

A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE
NATIONAL HEALTH MISSION
DARJEELING DISTRICT
WEST BENGAL

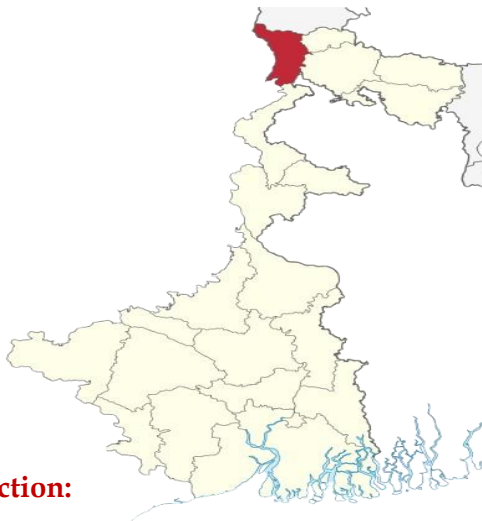


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Introduction:

The Ministry of Health and Family Welfare (MoHFW), Government of India, has entrusted the Population Research Centre (PRC) with the task of field monitoring the essential components of the National Health Mission (NHM) State Programme Implementation Plan for the year 2024-25. This report, prepared by the Population Research Centre, Institute of Economic Growth (PRC-IEG), Delhi, outlines the key findings from the field monitoring of NHM components in Darjeeling district, West Bengal. Darjeeling district is divided into two regions: the hilly region, governed by the **Gorkha Territorial Administration (GTA)**, and the plains, governed by the **Siliguri Mahakuma Parishad (SMP)**.

The findings are based on visits conducted by the PRC-IEG team, comprising Dr. Rahul Kumar and Mr. Adarsh Gupta, to various public healthcare facilities, including District Hospital, Darjeeling, District Hospital Siliguri; CHC Naxalbari; CHC Sukhiya Pokhari; PHC Sonada; PHC Gayabari; PHC Batasi; PHC Bagdogra; AAM SHC Singoll; AAM SHC Dilaram; AAM SHC Chandaljote; and AAM SHC Upper Bagdogra. The team held meetings with the Civil Surgeon (CS), nodal programme officers, Medical Officer-in-Charge (MOIC), facility staff (MOs, CHOs, ANMs, etc.), community health care providers (ASHAs, Anganwadi workers, etc.), and other supporting staff. These interactions aimed to evaluate the strengths and weaknesses of the facilities in terms of service delivery.

MAJOR OBSERVATIONS OF THE DISTRICT

HR & Infrastructure: The district faces a shortage of specialists and medical officers at DH, and CHC, levels. While PHCs and AAM SHCs are adequately staffed, additional ASHAs are required per population norms.

Also, it was reported that they have shortage of paramedical staff e.g. Staff Nurses, Pharmacist and Lab technicians. The infrastructure of hospitals in the GTA division of Darjeeling needs improvement. Most hospital buildings in this division have heritage status, which limits their capacity for modernization. As a result, new buildings are required to upgrade hospital facilities and enhance healthcare services.

AAM Services: Most SHCs and PHCs have been converted into Ayushman Arogya Mandir (AAM), implementing seven Comprehensive Primary Healthcare (CPHC) packages, except delivery services. Five extended packages are partially available. In West Bengal, delivery facilities at SHCs and PHCs are limited to a few exceptions.

NCD Screening: NCD screening is operational at all healthcare levels, with dedicated clinics at DH and CHC. PHCs focus on hypertension, diabetes and Cancer screening with inadequate record maintenance. AAM SHCs perform well in NCD screening and have trained staff for VIA tests for cervical cancer, with consistent reporting.

Water Crisis: In the Darjeeling GTA division, there is a severe water shortage, forcing healthcare facilities to rely on water tankers for basic needs. As a result, the dialysis centre at the District Hospital Darjeeling has only three beds, with potential for expansion limited by water scarcity.

National Health Programmes: The implementation of NHM programs is robust, with nearly all NHM programs functional in the district. Dialysis facility is also available under the PMNDP at Siliguri & Darjeeling District Hospital.

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

Delivery Care Services: Normal delivery services are available at all visited facilities. However, C-sections are performed only at DH due to a lack of OBGY specialists at CHC. In West Bengal, AAM PHCs and SHCs do not provide normal delivery services.

Fund Utilization: Fund allocation is timely and most facilities utilize over 90% of the funds.

Delays at PHCs are due to vacant Medical Officer positions, which impact fund utilization due to the lack of signing authority.

Teleconsultation: Teleconsultation services are available at all facilities, operating under a hub-and-spoke model. West Bengal has one of the highest utilizations of teleconsultation services in the country.

Data Reporting: Data reporting across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya) is up to date. However, physical record-keeping is inconsistent and needs improvement through better documentation and systematic record management.

Quality Programs: Quality programs like Kayakalp, NQAS, LaQshya, and SUMAN are operational in the district. A total of 16 AAM-SHCs, DH Siliguri, and two UPHCs are certified under NQAS and Kayakalp. The SMP division has more Kayakalp and NQAS-certified facilities than the GTA division of Darjeeling.

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

Community Interaction: Community feedback highlights a strong reliance on public health facilities, especially in rural areas. The upgrade of SHCs to AAM-SHCs has increased patient turnout. Alcohol and tobacco use remain high among both men and women. Despite cultural barriers, many communities now perceive healthcare as "free of cost." However, for major illnesses, people in the GTA division must travel to Siliguri District Hospital or New Bengal Medical College for referral services.

FACILITY WISE OBSERVATIONS

District Hospital Siliguri & Darjeeling:

District Hospital Siliguri is a 444-bedded, NQAS & Kayakalp-awarded facility offering a wide range of services, including medicine, obstetrics and gynaecology (OBGY), paediatrics, anaesthesia, surgery, orthopaedics, pathology, physiotherapy, and dental care. The hospital has a daily OPD load of over 1000 patients. However, a shortage of paramedical staff has been reported. The facility is equipped with a colposcope for VIA testing for cervical cancer screening and features a modular OT, an IPHL lab, and advanced diagnostic testing facilities.

However, District Hospital Darjeeling is a 500 bedded facility faces infrastructure challenges, water problem with underutilized beds due to limited space. OPD services are provided in separate buildings (Victoria Hospital), while only IPD cases are handled at the hospital.

CHC Naxalbari:

CHC Naxalbari is a Non-FRU Kayakalp awarded CHC with a daily OPD load of around 150 patients located in SPM division of Darjeeling. The facility offers OPD & IPD services, normal deliveries, family planning, a TB unit, and adolescent counselling services, with a monthly delivery load of 80 to 100 normal deliveries.

CHC Sukhiapokhari:

CHC Sukhiapokhari is a Non-FRU CHC with a daily OPD load of 30–40 patients, located at the highest point of the GTA division in Darjeeling. It provides OPD and IPD services, normal deliveries, family planning, a TB unit, and adolescent counselling, handling 4 to 5 normal deliveries per month. Due to its high-altitude location, the facility requires a heating system for the labour room and IPD areas. However, many residents prefer District Hospital for deliveries, as the available facilities are not up to the required standards. The Block Public Health Unit (BPHU) building has been constructed, but it remains non-functional due to a lack of human resources.

PHC Sonada & Gayabari:

PHC Sonada and PHC Gayabari, located in the GTA division of Darjeeling, offer OPD services, family planning, and a limited range of kit-based diagnostic tests. Both facilities have a low OPD load of around 30–40 patients per day. PHC Sonada, a Kayakalp-awarded facility, has not received allocated funds since COVID-19. Despite the low patient load, both PHCs have good infrastructure and adequate human resources.

PHC Bagdogra:

PHC Bagdogra, located in the SMP division of Darjeeling, handles a daily OPD load of over 100 patients. Situated on the highway near the airport, it also receives accident cases and referrals from the airport. The facility provides OPD and IPD services, family planning, a TB unit, adolescent counselling, and emergency care. However, the main building is in poor condition, and the residential

PHC Batasi:

PHC Batasi, a Kayakalp-awarded facility in the SMP division of Darjeeling, handles a daily OPD load of over 100 patients. It offers OPD and IPD services, emergency care, a TB unit, family planning, and a limited range of kit-based diagnostic tests. The facility also has an in-house testing centre under the PPP mode, providing a comprehensive range of diagnostic services at minimal charges.

AAM SHC Singoll:

SHC Singoll operates from a tea estate building with only two small rooms. ASHAs were recruited in the GTA division in 2022 and still need to complete all seven training modules for a better understanding of programs, though they are performing well. Given the hilly terrain and sparse population, ASHAs, ANMs, and CHOs must cover hard-to-reach areas. Despite these challenges, the facility provides all seven Comprehensive Primary Healthcare (CPHC) packages, except for delivery services.

AAM SHC Dialram:

SHC Dilaram, located in the GTA division of Darjeeling, has a building but lacks essential infrastructure, including chairs, tables, and IEC materials. The facility handles only 10-12 OPD cases per day and primarily focuses on outreach services. Additionally, no training has been conducted for CPHC packages, and ASHAs still need to complete their seven-module training.

AAM Chandaljote & Upper Bagdogra:

AAM Chandaljote and Upper Bagdogra are NQAS- and Kayakalp-certified facilities situated in SMP division of Darjeeling, excelling in sanitation, equipment functionality, service availability, biomedical waste management, bed capacity, IEC material display, and drug availability. The CHO, ANM, and ASHAs have a strong grasp of the programs, ensuring effective implementation. Cervical cancer screening through the VIA test is conducted on-site, and the teleconsultation facility is operating efficiently.

RECOMMENDATIONS

Enhancing Delivery Services: To improve maternal healthcare and upgrade Non-FRU CHCs to FRUs, Medical Officers should be provided with EmOC/BEmOC and LSAS training. Strengthening delivery services at the CHC level will reduce referrals, enhance institutional



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deliveries, and ensure timely emergency care for high-risk pregnancies across the district.

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

Training of AHSAs: ASHAs were introduced in the GTA division of Darjeeling from 2022 onwards, and many are still in the process of completing their training. Ensuring their full training is crucial for strengthening community healthcare services.

Addressing Shortage of Specialist & Paramedical Staff: The severe shortage of specialists at the DH and CHC levels, along with a shortage of paramedical staff, must be addressed by deploying qualified personnel through NHM to ensure uninterrupted essential medical services.

Addressing the Water Crisis: The government must urgently address the water crisis in the Darjeeling GTA division, as healthcare facilities rely on costly water tankers for daily operations. Sustainable solutions such as rainwater harvesting, spring water conservation, gravity-based water supply, small-scale water reservoirs, and a pipeline from Siliguri to Darjeeling, along with improved water supply infrastructure, are essential to ensure uninterrupted healthcare services.

Strengthening of Infrastructure: District Hospital Darjeeling faces a severe space crunch due to its heritage building structure, making modernization and reconstruction impossible. As a result, OPD services are provided in separate buildings. To enhance healthcare delivery, the hospital requires an upgrade with improved infrastructure and optimized space utilization.

Formation of JAS: Jan Arogya Samiti (JAS) is not available at any facility in West Bengal; however, a similar committee manages fund utilization. An alternative mechanism should be developed to streamline fund allocation and enhance facility-level decision-making for improved healthcare services.



Field Monitoring Format -District Hospital (DH)

Date of Visit: 9/1/25

GENERAL INFORMATION	
Name of facility visited	Siliguri District Hospital
Facility Type	✓ DH/ <input type="checkbox"/> SDH
FRU	✓ Yes/ <input type="checkbox"/> No
Accessible from nearest road head	✓ Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: New Bengal Medical College & Hospital Distance:8 k.m.

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9:00 a.m. – 2:00 p.m.	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Large, spacious, maintained	Observation
	<ul style="list-style-type: none"> ✓ 24*7 running water facility ✓ Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) ✓ Clean functional toilets available (separate for Male and female) ✓ Drinking water facility available ✓ OPD waiting area has sufficient sitting arrangement ✓ ASHA rest room is available 	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response		Means of verification	
	<p>✓ Drug storeroom with rack is available</p> <p>Power backup: ✓ Complete Hospital/ <input type="checkbox"/> Part of the hospital</p> <p>Last major renovation done in (Year): _____</p>			
3. Number of functional in-patient beds	<p>_____337_____</p> <p>No of ICU Beds available: 18</p>		As reported/Hospital Citizen Charter Board	
4. List of Services available	Medicine, Pediatric, Surgery, ENT, Dermatology, Ophthalmology, Dentistry, Ortho, OBGY, P.P. Unit, Psychiatry, Tobacco Cessation, Physiotherapy, NTEP & TB Unit, ECG, STI, ICTC, Homeopathy, NCD, Anneswa Clinic		As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	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	
	10	District Early Intervention Centre (DEIC)	N	
11	Nutritional Rehabilitation Centre (NRC)	N		

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	N	
	14	Neonatal Intensive Care Unit (NICU)	N	
	15	Pediatric Intensive Care Unit (PICU)	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)	N	
	22	Skill Lab	N	
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/Hospital Citizen Charter Board
6. Tele-medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month (Data source: Teleconsultation register/ e-Swasthyaingit Portal) If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Tele-medicine records register/ e-sanjeevani portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Observation

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input checked="" type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT	Ensure signage and protocol displays
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: <u>160</u> No. of blood transfusions done in last month: <u>217</u> 	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input 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"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: <u>GOOD</u> 	As reported

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual		
		Sanctioned	Available	Sanctioned	Available	
		MO (MBBS)				
	Specialists	Medicine	4	4		
		Ob-Gyn	6	6		
		Pediatrician	4	4		
		Anesthetist	4	2		
		Surgeon	4	4		
		Ophthalmologist	3	3		
		Orthopedic	3	2		
		Radiologist	2	2		
		Pathologist	2	1		
		Others				
		Dentist	2	2		
		Staff Nurses/ GNMs				
		LTs	4	4		
		Pharmacist	4	4		
		Dental Technician/ Hygienist	1	1		
		Hospital/ Facility Manager	4	1		
		EmOC trained doctor	6	6		
	LSAS trained doctor	6	6			
	Others					

C. Quality & Patient Safety Initiatives		Means of verification	
13. Kayakalp	Initiated: <ul style="list-style-type: none"> Facility score: Award received: YES Winner since 2017 in state 	Kayakalp Assessment report Verify certificate if awarded	
14. NQAS	<ul style="list-style-type: none"> Assessment done: State Internal/State Facility score: Certification Status: yes NQAS Certified Since 2017 to till now 	NQAS assessment report Verify certificate if awarded	
15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> ✓ LaQshya Certified - ✓ Yes/ <input type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/>Yes/ <input type="checkbox"/>No Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified - ✓ Yes/ <input type="checkbox"/>No ✓ If No, Assessment Done - <input type="checkbox"/>Yes/ <input type="checkbox"/>No 	LaQshya Assessment Report – check score Verify certificate if awarded	
D. DRUGS & DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL) https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	✓ Yes/ <input type="checkbox"/> No		
	<ul style="list-style-type: none"> If yes, total number of drugs in EDL __687__ EDL displayed in OPD Area: ✓Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) 421 	Verify EDL Displayed	
17. Implementation of DVDMS or similar supply chain management system	✓Yes/ <input type="checkbox"/> No If other, which one SMIS	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Rabbies Vaccine	As reported,
	2		check DVDMS.

	3		E- aushadhi,
	4		etc.
	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 ___NA___		As reported Stock/Indent register
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed		As reported
• In-house tests	Timing: 9 AM to 8 PM Total number of tests available against Essential Diagnostic tests list for DH _____55_____ (Take the list of tests available at DH)		Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing: Total number of tests provided by PPP provider : _____92_____ Take the list of tests available from PPP Provider agency		Obtain the complete list of diagnostic tests outsourced to PPP provider agency
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital:		Observation

	Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
22. CT scan services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input checked="" type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): Nil	Observation Patient interviews
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
	<input type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP Under PMNDP Total number of tests performed: - _____	Observation, Records
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries	Observation, Records

	✓ Free for all	
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year <u>6279</u> ○ Current FY <u>173</u> <p><i>*Calculate the approximate no. of patients provided dialysis per day</i></p>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)	<ul style="list-style-type: none"> ENT endoscopy with HD camera and monitor C-ARM Machine 	As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	2 -3 days C-ARM Machine	As reported
28. Availability of delivery services	✓ Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<p>✓ Yes/ <input type="checkbox"/> No</p> <p>Number of normal deliveries performed in last month: <u>235</u></p> <p>No. of C-sections performed in last month: <u>64</u></p>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: LAQKSHYA CERTIFIED OT:	Observation

	Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
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: 15 DAYS</p> <p>(Average for how many days/benefeciary)</p> <p>Payment done till:</p> <p>Current month <input checked="" 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>	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 facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	As reported/As Displayed in Maternity Ward
31. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	PMSMA Register/Hi

	<p>If yes, how many high risks pregnancies are identified on 9th for previous month</p> <p>If No, reasons thereof:</p>	gh Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	✓ Yes/ <input type="checkbox"/> No	Verify Register availability
33. Practice related to Respectful Maternity Care	<p>✓ Privacy maintained during examination ensured</p> <p>✓ Birth attendant allowed in Labour room</p> <p>✓ Obtaining Informed consent of the mother/ custodian</p> <p>✓ Safe care environment maintained</p>	Observation, Patient review
34. Whether facility have registers for entering births and deaths	✓ Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	<p>Previous year: 2023-24 = 3</p> <p>Current year:0</p>	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	<p>Previous year: 2023-24 = 27</p> <p>Current year: 2024-25 = 18</p>	Maternal Deaths Records/Review
37. If Comprehensive Abortion Care (CAC) services available	✓ Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<p>✓ Yes/ <input type="checkbox"/> No</p> <p>Nurses/ ANM aware about open vial policy: ✓ Yes/ <input type="checkbox"/> No</p>	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	<p>Nov 24 – BCG-311, OPV-311, Hep – 336</p> <p>Dec 24 – BCG-308, OPV-308, Hep – 311</p>	Immunisation Register

	Jan 25 – BCG-298, OPV-298, Hep - 301	
40. Number of Newborns breastfed within one hour of birth during last month.	Nov 24 – 336 Dec 24 – 331 Jan 25 - 301	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	35	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)___ANM_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Regular utilization of FP services and PPIUCD is administered with the consent of beneficiaries. Other FP methods are also provided on a regular basis.	As reported/observe FP registers/records if available

46. FPLMIS has been implemented	✓Yes/ <input type="checkbox"/> No		Check software	
47. Availability of functional Adolescent Friendly Health Clinic	✓Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ____Counsellor____ Separate male and female counselors available: <input type="checkbox"/> Yes/ ✓No		Observation, check AFHC register	
48. Whether facility has functional NCD clinic	✓Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)		Check NCD register	
49. Are service providers trained in cancer services?	✓Yes/ <input type="checkbox"/> No		As reported	
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed	NCD Register
a. Hypertension		8057	6267	Record not maintained properly
b. Diabetes		8057	2708	
c. Oral Cancer		64	2	
d. Breast Cancer		64	18	
e. Cervical Cancer		64	1	
51. Whether reporting weekly data in P, S and L form under IDSP	✓Yes/ <input type="checkbox"/> No		Verify from IDSP reporting records	
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ✓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) – Microscopy only use for follow-ups, not for diagnostic	DBT/Nikshay Report									
	<ul style="list-style-type: none"> If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	DBT/Nikshay Report									
	<ul style="list-style-type: none"> Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months 1.2% 	DBT/Nikshay Report									
	<ul style="list-style-type: none"> Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	DBT/Nikshay Report									
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 60%	DBT/Nikshay Report									
F. RECORDS, FINANCE, OTHERS											
53. Maintenance of records on	<ul style="list-style-type: none"> TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No 	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="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization				Facility FMR
Fund in prev. FY											
Received	Utilized	% Utilization									

	<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>TABLE, CHAIRS ETC.</p> <p>HOSPITAL EMR. MEDICINE</p>	RKS Register
	<p>Reasons for underutilization of fund (if any) RERTURNED TO DISTRICT</p>	Staff review
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> • HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated 	Check respective portals at the facility wrt last entries
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	EVERY 2 MONTHs	RKS Register
57. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input checked="" type="checkbox"/> Government ambulance services are not available	As reported

	Comment (if any):	
<ul style="list-style-type: none"> How many cases were referred here in the last month? 	<p>Number: 35</p> <p>Types of cases referred in:</p> <p>KIDNEY DISEASE, WEAKNESS , FEVER ETC.</p>	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	<p>Number: Jan 25 = 494</p> <p>Types of cases referred out:</p> <p>Neurology, Cardiology</p>	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
A)	
B)	
C)	
D)	
E)	

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

Urban/ Rural: Rural

Date of Visit: 6/2/25

/General Information	
Name of facility visited/	Rural Hospital (CHC) Naxalbari
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: NBMCH Distance: 23 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 9:00 a.m. – 2:00 p.m.	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	72			As reported/Hospital Citizen Charter Board	
5. List of Services available	Opd, Pharmacy, lab, immunization, NCD, DOTS, Delivery, Referral, Family planning, Counseling			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	Y		
	2	O&G	N		
	3	Pediatric	N		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	Y		
	7	Dental	Y		
	8	Imaging Services (X-ray)	Y		
	9	Imaging Services (USG)	N		

A. INFRASTRUCTURE			Means of Verification
Indicator	INFRASTRUCTURE		
	10	Newborn Stabilization Unit	N
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available		As reported
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:		As reported
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		Observation: Verify if triage area is marked FOR CHILD
6. Tele-medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month 270+ If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input type="checkbox"/> No		Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input type="checkbox"/> Minor OT <input type="checkbox"/>		Observation Ensure signage and protocol displays
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		Blood Storage Unit records, Register

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	<ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: 	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input 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 infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _good 	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		10	4		
	Specialists	Medicine				
		Ob-Gyn				
Pediatrician						

	Anesthetist				
	Dentist	1	1		
	SNs/ GNMs	16	9		
	LTs	5	5		
	Pharmacist	3	2		
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor				
	LSAS trained doctor				
	Others				

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 71.15% Award received: 2024 2023-2024 Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal/State INTERNAL Facility score: 74.83% Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre:	LaQshya Assessment Report – check score Verify certificate if awarded

	LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		
D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed	
	If yes, total number of drugs in EDL ___310 EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) ___151___		
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _SMIS	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	T. Drotaverine	As reported, check DVDMS,
	2	T. Metformine	E-aushadhi, etc.
	3	T. Azithromicine	
	4	Dextrose Powder	
	5	Inhelar Budasonide	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported	

	In last 6 months, how many times there was a shortage____	Stock/Indent register
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
• In-house tests	Timing: 9 a.m. - 2 p.m. Total number of tests available against Essential Diagnostic tests list for CHC __23	Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing: 9 a.m. - 2 p.m. Total number of tests Provided by PPP Provider ____NA	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported

23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	Digital BP Digital Weighing Machine	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	NA	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: __56 No. of C-sections performed in last month: __NA	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: GOOD OT: N/A Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

27. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: (Average for how many days/patients): Not fixed Payment done till: Nov 2024 Current month <input type="checkbox"/> Last month: <input checked="" type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/>	Verify from JSY status report
28. Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	As reported/As Displayed in Maternity Ward
29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are	PMSMA Register/High Risk Pregnancy Register,

	identified on 9 th for previous month- 06 If No, reasons thereof:	Staff review
30. Line listing of high-risk pregnancies	✓ Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<ul style="list-style-type: none"> ✓ Privacy maintained during examination ensured ✓ Birth attendant allowed in Labour room ✓ Obtaining Informed consent of the mother/ custodian ✓ Safe care environment maintained 	Observation, Patient review
32. Whether facility have registers for entering births and deaths	✓ Yes/ <input checked="" type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	✓ Yes/ <input type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<ul style="list-style-type: none"> ✓ Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: ✓ Yes/ <input type="checkbox"/> No 	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	162	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	45	Verify BF records

39. Number of sterilizations performed in last one month	NIL.	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)____ _____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	GOOD (REGULARLY)	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ____ Counsellor Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register

46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register Record was not maintained properly
	a. Hypertension	6673	199	
	b. Diabetes	6673	112	
	c. Oral Cancer	0	0	
	d. Breast Cancer	0	0	
	e. Cervical Cancer	7	1	
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _2%_____			DBT/Nikshay Report
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months _____43.7%_____			DBT/Nikshay Report

	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	As reported
	<p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	DBT/Nikshay Report
	<p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 36%</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 16</p> <p>Out of those, how many are having Gr. II deformity: NA</p> <p>Frequency of Community Surveillance: Every Month</p>	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Respective records

	<p>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>							
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 2.187 Crores (for Entire Block)</p> <p>Fund utilized last year: 100%</p>	Facility FM R						
	Fund in prev. FY							
	<table border="1"> <thead> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>250000</td> <td>250000</td> <td>100%</td> </tr> </tbody> </table>	Received	Utilized	% Utilization	250000	250000	100%	
	Received	Utilized	% Utilization					
	250000	250000	100%					
<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Water, IEC, NQAS, Tap, Painting, Iron Gate, etc.</p>	RKS Register							
<p>Reasons for underutilization of fund (if any)</p> <p>JAS not Available in West Bengal</p>	Staff review							
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the						

	MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	In every 3 Months	RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre 108 <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 0 Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 169 Types of cases referred out: Accidental, HRP etc	Referral Out register

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

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

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

Urban/ Rural: Rural

Date of Visit:

General Information	
Name of facility visited	CHC Sukhia Pokhri
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: DH Darjeeling Distance: 20 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 9:00 a.m. – 2:00 p.m.	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Building was old, windows were broken and extreme cold, no heating system in Labor Room	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female)	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	25			As reported/Hospital Citizen Charter Board	
5. List of Services available	Opd, Pharmacy, lab, immunization, NCD, DOTS, Delivery, Referral, Family planning, Counseling			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	N		
	2	O&G	N		
	3	Pediatric	N		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	N		
	7	Dental	Y		
	8	Imaging Services (X-ray)	N		

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ 	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit 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 infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _good 	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)			3		
	Specialists	Medicine				
		Ob-Gyn				

	Pediatrician				
	Anesthetist				
	Dentist		1		
	SNs/ GNMs		7		
	LTs		2		
	Pharmacist		1		
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor		4		
	LSAS trained doctor		0		
	Others				

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 70.15% Award received: 2024 2023-2024 Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal/State INTERNAL Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre:	LaQshya Assessment Report – check score Verify certificate if awarded

	LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		
D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed	
	If yes, total number of drugs in EDL_____		
	EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		
	No. of drugs available on the day of visit (out of the EDL) ____115____		
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_SMIS	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Labatold Tab	As reported, check DVDMS,
	2	Labatold Inj	E-aushadhi, etc.
	3	Drotavermintas	
	4		
	5		
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported	

	In last 6 months, how many times there was a shortage___Thrice	Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> In-house tests 	Timing: 9 a.m. - 2 p.m. Total number of tests available against Essential Diagnostic tests list for CHC __22__	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider _____NA	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported

23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	NA	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	NA	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: __4 No. of C-sections performed in last month: __NA	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: GOOD OT: N/A Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation

<p>27. Status of JSY payments</p>	<p>Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay: (Average for how many days/patients): Not fixed</p> <p>Payment done till: Nov 2024</p> <p>Current month <input type="checkbox"/></p> <p>Last month: <input checked="" type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p>	<p>Verify from JSY status report</p>
<p>28. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	<p>As reported/As Displayed in Maternity Ward</p>
<p>29. PMSMA services provided on 9th of every month</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are</p>	<p>PMSMA Register/High Risk Pregnancy Register,</p>

	identified on 9 th for previous month- 06 If No, reasons thereof:	Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	6	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	4	Verify BF records

39. Number of sterilizations performed in last one month	NIL.	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	✓ Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse ✓ Medical Officer <input type="checkbox"/> Others (Specify)____ _____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	GOOD (REGULARLY)	Observation/ FP records and registers
43. FPLMIS has been implemented	✓ Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	✓ Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ____ Counsellor Separate male and female counselors available: <input type="checkbox"/> Yes/ ✓ No	Observation, check AFHC register
45. Whether facility has functional NCD clinic	✓ Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register

46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension			Record was not maintained properly
	b. Diabetes			
	c. Oral Cancer			
	d. Breast Cancer			
e. Cervical Cancer				
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _1436_____			DBT/Nikshay Report
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months _____525_____			DBT/Nikshay Report

	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	As reported
	<p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	DBT/Nikshay Report
	<p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 88%</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 0</p> <p>Out of those, how many are having Gr. II deformity: NA</p> <p>Frequency of Community Surveillance: Every Month</p>	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Respective records

	<p>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>						
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 2.721 Crores (for Entire Block)</p> <p>Fund utilized last year: 100%</p>	Facility FM R					
	Fund in prev. FY						
	<table border="1"> <thead> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>100%</td> </tr> </tbody> </table>		Received	Utilized	% Utilization		
	Received	Utilized	% Utilization				
			100%				
<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>	RKS Register						
<p>Reasons for underutilization of fund (if any)</p> <p>JAS not Available in West Bengal</p>	Staff review						
53. Status of data entry in (match with physical records)	<p>HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p>	Check respective portals at the facility wrt last entries					

	IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	In every 3 Months	RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre 108 <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 0 Types of cases referred in:	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 4 Types of cases referred out: Seizure, CKD, ALD etc	Referral Out register

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

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: **Gaybari PHC**

Date of Visit: **6th Feb 2025**

A. General Information	
1. State	West Bengal
2. District Name	Darjeeling
3. Block/Taluka Name	Sukhiya Pokhri
4. Name of Facility	Sonada PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	5682766836
7. No. of days in a week facility is operational	7 days
8. OPD Timings	9 AM – 2 PM
9. Month & Year of operationalization of AAM	New Building (2006) + Heritage Building
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Darjeeling District Hospital
13. Distance of next referral facility (in Km)	17 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	Villages - 15
2. No. of Households	1971
3. Total catchment Population	9094
4. Population who are 30 years of age and above	

B. Physical Infrastructure	
Infrastructure Status and details	Availability

1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2.	If there is no government-owned Building, specify building type	S.no	Building	√ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8.	OPD room	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Availability of furniture:	Table <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chairs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Almirah/Shelf <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input 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		

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

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

*Desirable

For PHC sub centre-Co-located

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available

Ophthalmic care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input 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 style="text-align: center;">172</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>		
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p style="text-align: center;">48</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> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds </td> <td style="vertical-align: top;"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds	<input type="checkbox"/> Anti-tuberculosis <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"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds	<input type="checkbox"/> Anti-tuberculosis <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 checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input 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	7
4	Number of tests Provided through In House Mode	7
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone

	<input checked="" type="checkbox"/> Laptop <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 type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any Swasthingit portal
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	ARI, Stomach Related, Fever Cold
Total teleconsultations in the last 01 month	NA

I. Wellness Activities	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> IHIP		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> DVDMS		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> Nikshay		✓ Yes <input type="checkbox"/> No	
Specify others, if any:		SMIS	
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes ✓ No	<input type="checkbox"/> Yes ✓ No
Facility funds	Fund Source	Timely disbursement	
	Untied	✓ Yes <input type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes ✓ No	
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	No Money received after COVID		
Is untied fund being spent on following activities?	Regular payment of Bills: ✓ Yes <input type="checkbox"/> No If yes, specify;		

	<p>✓ Electricity</p> <p>✓ Drinking Water</p> <p>✓ Internet</p> <p>Regular purchase: ✓ Yes <input type="checkbox"/> No</p> <p>✓ Medicines</p> <p>✓ Reagents/Consumables</p> <p>✓ Equipment</p> <p>Payment of support/cleaning Staff: ✓ Yes <input type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year): August 2022</p> <p>No funds received after August 2022</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<p>Availability of JSSK entitlements</p>	<p>✓ Yes <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p>✓ Free delivery services (Normal delivery/ C-section)</p> <p>✓ Free diet</p> <p>✓ Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p>✓ Free referral transport (home to facility)</p> <p>✓ Free referral transport (drop back from facility to home)</p>

	✓ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)			
1	Total number of outpatient department visits	3979	
2	No. of PW registered for ANC	52	
3	No. of PW received 4 or more ANC check-ups	12	
4	Total number of institutional deliveries	2	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	1	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	n/a	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	n/a	
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	n/a	
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	n/a	
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	n/a	
11	TB patients undergoing treatment		
	Indicators	Current year	
	No. of presumptive TB patients identified		
	No. of TB patients diagnosed out of the presumptive patients referred		
	No. of TB patients taking treatment in the AAM		
12	% of target population administered CBAC		
			N/A
	% of target population with score below 4		
			N/A
	% of target population with score 4 and above		
			N/A
Community Based Screening for NCDs			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated
			Follow-up
	Hypertension	3169	782
	Diabetes	3169	485
			2762
			2872
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred
			Follow-up

	Oral Cancer*	0	0	0
	Breast Cancer*	0	0	0
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Commendation Award 2024 (72%)
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 type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection

9	Clinical care	<input 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	9 th Dec, 2024
2	Facility aggregate score using ODK Took kit	36%

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	✓		✓	
2	Laryngoscope				
3	Radiant Warmer	✓		✓	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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				
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				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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)

7478568997 Dr. Saurabh Pathak.

Urban /Rural: Gaybari PHC

Date of Visit: 5th Feb 2025

A. General Information	
1. State	WB
2. District Name	Darjeeling
3. Block/Taluka Name	Kurseong
4. Name of Facility	Ghayabari PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	1527411654
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9 - 2
9. Month & Year of operationalization of AAM	2001
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	SB PHC
13. Distance of next referral facility (in Km)	15 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	7
2. No. of Households	3605
3. Total catchment Population	20000
4. Population who are 30 years of age and above	

B. Physical Infrastructure			
Infrastructure Status and details		Availability	
1.	Availability of Govt owned Building	✓ Yes <input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	S.no	Building
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
3.	Is the facility functional 24 x 7?	✓ Yes No	
4.	Availability of IPD Beds	<input type="checkbox"/> Yes ✓ No	
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes ✓ No	
6.	Availability of boundary Wall	<input type="checkbox"/> Yes ✓ No	
7.	External branding as per CPHC guidelines (Colour & Logo)	✓ Yes <input type="checkbox"/> No	
8.	OPD room Examination table with privacy curtains/screen	✓ Yes <input type="checkbox"/> No	
		✓ Yes <input type="checkbox"/> No	
9.	Waiting area with sitting arrangements for patients/ attendants	✓ Yes <input type="checkbox"/> No	
10.	Availability of furniture:	Table ✓ Yes <input type="checkbox"/> No Chairs ✓ Yes <input type="checkbox"/> No Almirah/Shelf ✓ Yes <input type="checkbox"/> No	
11.	Laboratory	✓ Yes <input type="checkbox"/> No	
12.	Pharmacy /Drug store	✓ Yes <input type="checkbox"/> No	
13.	Space/ room identified for Wellness activities including Yoga sessions	✓ Yes <input type="checkbox"/> No	
14.	Separate functional toilets for males and females	✓ Yes <input type="checkbox"/> No	
15.	Availability of Running Water	✓ Yes <input type="checkbox"/> No	
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes ✓ No	
17.	Electricity connection	✓ Yes <input type="checkbox"/> No	
18.	Power back up	<input type="checkbox"/> Yes ✓ No	
19.	Safe drinking Water for staff and patients	✓ Yes <input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	✓ Yes <input type="checkbox"/> No	
21.	Provision of BMW management	✓ Yes <input type="checkbox"/> No	
22.	Colour coded waste bins	✓ Yes <input type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	✓ 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 For dr. & sisters
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B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Recently been painted thus all IEC materials were removed.
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

15.	ASHA Facilitator (If any, only for Rural areas)					
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

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

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

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

F. Availability of Essential medicines	
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>32</p>
3	<p>Availability of medicines for priority conditions</p> <p>✓ Tuberculosis</p> <p>✓ Diabetes</p> <p>✓ Hypertension</p> <p>✓ Fever</p>

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

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

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

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

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" 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	NCD cases
Total teleconsultations in the last 01 month	600 (AS HUB)

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

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

<p>Fund utilization</p> <p>NHM Fund/untied funds utilized during last year:</p>	<table border="1"> <thead> <tr> <th data-bbox="600 255 895 454">Funds received (Amount in Rs.)</th> <th data-bbox="895 255 1177 454">Expenditure (Amount in Rs.)</th> <th data-bbox="1177 255 1469 454">% Expenditure</th> </tr> </thead> <tbody> <tr> <td data-bbox="600 454 895 577">22000</td> <td data-bbox="895 454 1177 577">21278</td> <td data-bbox="1177 454 1469 577">99%</td> </tr> </tbody> </table>			Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	22000	21278	99%
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure							
22000	21278	99%							
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>								
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>								

Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1750
2	No. of PW registered for ANC	n/a
3	No. of PW received 4 or more ANC check-ups	n/a
4	Total number of institutional deliveries	n/a
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	n/a
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	n/a
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	n/a
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	n/a
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	n/a
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	n/a
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	487

	No. of TB patients diagnosed out of the presumptive patients referred	1		
	No. of TB patients taking treatment in the AAM	1		
12	% of target population administered CBAC	N/A		
	% of target population with score below 4	N/A		
	% of target population with score 4 and above	N/A		
Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	1466+	1466	
	Diabetes	335+	335	
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	0		
	Breast Cancer*	0		
	Cervical Cancer*	0		

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

		<input type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	11 Dec, 2024
2	Facility aggregate score using ODK Took kit	27.62

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other

- Manpower shortage.
- No delivery services available.
- Low daily OPD count. (40)av./day
- No HMIS format available.

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	✓		✓	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
14	Manual Vacuum Aspirator				
15	Weighing Scale	✓		✓	
16	Baby Weighing Scale	✓		✓	
17	Infantometer	✓		✓	
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
22	ILR With Voltage Stabilizer-Small				
23	Deep Freezer-Small				
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs	✓		✓	
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	✓		✓	

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

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

Urban /Rural: **Gaybari PHC**

Date of Visit: **6th Feb 2025**

A. General Information	
1. State	West Bengal
2. District Name	Darjeeling
3. Block/Taluka Name	Kharibari
4. Name of Facility	Batasi PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	7178283755
7. No. of days in a week facility is operational	7 days
8. OPD Timings	9 AM – 2 PM
9. Month & Year of operationalization of AAM	7 th July 2007
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Kharibari Rural Hospital
13. Distance of next referral facility (in Km)	10 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	53
2. No. of Households	
3. Total catchment Population	41646
4. Population who are 30 years of age and above	15409

B. Physical Infrastructure	
Infrastructure Status and details	Availability

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

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

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

*Desirable

For PHC sub centre-Co-located

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Availability of Essential medicines			
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>172</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>		
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>98</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	<table border="0"> <tr> <td> <p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input checked="" type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-pyretic</p> <p><input type="checkbox"/> Anti-allergics</p> <p><input type="checkbox"/> Antidotes for poisoning</p> <p><input type="checkbox"/> Gastrointestinal meds</p> </td> <td> <p><input type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p> <p><input type="checkbox"/> Anti-malarial</p> <p><input type="checkbox"/> Anti-hypertensive</p> <p><input type="checkbox"/> Oral hypoglycaemics</p> <p><input type="checkbox"/> Hypolipidemic</p> </td> </tr> </table>	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input checked="" type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-pyretic</p> <p><input type="checkbox"/> Anti-allergics</p> <p><input type="checkbox"/> Antidotes for poisoning</p> <p><input type="checkbox"/> Gastrointestinal meds</p>	<p><input type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p> <p><input type="checkbox"/> Anti-malarial</p> <p><input type="checkbox"/> Anti-hypertensive</p> <p><input type="checkbox"/> Oral hypoglycaemics</p> <p><input type="checkbox"/> Hypolipidemic</p>
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		<input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode) <input checked="" 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	10
4	Number of tests Provided through In House Mode	10
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	7 tests provided with very less cost
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input 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 checked="" type="checkbox"/> Smartphone <input 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 type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any Swasthingit Portal
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Fever, Cough, HTN, DM, etc.
Total teleconsultations in the last 01 month	329

I. Wellness Activities	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> IHIP		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> DVDMS		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> Nikshay		✓ Yes <input type="checkbox"/> No	
Specify others, if any:		SMIS	
L. Finance			
Renumeration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	✓ Yes <input type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes ✓ No	
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	50000	53170	106%
	Is untied fund being spent on following activities?		
Regular payment of Bills: <input type="checkbox"/> ✓ Yes <input type="checkbox"/> No			

	<p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p>✓ Drinking Water</p> <p>✓ Internet</p> <p>Regular purchase: <input type="checkbox"/> ✓ Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> ✓ Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year): Up to date</p> <p>Average Delay in Payment (days): 15 Days</p> <p>Reasons for delay, if any: Due to not having proper document</p>
<p>Availability of JSSK entitlements</p>	<p>✓ Yes <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p>✓ Free delivery services (Normal delivery/ C-section)</p> <p>✓ Free diet</p> <p>✓ Free drugs and consumables</p> <p>✓ Free diagnostics</p> <p>✓ Free blood services</p> <p>✓ Free referral transport (home to facility)</p>

	✓ Free referral transport (drop back from facility to home) ✓ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits	10824		
2	No. of PW registered for ANC			
3	No. of PW received 4 or more ANC check-ups			
4	Total number of institutional deliveries	9		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	n/a		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	n/a		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	n/a		
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	15		
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	02		
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	1		
11	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	172		
	No. of TB patients diagnosed out of the presumptive patients referred	4		
	No. of TB patients taking treatment in the AAM	4		
12	Community Based Screening for NCDs			
	% of target population administered CBAC	N/A		
	% of target population with score below 4	N/A		
	% of target population with score 4 and above	N/A		
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	3730	1592	1124
	Diabetes	802	764	697

	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*			Record not Available
	Breast Cancer*			Record not Available
	Cervical Cancer*	8	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2023 (89%)
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management

		<input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input 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	20 th Dec, 2024
2	Facility aggregate score using ODK Took kit	43%

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	✓		✓	
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	✓		✓	
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	✓		✓	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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: Gaybari PHC

Date of Visit: 6th Feb 2025

A. General Information	
1. State	West Bengal
2. District Name	Darjeeling
3. Block/Taluka Name	Naxalbari
4. Name of Facility	Bagdogra PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	57236
7. No. of days in a week facility is operational	7 days
8. OPD Timings	9 AM – 2 PM
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	NBMCH
13. Distance of next referral facility (in Km)	11 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	84
2. No. of Households	23249
3. Total catchment Population	90161
4. Population who are 30 years of age and above	33360

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

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

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

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<ul style="list-style-type: none"> ✓ ANC/ PNC ✓ Neonatal and infant healthcare services ✓ Childhood and Adolescent healthcare services ✓ Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<ul style="list-style-type: none"> ✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ✓ TB ✓ Leprosy ✓ Acute simple illnesses
Non-Communicable Diseases	<ul style="list-style-type: none"> Screening and management of common NCDs (DM, HTN) ✓ Screening of common cancers – Oral ✓ Screening of common cancers – breast ✓ Screening of common cancers – cervix

	✓ Screening and management of mental health ailments
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes ✓ No
Oral health care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes ✓ No
Elderly and Palliative care services	<input type="checkbox"/> Yes ✓ No	<input type="checkbox"/> Yes ✓ No	<input type="checkbox"/> Yes ✓ No
Screening & management of mental health ailments	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes ✓ No
Emergency Medical Services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ 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>172</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>			
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>60</p>			
3	<p>Availability of medicines for priority conditions</p> <p>✓ Tuberculosis</p> <p>✓ Diabetes</p> <p>✓ Hypertension</p> <p>✓ Fever</p>			
4	<table border="0"> <tr> <td>Medicine categories with shortfall/ stockouts on the day of assessment</td> <td> <input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic </td> <td> <input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial </td> </tr> </table>	Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial		

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

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	10
4	Number of tests Provided through In House Mode	10

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

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

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

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

Periodic JAS meetings in the last 6 months	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Specify others, if any:	SMIS		
L. Finance			
Renumeration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	50000	13904	27.8%

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

	<ul style="list-style-type: none"> ✓ Free diagnostics ✓ Free blood services ✓ Free referral transport (home to facility) ✓ Free referral transport (drop back from facility to home) ✓ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)			
1	Total number of outpatient department visits	18295	
2	No. of PW registered for ANC		
3	No. of PW received 4 or more ANC check-ups		
4	Total number of institutional deliveries	18	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	n/a	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	n/a	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	n/a	
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	n/a	
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	04	
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	n/a	
11	TB patients undergoing treatment		
	Indicators	Current year	
	No. of presumptive TB patients identified	683	
	No. of TB patients diagnosed out of the presumptive patients referred		
	No. of TB patients taking treatment in the AAM	123	
12	Community Based Screening for NCDs		
	% of target population administered CBAC	N/A	
	% of target population with score below 4	N/A	
	% of target population with score 4 and above	N/A	
13	NCDs	Screened	Treated
			Follow-up

	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension	7269	4046	498
	Diabetes	1330	1330	1300
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	7269	0	0
	Breast Cancer*	4427	0	0
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	1 st Rank in District 2024 (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 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 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 type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	30 th Dec, 2024
2	Facility aggregate score using ODK Took kit	39.83%

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	✓		✓	
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				
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	✓		✓	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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-Sub Health Centre (AAM-SHC)

Date of Visit: 5/2/25

A. General Information	
1. State	West Bengal
2. District Name	Darjeeling
3. Block/Taluka Name	Kurseong
4. Name of Facility	Singoll HWC
5. Type of Facility	HSC
6. NIN of the facility	8147445756
7. No. of days in a week facility is operational	06
8. OPD Timings	9:00 a.m.- 4:00 p.m.
9. Month & Year of AAM operationalization	-
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Kurseong PHC
12. Distance of next referral facility (Km)	3 k.ms.

A.1 Demographic Details	
1. Number of Villages	14
2. No. of Households	625
3. Total catchment Population	2360
4. Population who are 30 years of age and above	

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1				1
2	ANM/MPW-F	2				
3	MPW-M					
3	ASHA (Population Norms -1 ASHA per 1000 population)	-				5
4	Any other (If yes, specify)		Volunteer			1

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

Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	No	No	No
NCD	No	No	No

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

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

	<ul style="list-style-type: none"> ✓ Leprosy ✓ Acute simple illnesses <p>Non-Communicable Diseases</p> <ul style="list-style-type: none"> ✓ Screening and management of common NCDs (DM, HTN) ✓ Screening of common cancers – Oral ✓ Screening of common cancers – breast ✓ Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services

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

F. Essential medicines

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>106</p> <p>(Total medicines at AAM-SHC as per national EML is 105)</p>
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Total number of medicines available at AAM-SHC	72		
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy </td> <td style="vertical-align: top;"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)		
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)		
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks		

Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	11
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify) Swasthyaingit Portal
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Sugar, BP, Fever, Joint Pain, etc.
Total Teleconsultations in the last 01 month	201

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

J. Finance			
Renumeration & Incentives			
Timely disbursement of incentives to ASHAs	✓ Yes	<input type="checkbox"/> No	
Timely disbursement of remuneration to CHOs	✓ Yes	<input type="checkbox"/> No	
Timely disbursement of remuneration to AAM-SC team (other than CHO)	✓ Yes	<input type="checkbox"/> No	
Disbursement of performance-based incentives to CHO	✓ Yes	<input type="checkbox"/> No	
Disbursement of team-based incentives to AAM-SHC team	✓ Yes	<input type="checkbox"/> No	
Facility funds			
Timely disbursement of untied funds	<input type="checkbox"/> Yes	✓ No	
Fund flow through other sources	<input type="checkbox"/> Yes	✓ No	
Specify any other fund source:			
Fund utilization	Funds received	Expenditure	% Expenditure
% NHM Fund utilized last year:	(Amt in Rs.)	(Amt in Rs.)	

	No Fund Received			
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
K. Governance				
Community-based platforms				
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Periodic JAS meetings in the last 6 months (Once a month)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
JAS meeting minutes available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
VHSNC Meeting held and minutes available	<input type="checkbox"/> Yes <input checked="" 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	✓ Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes ✓ No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month3 days	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Partial	
Number of Village Health & Sanitation days conducted in last 6 months	18	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	306
2	No. of PW registered for ANC	2
3	No. of PW received 4 or more ANC check-ups	6
4	Total number of institutional deliveries	5
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	5
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	4
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	3
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	0
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	167
	No. of TB patients diagnosed out of the presumptive patients referred	0
	No. of TB patients taking treatment in the AAM	2

10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			NA
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	642	9	210
	Diabetes	642	6	66
	Oral Cancer	86	0	0
	Breast Cancer	64	0	0
	Cervical Cancer	42	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

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

		<ul style="list-style-type: none"> ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> <input type="checkbox"/> Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	21 st Nov, 2024
2	Facility aggregate score using ODK Took kit	48.29%

Remarks & Observations
<p>Infrastructure</p> <p>Good</p>
<p>HRH</p>
<p>IEC</p> <p>Good</p>
<p>Expanded service Packages</p>
<p>IT System</p>
<p>Any Other</p> <p>Key Observations:</p>

Appendix-List of equipment

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

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

Date of Visit: 5/2/25

A. General Information	
1. State	West Bengal
2. District Name	Darjeeling
3. Block/Taluka Name	Sukna
4. Name of Facility	Dilaram HWC
5. Type of Facility	HSC
6. NIN of the facility	6317123153
7. No. of days in a week facility is operational	06
8. OPD Timings	9:00 a.m.- 3:00 p.m.
9. Month & Year of AAM operationalization	17 th July, 2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Bagora PHC
12. Distance of next referral facility (Km)	2.5 k.ms.

A.1 Demographic Details	
1. Number of Villages	7
2. No. of Households	606
3. Total catchment Population	2439
4. Population who are 30 years of age and above	1372

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1				1
2	ANM/MPW-F	2				1
3	MPW-M					1
3	ASHA (Population Norms -1 ASHA per 1000 population)	-				7
4	Any other (If yes, specify)	1	Volunteer			

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

Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes
NCD	Yes	Yes	No

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

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

	<input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services						
Service Packages	Services Available		Drugs available		Diagnostics & consumables available	
Ophthalmic care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Elderly and palliative care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

F. Essential medicines	
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	106

	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	44	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks	

	<input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	8
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Total Teleconsultations in the last 01 month	204
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I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input type="checkbox"/> Yes ✓ No
<input type="checkbox"/> IHIP	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes ✓ No
<input type="checkbox"/> Nikshay	✓ Yes <input type="checkbox"/> No
Specify others, if any:	

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

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	12000	12000	100%
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

		✓ Yes <input type="checkbox"/> No
L. Wellness Activities		
Wellness sessions being held periodically		✓ Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session		✓ Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		✓ Yes <input type="checkbox"/> No
Number of Wellness sessions conducted in Last month	2 days
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		<input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		<input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Partial
Number of Village Health & Sanitation days conducted in last 6 months		18
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	395
2	No. of PW registered for ANC	3
3	No. of PW received 4 or more ANC check-ups	5
4	Total number of institutional deliveries	NA
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	2
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	2
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	476
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	202

	No. of TB patients diagnosed out of the presumptive patients referred	3		
	No. of TB patients taking treatment in the AAM	3		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	NA		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	976	269	569
	Diabetes	611	49	300
	Oral Cancer	164	0	0
	Breast Cancer	89	0	0
	Cervical Cancer	0		

N. Implementation of NQAS Quality Assurance and Patient Safety

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

		<ul style="list-style-type: none"> ✓ Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> ✓ Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	29 th Nov, 2024

2	Facility aggregate score using ODK Took kit	47.48%
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Remarks & Observations	
Infrastructure	Good
HRH	
IEC	Good
Expanded service Packages	
IT System	
Any Other	Key Observations:

Appendix-List of equipment

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

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

Date of Visit: 6/2/25

A. General Information	
1. State	West Bengal
2. District Name	Darjeeling
3. Block/Taluka Name	Naxalbari
4. Name of Facility	Chandaljote HWC
5. Type of Facility	HSC
6. NIN of the facility	4526818838
7. No. of days in a week facility is operational	06
8. OPD Timings	9:00 a.m.- 3:00 p.m.
9. Month & Year of AAM operationalization	17 th July, 2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Bagdogra PHC
12. Distance of next referral facility (Km)	11 k.ms.

A.1 Demographic Details	
1. Number of Villages	8
2. No. of Households	1407
3. Total catchment Population	6197
4. Population who are 30 years of age and above	2292

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	1	1		
2	ANM/MPW-F	2	1	1		
3	MPW-M					
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	5	5		
4	Any other (If yes, specify)	Housekeeping				

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

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

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

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

	<p>✓ Leprosy</p> <p>✓ Acute simple illnesses</p> <p>Non-Communicable Diseases</p> <p>✓ Screening and management of common NCDs (DM, HTN)</p> <p>✓ Screening of common cancers – Oral</p> <p>✓ Screening of common cancers – breast</p> <p>✓ Screening of common cancers – cervix</p>
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E.2 Availability of Expanded Packages of Services				
Service Packages	Services Available	Drugs available	Diagnostics & consumables available	
Ophthalmic care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Oral health care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Elderly and palliative care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Screening & management of mental health ailments	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Emergency Medical Services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No

F. Essential medicines	
<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>106</p> <p>(Total medicines at AAM-SHC as per national EML is 105)</p>

Total number of medicines available at AAM-SHC	95	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	

Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	9
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input checked="" type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Any other (Specify) Swasthyaingit Portal
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	B.P., Diabetes, joint pain, Weakness, Joint Pain etc.

Total Teleconsultations in the last 01 month	204
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I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes ✓ No
<input type="checkbox"/> HMIS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes ✓ No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes ✓ No
<input type="checkbox"/> Nikshay	✓ Yes <input type="checkbox"/> No
Specify others, if any:	

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

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	17500	17500	100%
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Involvement of CHO in community-based platforms	✓ Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	✓ Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	✓ Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month2 days	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	✓ 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)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	12	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1938
2	No. of PW registered for ANC	15
3	No. of PW received 4 or more ANC check-ups	27
4	Total number of institutional deliveries	20
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	2
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	16
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	16
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	7
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	7

	No. of TB patients diagnosed out of the presumptive patients referred	7		
	No. of TB patients taking treatment in the AAM	7		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	Data Not Maintained 344 344 0		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	1025	183	83
	Diabetes	1025	126	75
	Oral Cancer	233	2	2
	Breast Cancer	152	3	3
	Cervical Cancer	86	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	70.%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials

		<ul style="list-style-type: none"> ✓ Provision for ensuring privacy ✓ Respectful Maternity care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> ✓ Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms ✓ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	20 th Dec, 2024

2	Facility aggregate score using ODK Took kit	62.85%
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Remarks & Observations	
Infrastructure	Good
HRH	
IEC	Good
Expanded service Packages	Basic eye screening
IT System	
Any Other	<p>Key Observations:</p> <p><input type="checkbox"/> The facility was well maintained in terms of sanitation, presence of herbal garden,</p>

Appendix-List of equipment

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

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

Date of Visit: 6/2/25

A. General Information	
1. State	West Bengal
2. District Name	Darjeeling
3. Block/Taluka Name	Naxalbari
4. Name of Facility	Upper Bagdogra HWC
5. Type of Facility	HSC
6. NIN of the facility	5877417724
7. No. of days in a week facility is operational	06
8. OPD Timings	9:00 a.m.- 3:00 p.m.
9. Month & Year of AAM operationalization	April, 2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Upper Bagdogra PHC
12. Distance of next referral facility (Km)	3 k.ms.

A.1 Demographic Details	
1. Number of Villages	10
2. No. of Households	3117
3. Total catchment Population	11760
4. Population who are 30 years of age and above	4351

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	1	1		
2	ANM/MPW-F	2	4	1		1
3	MPW-M					
3	ASHA (Population Norms -1 ASHA per 1000 population)	-		7		
4	Any other (If yes, specify)	Housekeeping				

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

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

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

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

	<ul style="list-style-type: none"> ✓ Leprosy ✓ Acute simple illnesses <p>Non-Communicable Diseases</p> <ul style="list-style-type: none"> ✓ Screening and management of common NCDs (DM, HTN) ✓ Screening of common cancers – Oral ✓ Screening of common cancers – breast ✓ Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services

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

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	106 (Total medicines at AAM-SHC as per national EML is 105)
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Total number of medicines available at AAM-SHC	90	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	

Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	12
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input checked="" type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input 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 teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input checked="" type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Any other (Specify) Swasthyaingit Portal
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	B.P., Diabetes, joint pain, etc.
Total Teleconsultations in the last 01 month	111

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

J. Finance		
Renumeration & Incentives		
Timely disbursement of incentives to ASHAs	<input type="checkbox"/> Yes	✓ No
Timely disbursement of remuneration to CHOs	<input type="checkbox"/> Yes	✓ No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input type="checkbox"/> Yes	✓ No
Disbursement of performance-based incentives to CHO	<input type="checkbox"/> Yes	✓ No
Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes	✓ No
Facility funds		
Timely disbursement of untied funds	<input type="checkbox"/> Yes	✓ No
Fund flow through other sources	<input type="checkbox"/> Yes	✓ No
Specify any other fund source:		
Fund utilization	Funds received	Expenditure (Amt in Rs.)
% NHM Fund utilized last year:		% Expenditure

	(Amt in Rs.)		
	12500	12500	100%
Is untied fund being spent on following activities	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
K. Governance			
Community-based platforms			
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Involvement of CHO in community-based platforms			

		✓ Yes <input type="checkbox"/> No
L. Wellness Activities		
Wellness sessions being held periodically		✓ Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session		✓ Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		✓ Yes <input type="checkbox"/> No
Number of Wellness sessions conducted in Last month	3 days
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		✓ 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)		✓ Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months		12
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	358
2	No. of PW registered for ANC	89
3	No. of PW received 4 or more ANC check-ups	58
4	Total number of institutional deliveries	59
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	21
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	85
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	85
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	13
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	20

	No. of TB patients diagnosed out of the presumptive patients referred	216		
	No. of TB patients taking treatment in the AAM	20		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	4351 1081 81 1000		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	2354	55	115
	Diabetes	2354	13	57
	Oral Cancer	390	1	0
	Breast Cancer	210	0	0
	Cervical Cancer	134	1	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	70.5%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials

		<ul style="list-style-type: none"> ✓ Provision for ensuring privacy ✓ Respectful Maternity care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> ✓ Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms ✓ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	20 th Dec, 2024

2	Facility aggregate score using ODK Took kit	61.09%
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Remarks & Observations	
Infrastructure	Good
HRH	
IEC	Good
Expanded service Packages	Basic eye screening
IT System	
Any Other	<p>Key Observations:</p> <p><input type="checkbox"/> The facility was well maintained in terms of sanitation, presence of herbal garden,</p>

Appendix-List of equipment

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

Field Monitoring Format - Community Level

Date of Visit	6/2/25
Name of Village/ Slum visited	Rajajhas
Details of nearest public health facility (from residence)	<i>Facility name:</i> Chandaljote HWC <i>Facility type:</i> HWC <i>Distance:</i> 0
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	✓ Yes/ <input type="checkbox"/> No
Accessible from nearest road	✓ Yes/ <input type="checkbox"/> No

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

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

<p>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.,) Reasons, thereof.</p>	<p><i>staff, free of cost services, trust on the provider.</i></p>	<p><i>hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i></p>	
	<p>We visit regularly for the conditions which requires routine checkups. However those who work in informal works can't visit regularly due to commitment to works.</p> <p>Doctors also provide outreach camps which is very beneficial for the villagers.</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>	

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

<p>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p>	<p>May use local terms as recognized by the community</p>	<p>Most of them were satisfied by the service being provided to them by the center. They also responded positively about the infrastructure & staff behavior there.</p>
<p>How long has it been there?</p>	<p>Services may include: <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p>	

<p><i>What are the health services being provided there?</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>>one yes</p> <p>Basic OPD, basic NCD, small injuries, and others,. Telemedicine is also used to give medicines by consulting with MO.</p>
<p>Topic: Accessibility to primary healthcare services</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>Most of them walk to the facility as they stay nearby. Others use their own transport. Public transport is not available in the area. .</p>
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p><i>Barriers may include:</i></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"> ● <i>Geographical barriers</i> ● <i>structural barriers within the facility or its premises</i> ● <i>financial barriers</i> ● <i>socio-cultural barriers</i> ● <i>Others, (please specify):.....</i>
<p><i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/ visits?</i></p>		<p>Yes. They organize such camps regularly. They perform screening and testing and give advice regarding healthy lifestyle. They suggest not to consume toxics and do yoga etc.</p>

Topic: Availability of primary health care infrastructure and services

<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	Probes - Condition of the building - Maintenance - Dedicated space for waiting and examination - Adequate seating arrangement - Functional toilet - Potable and drinking water - Power supply	Infrastructure and services	Response
<i>What more needs to be added to improve the treatment-seeking experience in this place?</i>		<i>Condition of the building</i>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Maintenance</i> <u>Many complained regarding the poor maintenance regarding the Centre's building and associated risks.</u>	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<i>When you visit the facility, are the staff</i>	Staff may include: Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs,	<u>Yes. Other who are not available are not been appointed by the government.</u>

<p><i>available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p><i>Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	<p>Yes. Somewhat satisfied.</p>
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes. We always get the prescribed medicines.</p>
<p><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Yes providing those test of which the kits are available for the rest we go to CHC or DH.</p>
<p>Topic: Acceptability of healthcare services</p>		
<p><i>Do you feel that the staff at the facility is capable to</i></p>	<p>Probe: <i>Adequate skills and knowledge</i></p>	<p>Yes. Satisfied.</p>

<i>provide health care?</i>		
<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>Innovative may include</i> <i>painless, time-saving or cost-saving methods or technology</i></p> <p><i>Alternate phrasing:</i> <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></i></p>	<p>Yes. They provide everything in their capacity.</p> <p>Yes.</p> <p>No.</p>
Topic: Appropriateness of primary healthcare services delivered through AAM		
<i>What are the main healthcare concerns that exist or emerge in your community?</i>	<p><i>Probe:</i> <i>To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe:</i> <i>To share some insights</i></p>	<p>High TB cases, NCD cases, few dengue cases and fever, cough cold etc.</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>Yes.</p> <p>Yes.</p>
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Topic: Community's involvement / participation

<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and</i></p>	<p>Probes</p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p>Yes. Few of us attend YOGA sessions. We take the medicines prescribed to use and visit regularly.</p> <p>Yes. ASHA get community support.</p> <p>They obey the instructions given to them.</p>
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<i>your contribution</i>		
Topic: Unmet Needs		
<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>Delivery services not available however we get that service whenever required at CHC level.</p> <p>No group test is provided here. Many diagnostic services are not available here.</p> <p>Visit to secondary & tertiary centre.</p> <p>No. (for transport only).</p>
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>Probes</p> <ul style="list-style-type: none"> - <i>Provider behaviour/ attitude</i> - <i>Waiting time</i> - <i>Cleanliness of the premises</i> - <i>Provision for Grievance redressal and escalation</i> - <i>Practice of soliciting and implementing feedback</i> 	<p>All good.</p>

<p><i>Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<ul style="list-style-type: none"> - <i>Right diagnosis</i> - <i>Accuracy of diagnostic tests done at the facility</i> - <i>Effectiveness of medicines dispensed at the facility</i> 	<p>Yes. Infrastructure and diagnostic services.</p> <p>Yes.</p>
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