i>Effectiveness of medicines dispensed at the facility</i></li> </ul>	

<i>facility?</i>		
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**Summary:**

<b>Key Challenges Observed</b>	<b>Root Cause</b>

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

**Date of Visit: 03-04-2025**

<b>A. General Information</b>	
1. State	<b>UT Of Dadra Nagar Haveli &amp; Daman Diu</b>
2. District Name	Daman
3. Block/Taluka Name	Daman
4. Name of Facility	AAM Devka
5. Type of Facility	Ayushman Arogya Mandir Devka
6. NIN of the facility	3834546420
7. No. of days in a week facility is operational	6
8. OPD Timings	9 Am To 5:30 Pm
9. Month & Year of AAM operationalization	Sep-1995
10. Accessible from nearest road head ( <b>Yes/No</b> )	Yes
11. Next Referral Facility	PHC Bhimpore
12. Distance of next referral facility (Km)	3.2 Km

<b>A.1 Demographic Details</b>	
1. Number of Villages	<b>2 Villages (Marwad &amp; Devka)</b>
2. No. of Households	4979
3. Total catchment Population	14996
4. Population who are 30 years of age and above	6549

<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
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes
4.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes
8.	Laboratory	<input checked="" type="checkbox"/> Yes
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes
14.	Electricity connection	<input checked="" type="checkbox"/> Yes
15.	Power back up	<input checked="" type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes
19.	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes
20.	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input checked="" type="checkbox"/> Yes
21.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input checked="" 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
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes
8	Information on referral transport displayed	<input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" 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	3	1	1	2	2
3	MPW-M		0	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	4				4
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)	NA	NA	NA	NA	NA	NA
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

<b>E. Service Delivery</b>	
Service provided	<p><b>Reproductive Maternal and Child Health</b></p> <ul style="list-style-type: none"> <li>✓ ANC/ PNC</li> <li>✓ Neonatal and infant healthcare services</li> <li>✓ Childhood and Adolescent healthcare services</li> <li>✓ Family planning, contraceptive and other reproductive healthcare services</li> </ul> <p><b>Communicable diseases</b></p> <ul style="list-style-type: none"> <li>✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</li> <li>✓ TB</li> <li>✓ Leprosy</li> <li>✓ Acute simple illnesses</li> </ul> <p><b>Non-Communicable Diseases</b></p>

	<ul style="list-style-type: none"> <li>✓ Screening and management of common NCDs (DM, HTN)</li> <li>✓ Screening of common cancers – Oral</li> <li>✓ Screening of common cancers – breast</li> <li>✓ Screening of common cancers – cervix</li> </ul>
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<b>E.2 Availability of Expanded Packages of Services</b>
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Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Oral health care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Emergency Medical Services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes

<b>F. Essential medicines</b>
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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> )	(Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	114
Availability of medicines for priority conditions	<ul style="list-style-type: none"> <li>✓ Tuberculosis</li> <li>✓ Diabetes</li> </ul>

	<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 checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input 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"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?		<input checked="" 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
<b>G. Essential diagnostics</b>		

Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(14)  (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 checked="" type="checkbox"/> PPP  <input checked="" 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 checked="" type="checkbox"/> Ortho-toluidine reagent  <input checked="" 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 checked="" type="checkbox"/> Tablet  <input checked="" type="checkbox"/> Smartphone  <input checked="" type="checkbox"/> Laptop
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	<input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>Tele consultation</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 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	Hypertention , Diabetes , fever , cold , headache, mental health and other Emergency Care
Total Teleconsultations in the last 01 month	30

I. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

J. Finance			
<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 fundsource:	User Change.		
<b>Fund utilization</b>			
% NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	Rs,1,00,262 /-	Rs,75,437	75%

Is untied fund being spent on following activities	<p><b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p><b>Regular purchase:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<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	...10.....	
<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	24	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>6571</b>
2	No. of PW registered for ANC	<b>207</b>
3	No. of PW received 4 or more ANC check-ups	<b>244</b>
4	Total number of institutional deliveries	<b>247</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>55</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>182</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>197</b>
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>24</b>
9	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	341
	No. of TB patients diagnosed out of the presumptive patients referred	2
	No. of TB patients taking treatment in the AAM	22

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>99%</b> <b>93.57%</b> <b>6.42%</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	6549	706	706
	Diabetes	6549	360	360
	Oral Cancer	6549	2	2
	Breast Cancer	2546	0	0
	Cervical Cancer	2546	16	16

#### N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input 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 , Internal -97% External -93%
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

<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	21/05/2024
2	Facility aggregate score using ODK Took kit	88

### Remarks & Observations

Infrastructure.

- Weight Machine , Stadiometer.
- Glucometer, Hemoglobinometer meter, etc.

HRH

- CHO – I
- ANM – 3
- MPW – 0
- ASHA - 4

IEC

TB,NCD,ANC ,PNC,FAMILY PLANNING, LEPROSY , IMMUNIZATION,ANEMIA UKT BHARAT , SANITATION, DIET , MENSTRUAL HYGIENE ,MENTAL HEALTH ,VHSNC .etc

Expanded service Packages

IT System

Computer and WiFi connection available

Any Other

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**Appendix-List of equipment**

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

## Annexure VI

### Field Monitoring Format - Community Level

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

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

Questions	Probes	Responses to be recorded here
<b>Topic: Community's choice of provider</b>		

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

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

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

*How long has it been there?*

*What are the health services being provided there?*

*May use local terms as recognized by the community*

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

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

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

**Topic: Accessibility to primary healthcare services**

*How do you access the facility from your residence?*

*What are the challenges you face in accessing this facility?*

*Probes: Walk to the facility  
Use public transport  
Use personal transport*

*Barriers may include:  
Terrain/ Geographical  
barriers, structural barriers  
within the facility or its  
premises; financial barriers,*

- *Geographical barriers*
- *structural barriers within the facility or its premises*
- *financial barriers*
- *socio-cultural barriers*
- *Others, (please specify): .....*

	<i>socio-cultural barriers...</i>		
<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>			
<b>Topic: Availability of primary health care infrastructure and services</b>			
<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>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking</i>	<input type="checkbox"/> Yes

		water	<input type="checkbox"/> No
		Power supply	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>When you visit the facility, are the staff available to provide services?</b></p> <p><b>Do you feel that the staff available are adequate at the facility?</b></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><b>Is the facility providing all the medicines prescribed for your condition?</b></p> <p><b>If not, reasons thereof.</b></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>		
<p><b>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</b></p> <p><b>If not, reasons thereof.</b></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></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> Adequate skills and knowledge</p>	
<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p><b>Innovative</b> <b>may</b> <b>include</b> painless, time-saving or cost-saving methods or technology</p> <p><b>Alternate phrasing:</b> 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></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><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</p> <p><b>Probe:</b> To share some</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>insights</i></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>Please mention the activity and your contribution</i></p>	<p><b><i>Probes</i></b></p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/JAS/MAS</i></p>	
<p><b>Topic: Unmet Needs</b></p>		
<p><i>According to you, what other services</i></p>		

<p><i>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>		
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**Topic: Quality of Care provided through the primary healthcare facility**

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

<b>Key Challenges Observed</b>	<b>Root Cause</b>

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

**Date of Visit: 02-04-2025**

<b>A. General Information</b>	
1. State	<b>UT Of Dadra Nagar Haveli &amp; Daman Diu</b>
2. District Name	Daman
3. Block/Taluka Name	Daman
4. Name of Facility	AAM SOMNATH
5. Type of Facility	Ayushman Arogya Mandir Somnath
6. NIN of the facility	5784841537
7. No. of days in a week facility is operational	6
8. OPD Timings	9 Am To 5:30 Pm
9. Month & Year of AAM operationalization	Feb 2020
10. Accessible from nearest road head (Yes/No)	yes
11. Next Referral Facility	PHC DABHEL
12. Distance of next referral facility (Km)	2 Km

<b>A.1 Demographic Details</b>	
1. Number of Villages	<b>3 VILLAGES</b>
2. No. of Households	9219
3. Total catchment Population	25814
4. Population who are 30 years of age and above	11785

<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
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes
4.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes
8.	Laboratory	<input checked="" type="checkbox"/> Yes
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes
14.	Electricity connection	<input checked="" type="checkbox"/> Yes
15.	Power back up	<input checked="" type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes
19.	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes
20.	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input checked="" type="checkbox"/> Yes
21.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" 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
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> Yes
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes
8	Information on referral transport displayed	<input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" 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	7	4	4	2	2
3	MPW-M		1	1	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	- <b>13</b>				<b>13</b>
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)	NA	NA	NA	NA	NA	NA
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

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

	<p><b>Non-Communicable Diseases</b></p> <ul style="list-style-type: none"> <li>✓ Screening and management of common NCDs (DM, HTN)</li> <li>✓ Screening of common cancers – Oral</li> <li>✓ Screening of common cancers – breast</li> <li>✓ Screening of common cancers – cervix</li> </ul>
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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 checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Oral health care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Emergency Medical Services	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes

**F. Essential medicines**

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(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>)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105)</p>
<p>Total number of medicines available at AAM-SHC</p>	<p>114</p>
<p>Availability of medicines for</p>	<p>✓ Tuberculosis</p>

priority conditions	<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-allergicsAntidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input 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"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input checked="" 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	

<b>G. Essential diagnostics</b>	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(14)  (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 checked="" type="checkbox"/> PPP  <input checked="" 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 checked="" type="checkbox"/> Ortho-toluidine reagent  <input checked="" 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 checked="" type="checkbox"/> Tablet  <input checked="" type="checkbox"/> Smartphone

	<input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" 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 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	Hypertantion , Diabetes , fever , cold , headache, mental health,
Total Teleconsultations in the last 01 month	31

<b>I. 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>J. Finance</b>			
<b>Renumeration &amp; Incentives</b>			
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		
<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 fundsource:	User Change.		
<b>Fund utilization</b>			
% NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	Rs 99,792/-	Rs,89,726	89%

Is untied fund being spent on following activities	<p><b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p><b>Regular purchase:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			

**K. Governance**

<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

**L. Wellness Activities**

Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...10.....	
<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	12	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>2272</b>
2	No. of PW registered for ANC	<b>126</b>
3	No. of PW received 4 or more ANC check-ups	<b>129</b>
4	Total number of institutional deliveries	<b>129</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>21</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>153</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>156</b>
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>15</b>
9	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	568
	No. of TB patients diagnosed out of the presumptive patients referred	2

	No. of TB patients taking treatment in the AAM	25		
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>98%</b> <b>80%</b> <b>19%</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	11388	1245	551
	Diabetes	11388	701	288
	Oral Cancer	11388	1	0
	Breast Cancer	3733	1	1
	Cervical Cancer	3733	0	0

#### N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input 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 , 82%,
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

<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	21/05/2024
2	Facility aggregate score using ODK	89.2

	Took kit	
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<b>Remarks &amp; Observations</b>
<p>Infrastructure.</p> <ul style="list-style-type: none"> <li>• Weight Machine , Stadiometer.</li> <li>• Glucometer, Hemoglobinometer meter, etc.</li> </ul>
<p>HRH</p> <ul style="list-style-type: none"> <li>• CHO – 1</li> <li>• ANM – 6</li> <li>• MPW – 1</li> <li>• ASHA - 13</li> </ul>
<p>IEC</p> <p>TB,NCD,ANC ,PNC,FAMILY PLANNING, LEPROSY , IMMUNIZATION,ANEMIA UKT BHARAT , SANITATION, DIET , MENSTRUAL HYGIENE ,MENTAL HEALTH ,VHSNC .etc</p>
<p>Expanded service Packages</p>
<p>IT System</p> <p>Computer and WiFi connection available</p>
<p>Any Other</p>

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**Appendix-List of equipment**

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
2	BP apparatus- Aneroid/ Sphygmomanometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
3	Weighing machine Electronic	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
4	Hemoglobinometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
5	Glucometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
6	Thermometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
7	Baby weighing scale	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
8	Stethoscope	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
9	Near Vision chart	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
10	Snellen vision chart	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

11	Stadiometer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
12	Tuning fork	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

## Annexure VI

### Field Monitoring Format - Community Level

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

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

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

<p><i>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound- dressing, etc.,) Reasons, thereof.</i></p>	<p><i>MCH), AYUSH practitioners.</i></p> <p><b><i>Reasons probes:</i></b> Proximity, convenience, availability of staff, free of cost services, trust on the provider.</p>	<table border="1"> <tr> <td data-bbox="900 194 1114 309"><i>practitioners/ hospitals,</i></td> <td data-bbox="1114 194 1161 309"></td> </tr> <tr> <td data-bbox="900 309 1114 629"><i>public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i></td> <td data-bbox="1114 309 1161 629"></td> </tr> <tr> <td data-bbox="900 629 1114 909"><i>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</i></td> <td data-bbox="1114 629 1161 909"></td> </tr> <tr> <td data-bbox="900 909 1114 1023"><i>AYUSH practitioners.</i></td> <td data-bbox="1114 909 1161 1023"></td> </tr> <tr> <td data-bbox="900 1023 1114 1137"><i>Self (home remedies)</i></td> <td data-bbox="1114 1023 1161 1137"></td> </tr> </table>	<i>practitioners/ hospitals,</i>		<i>public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i>		<i>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</i>		<i>AYUSH practitioners.</i>		<i>Self (home remedies)</i>		<p><i>Practice .</i></p>
<i>practitioners/ hospitals,</i>													
<i>public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i>													
<i>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</i>													
<i>AYUSH practitioners.</i>													
<i>Self (home remedies)</i>													
<p><b>Topic: Community's Awareness of AAM-SC/ PHC/ UPHC</b></p>													
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p>	<p><b><i>May use local terms as recognized by the community</i></b></p> <p><b><i>Services may include:</i></b> RMCHA+N services, communicable diseases,</p>												

<p><i>How long has it been there?</i></p> <p><i>What are the health services being provided there?</i></p>	<p><i>NCDs, elderly, palliative care, etc</i></p> <p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p> <p><i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i></p>	
<p><b>Topic: Accessibility to primary healthcare services</b></p>		
<p><i>How do you access the facility from your residence?</i></p>	<p><i>Probes: Walk to the facility</i></p> <p><i>Use public transport</i></p> <p><i>Use personal transport</i></p>	
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p><b><i>Barriers may include:</i></b></p> <p><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</i></p>		

<i>camps/ visits?</i>			
<b>Topic: Availability of primary health care infrastructure and services</b>			
<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>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>When you visit the facility, are the staff available to</i>	<b>Staff may include:</b> Medical officers(AAM PHC/ UPHC/ UAAM), Community health		

<p><i>provide services?</i></p> <p><b><i>Do you feel that the staff available are adequate at the facility?</i></b></p>	<p><i>officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	
<p><b><i>Is the facility providing all the medicines prescribed for your condition?</i></b></p> <p><b><i>If not, reasons thereof.</i></b></p>	<p><b><i>Probe</i></b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	
<p><b><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></b></p> <p><b><i>If not, reasons thereof.</i></b></p>	<p><b><i>Probe</i></b></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	
<p><b>Topic: Acceptability of healthcare services</b></p>		
<p><b><i>Do you feel that the staff at the facility is capable to provide health care?</i></b></p>	<p><b><i>Probe:</i></b><i>Adequate skills and knowledge</i></p>	

<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p><i><b>Innovative</b> may include painless, time-saving or cost-saving methods or technology</i></p> <p><i><b>Alternate phrasing:</b> 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>	
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**Topic: Appropriateness of primary healthcare services delivered through AAM**

<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant healthcare</i></p>	<p><i><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i><b>Probe:</b> To share some insights</i></p>	
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<p><i>services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>		
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**Topic: Community's involvement / participation**

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

<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the</i></p>		
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<p><i>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><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><i>Do you feel that your health improves by using the services provided at the</i></p>	<p><b><i>Probes</i></b></p> <ul style="list-style-type: none"> <li>- <i>Provider behaviour/ attitude</i></li> <li>- <i>Waiting time</i></li> <li>- <i>Cleanliness of the premises</i></li> <li>- <i>Provision for Grievance redressal and escalation</i></li> <li>- <i>Practice of soliciting and implementing feedback</i></li> <li>- <i>Right diagnosis</i></li> <li>- <i>Accuracy of diagnostic tests done at the facility</i></li> <li>- <i>Effectiveness of medicines dispensed at the facility</i></li> </ul>	

<i>facility?</i>		
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**Summary:**

<b>Key Challenges Observed</b>	<b>Root Cause</b>

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