



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



Submitted by:

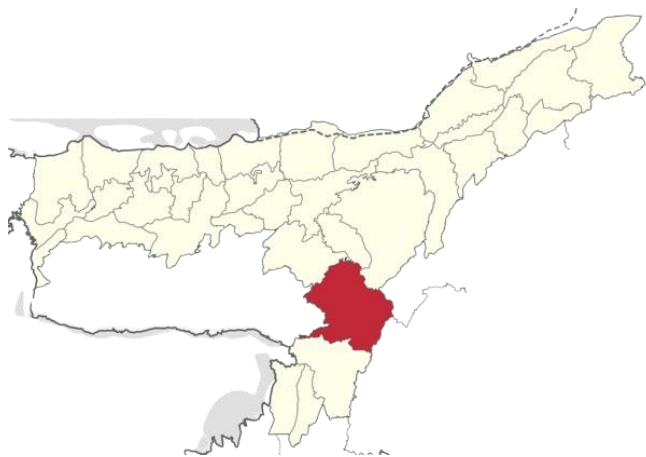
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## Introduction:

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 Dima Hasao district, Assam.

The findings are based on visits conducted by the PRC-IEG team, comprising Dr. Rahul Kumar and Ms. Pragya Shree, to various public healthcare facilities, including Civil Hospital, Haflong; CHC Maibang; CHC Umrangso; PHC Mahur; PHC Jatinga; PHC Gunjung; PHC Dihangi; AAM SHC Lasang; AAM SHC Digrik; AAM SHC Warengdisa; and AAM SHC Chota Wapu. The team held meetings with the Joint Director of Health Services (JDHS), nodal programme officers, Medical Officer-in-Charge (MOIC), facility staff (MOs, CHOs, ANMs, etc.), community health care providers (ASHAs, Anganwadi workers, etc.), and other supporting staff. These interactions aimed to evaluate the strengths and weaknesses of the facilities in terms of service delivery.

## MAJOR OBSERVATIONS OF THE DISTRICT

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

**AAM Services:** 48 Sub-Centres and all the Primary Health Centres (PHCs) have been converted into Ayushman Arogya Mandirs (AAM). The AAM SHCs successfully implement 7 Comprehensive Primary Healthcare (CPHC) packages, and 5 additional packages have been partially implemented at these facilities.

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

**National Health Programmes:** The implementation of National Health Mission (NHM) programs is robust, with nearly all NHM programs functioning in the district.

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

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

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

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

**Teleconsultation:** Teleconsultation services are available at some facilities, but utilization is low across the district. To improve their impact, there is a need for expansion and increased awareness of these services.

Due to the unavailability and busy schedules of doctors, telemedicine services often face challenges at the district level.

**Quality Programs:** Quality programs like Kayakalp, NQAS, and LaQshya are functional in the district. The district has 19 Kayakalp-certified facilities, including DH, CHC, PHC, and AAM SHCs. Two AAM SHCs have been waiting for NQAS result.

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

**Community Interaction:** Community feedback highlights a heavy reliance on public health facilities, particularly in rural areas. Dima Hasao, being a tribal district, has very few private healthcare facilities. The district's challenging geography also makes it difficult to access health services. However, the upgrading of Sub-Centers to AAM SHCs has led to an increase in patient turnout.

**Geographical & Infrastructural Challenges:** Dima Hasao is a hilly district where many rural areas are difficult to access. CHOs, ANMs, and ASHAs often have to travel to remote areas with no motorable roads. The district also lacks public transportation, and the roads are in poor condition, becoming particularly dangerous during the rainy season. Additionally, district faces a water shortage, with the district hospital relying on water tankers to meet its basic water needs.

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

**High Home Deliveries:** It was reported and observed that the high rate of home deliveries in Dima Hasao is due to the area's difficult accessibility and the community's reliance on traditional healers. These factors also contribute to the district's high infant mortality rate.

**Birth Waiting Room:** The facility was established by the district to care for pregnant women coming from remote areas.

These women can stay at the facility with one attendant, and the facility also provides food and basic amenities during their stay.

## FACILITY WISE OBSERVATIONS

### Civil Hospital Haflong:

DH is a NQAS & Kayakalp-winner (1<sup>st</sup> in State) facility offering a wide range of specialist services such as OBGY, surgery, medicine, orthopaedics, paediatrics, ENT, psychiatry, ophthalmology, and AYUSH. The DH's OT and labour room are LaQSHYA certified. DH is the only FRU in the district, with a 70% C-section rate, as people only visit the hospital when the situation worsens, often resulting in complications that require surgical intervention.

### CHC Maibang:

This CHC is a non-FRU facility with a daily OPD load of over 60 patients and a monthly delivery rate of 10 to 12 normal deliveries. The CHC provides basic services, including OPD, IPD, normal deliveries, family planning, diagnostic services, and emergency care. The facility has been upgraded to a 100-bed capacity by the Tribal Council. While the CHC boasts excellent infrastructure, it has the potential to be converted into a FRU CHC.

### CHC Umrangso:

This CHC is a Kayakalp-awarded non-FRU facility, handling a daily OPD load of over 60 patients and conducting 25 to 30 normal deliveries per month. It offers a range of basic services, including OPD, IPD, normal deliveries, family planning, diagnostic services, dental services, and emergency care, along with a one-bedded NBSU. The facility recently received an ultrasound machine through CSR funding and also features a birth waiting room for expectant mothers. This facility has been nominated for conversion into a FRU due to its comprehensive services and recent upgrades. This block has industries, which results in a higher OPD and delivery load compared to other CHCs in the district.

### PHC Mahur:

This PHC is a 24x7 facility with a daily OPD attendance of over 30 patients and a monthly delivery rate ranging from 10 to 12.

The PHC provides basic services, including OPD, IPD, normal deliveries, family planning, diagnostic services, and emergency care. Every Tuesday, a specialist from the DH is deployed to provide specialized services at the PHC, as this day coincides with the weekly market in the area, attracting people from far-flung regions.

### **PHC Jatinga:**

This PHC provides only OPD, family planning, and immunization services. Due to cracks in the building, normal delivery services were halted for safety concerns. The area has the highest number of home deliveries in the district. It was reported that the area is predominantly inhabited by the Khasi tribe, who largely rely on traditional healers. They typically visit health facilities only when the situation worsens.

### **PHC Gunjung:**

This PHC is a 24x7 facility with a daily OPD attendance of around 10 to 12 patients and a monthly delivery rate of about 2. The PHC provides basic services, including OPD, IPD, normal deliveries, family planning, diagnostic services, and emergency care. In this area, people mostly visit the facility in the evening or at night, as they are occupied with farming activities in the morning.

### **PHC Dihangi:**

This PHC is a Kayakalp-awarded 24x7 facility with a daily OPD attendance of around 10 to 12 patients and an annual delivery rate of around 17. The PHC provides basic services, including OPD, IPD, normal deliveries, family planning, diagnostic services, and emergency care. However, the facility does not have lab technicians. In this area, people mostly visit the facility in the evening or at night, as they are occupied with farming activities in the morning.

### **AAM SHC Lasang:**

The facility has good infrastructure with proper IEC, medicines, and testing facilities available. The OPD load at the facility is about 5 to 8 patients, which is relatively low due to the far-flung areas that need to be covered. There is no delivery facility at the center due to poor connectivity. As a result, staff spend most of their time in the field to meet their targets. The facility provides 7 CPHC packages. However, the roads leading to the facility are in poor condition, and during the rainy season, it becomes almost impossible to reach.

The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation.

### **AAM SHC Digrik:**

The facility has good infrastructure with proper IEC, medicines, and testing facilities available. The OPD load at the facility is about 5 to 8 patients, which is relatively low due to the far-flung areas that need to be covered. Although it is situated in an urban area, it still has many remote areas to reach. The facility provides 7 CPHC packages to cater to the needs of these areas. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation.

### **AAM SHC Warengdisa & Chota Wapu:**

The facilities have good infrastructure with proper IEC, medicines, and testing facilities available, but it is situated on the outskirts of the villages with no electricity and water supply. The OPD load at the facility is about 5 to 6 patients, which is relatively low due to the far-flung areas that need to be covered. It serves many remote areas that are difficult to reach. The facility provides 7 CPHC packages, except for delivery services, to cater to the needs of these areas. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation.

## **RECOMMENDATIONS**

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

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

**Provision of Incentives for ASHAs in Remote Areas:** Dima Hasao is a hilly region with no public transport, making commuting between places even more challenging. Additionally, the area is sparsely populated, with many locations lacking motorable roads. ASHAs often have to spend their own money to hire private autos to reach these remote areas. To ensure effective healthcare outreach, provisions should be made to provide financial incentives or travel allowances for ASHAs, enabling them to serve far-flung communities without financial burden.

# DIMA HASAO ASSAM

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

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

**Addressing Shortage of Medical Officers:** The critical shortage of medical officers must be addressed by deploying MOs from the NHM to ensure the uninterrupted delivery of essential medical services.

**Provision of Public Transport:** The district lacks a public transportation system, making travel costly and inconvenient for both the public and healthcare staff. Establishing a reliable public transport network would help improve accessibility and reduce travel expenses.





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

Date of Visit: 11-03-25

GENERAL INFORMATION	
Name of facility visited	Haflong Civil Hospital
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: Guwahati Medical College, Silchar medical college  Distance: 320 KM & 114 KM

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	8:00 AM to 2:00 PM	As reported/Hospital Citizen Charter Board
2. 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 elderly and differently abled friendly (ramps at entry, wheel chair etc.)  <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female)  <input checked="" type="checkbox"/> Drinking water facility available  <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement  <input checked="" type="checkbox"/> ASHA rest room is available  <input checked="" type="checkbox"/> Drug storeroom with rack is available	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital  Last major renovation done in (Year): _____			
3. Number of functional in-patient beds	<u>157</u>  No of ICU Beds available: <u>11</u>			As reported/Hospital Citizen Charter Board
4. List of Services available	OPD, IPD, ICU, Emergency, SNCU, NRC, PHDC, Drug Store, CT- SCAN, X-Ray, USG, ECG, Dialysis, Blood Bank, Laboratory			As reported/Hospital Citizen Charter Board
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	Y	
	2	O&G	Y	
	3	Pediatric	Y	
	4	General Surgery	Y	
	5	Anesthesiology	Y	
	6	Ophthalmology	Y	
	7	Dental	Y	
	8	Imaging Services (X – ray)	Y	

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	9	Imaging Services (USG)	Y	
	10	District Early Intervention Centre (DEIC)	Y	
	11	Nutritional Rehabilitation Centre (NRC)	Y	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	N	
	14	Neonatal Intensive Care Unit (NICU)	N	
	15	Pediatric Intensive Care Unit (PICU)	N	
	16	Labour Room Complex	Y	
	17	ICU	Y	
	18	Dialysis Unit	Y	
	19	Emergency Care	Y	
	20	Burn Unit	Y	
	21	Teaching block (medical, nursing, paramedical)	Y	
	22	Skill Lab	Y	
5. Emergency	General emergency: <input checked="" type="checkbox"/> 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 teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal) 111			Tele-medicine records register/ e-sanjeevani portal

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• If yes, number of units of blood currently available: 12</li> <li>• No. of blood transfusions done in last month: 115</li> </ul>	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input 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 type="checkbox"/> Incinerator: <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services	<ul style="list-style-type: none"> <li>• Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul>	As reported

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	<ul style="list-style-type: none"> <li>Internet connectivity: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>Quality/strength of internet connection: _____</li> </ul>	

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>	<b>Regular</b>		<b>Contractual</b>		
		<b>Sanctioned</b>	<b>Available</b>	<b>Sanctioned</b>	<b>Available</b>	
	MO (MBBS)	0	0	0	0	
	<b>Specialists</b>	Medicine	2	2	1	1
		Ob-Gyn	3	3	0	0
		Pediatrician	3	3	0	0
		Anesthetist	3	3	0	0
		Surgeon	1	1	0	0
		Ophthalmologist	2	2	0	0
		Orthopedic	0	0	0	0
		Radiologist	2	2	0	0
		Pathologist	1	1	0	0
		Others	4	4	0	0
	Dentist	2	2		0	
	Staff Nurses/ GNMs	45	45	29	29	
	LTs	9	9	0	0	
Pharmacist	6	6	0	0		
Dental Technician/ Hygienist	1	1	0	0		

	Hospital/ Facility Manager	0	0	1	1
	EmOC trained doctor	0	0	0	0
	LSAS trained doctor	0	0	0	0
	Others	0	0	0	0

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: Yes <ul style="list-style-type: none"> <li>Facility score: 94%</li> <li>Award received: Yes</li> </ul>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> <li>Assessment done: Internal/State</li> <li>Facility score:84%</li> <li>Certification Status: certified</li> </ul>	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> <li>Labour Room:               <ul style="list-style-type: none"> <li>✓ LaQshya Certified - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/>No</li> <li>✓ If No, Assessment Done - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/>No</li> </ul> </li> <li>Operation Theatre:               <ul style="list-style-type: none"> <li>✓ LaQshya Certified - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/>No</li> <li>✓ If No, Assessment Done - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/>No</li> </ul> </li> </ul>	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS & DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
<a href="https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidlines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf">https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidlines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf</a>	<ul style="list-style-type: none"> <li>If yes, total number of drugs in EDL _ 272 _____</li> <li>EDL displayed in OPD Area: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>No. of drugs available on the day of visit (out of the EDL) _ 163 _____</li> </ul>	Verify EDL Displayed

17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one_____	Observation, Check software										
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr> <td data-bbox="730 400 823 465">1</td> <td data-bbox="828 400 1235 465">Inj. Pantopraazole</td> </tr> <tr> <td data-bbox="730 465 823 530">2</td> <td data-bbox="828 465 1235 530">Inj. Pepercillin &amp; Tazo 4.5gm</td> </tr> <tr> <td data-bbox="730 530 823 595">3</td> <td data-bbox="828 530 1235 595">Inj. Doxycycline</td> </tr> <tr> <td data-bbox="730 595 823 660">4</td> <td data-bbox="828 595 1235 660">Infu. Metronidazole</td> </tr> <tr> <td data-bbox="730 660 823 730">5</td> <td data-bbox="828 660 1235 730">Infu. Paracetamol</td> </tr> </table>	1	Inj. Pantopraazole	2	Inj. Pepercillin & Tazo 4.5gm	3	Inj. Doxycycline	4	Infu. Metronidazole	5	Infu. Paracetamol	As reported, check DVDMS, E-aushadhi, etc.
1	Inj. Pantopraazole											
2	Inj. Pepercillin & Tazo 4.5gm											
3	Inj. Doxycycline											
4	Infu. Metronidazole											
5	Infu. Paracetamol											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage  In last 6 months how many times there was shortage <u>5 times</u>	As reported  Stock/Indent register										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported										
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	Timing: 08:30 AM to 08:00 PM  Total number of tests available against Essential Diagnostic tests list for DH _____60_____  (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house										
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: 08:30 AM to 08:00 PM  Total number of tests provided by PPP provider : __47_____  Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP provider agency										

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

	Total number of tests performed: <u>4nos</u>	
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<input type="radio"/> Previous year <u>25</u> <input type="radio"/> Current FY <u>10</u> <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- <a href="https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf">https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf</a> )		As reported
27. Average downtime of equipment (days)  Details of equipment are nonfunctional for more than 7 days	2 days	As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: <u>49</u>  No. of C-sections performed in last month: <u>49</u>	Verify C-section records from Maternity OT registers

<ul style="list-style-type: none"> <li>• Comment on the condition of:</li> </ul>	<p>Labour room: Good</p> <p>OT: Good</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag):    <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	<p>Observation</p>
<p>29. Status of JSY payments</p>	<p>Payment is up to date: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Average delay in payment to beneficiaries:</p> <p>(Average for how many days/benefeciary)</p> <p>Payment done till:</p> <p>Current month <input 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> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p>
<p>30. 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>As reported/As Displayed in Maternity Ward</p>

	<input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how many high risks pregnancies are identified on 9 <sup>th</sup> for previous month  If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
33. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured  <input checked="" type="checkbox"/> Birth attendant allowed in Labour room  <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian  <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	Previous year: No  Current year: No	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	Previous year: 15  Current year: 3	Maternal Deaths Records/Review
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

	Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	296	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	87	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	No	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 type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.		As reported/observe FP registers/records if available

46. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Check software
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, who provides counselling to adolescents: _____  Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			Observation, check AFHC register
48. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If No, is there any fixed day or days in a week for NCD care at the facility?_____ days (Mention number of days)			Check NCD register
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			As reported
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed	NCD Register
a. Hypertension		24	24	24
b. Diabetes		9	9	9
c. Oral Cancer		0	0	0
d. Breast Cancer		0	0	0
e. Cervical Cancer		0	0	0
51. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation

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

### F. RECORDS, FINANCE, OTHERS

53. Maintenance of records on	<ul style="list-style-type: none"> <li>• TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• TB Notification Registers: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Malaria cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Palliative cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> <li>• Leprosy cases: <input type="checkbox"/>Yes/ <input type="checkbox"/>No</li> </ul>	Respective records									
54. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>1531096</td> <td>15145818</td> <td>98%</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization	1531096	15145818	98%	Facility FMR
Fund in prev. FY											
Received	Utilized	% Utilization									
1531096	15145818	98%									

	<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <ol style="list-style-type: none"> <li>1. Staff Salary</li> <li>2. Hospital Equipment</li> <li>3. Office Contingency Items</li> <li>4. Hospital Cleaning Items</li> <li>5. Medicine etc.</li> </ol>	RKS Register
	Reasons for underutilization of fund (if any)	Staff review
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> <li>• HMIS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</li> <li>• MCTS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</li> <li>• IHIP: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</li> <li>• HWC Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</li> <li>• Nikshay Portal: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</li> </ul>	Check respective portals at the facility wrt last entries
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)		RKS Register
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available  <input type="checkbox"/> DH/ SDH has contracted out ambulance services	As reported

	<input checked="" type="checkbox"/> Ambulances services with Centralized call center  <input type="checkbox"/> Government ambulance services are not available	
	Comment (if any):	
<ul style="list-style-type: none"> <li>How many cases were referred here in the last month?</li> </ul>	Number: <u>4</u>  Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>	Number: <u>11</u>  Types of cases referred out:	Out-referral register

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

Urban/ Rural:

Date of Visit: 12-03-25

General Information	
Name of facility visited	Maibang CHC
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: Haflong Civil Hospital Distance: 45KM.

*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 (8:00 AM to 2:00 PM)	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments: 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 checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available  Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	30 Beds			As reported/Hospital Citizen Charter Board	
5. List of Services available	OPD,IPD,X-RAY,PHARMACY ,LABOUR ROOM , LABROTORY, IMMUNISATION, EMEGENCY DEPARTMENT			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	Y		
	2	O&G	N		
	3	Pediatric	N		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	N		
	7	Dental	N		
	8	Imaging Services (X – ray)	Y		

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

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

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		2	2	1	1
	Specialists	Medicine	0	0	0	0
Ob-Gyn		0	0	0	0	

	Pediatrician	0	0	0	0
	Anesthetist	0	0	0	0
	Dentist	0	0	0	0
	SNs/ GNMs	7	7	0	0
	LTs	3	3	0	0
	Pharmacist	3	3	0	0
	Dental Assistant/ Hygienist	0	0	0	0
	Hospital/ Facility Manager	0	0	0	0
	EmOC trained doctor	1	1	0	0
	LSAS trained doctor	0	0	0	0
	Others	0	0	0	0

<b>C. QUALITY PROGRAMMES</b>		<b>Means of verification</b>
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Award received:  Winner <input type="checkbox"/>  Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input 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	
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**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
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	If yes, total number of drugs in EDL : <b>272</b>  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) _210_____	
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17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one_____	Observation, Check software
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18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Inj	As reported, check DVDMS,	
	2	Tab. Metforming 500	E-aushadhi, etc.	
	3	Salbutamol R Solution		
	4	IVF Plasma Volume Expander		
	5	Inj.Hyoscine Butyl		

	Bromich	
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage  In last 6 months, how many times there was a shortage _____	As reported   Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
• In-house tests	Timing: 8:00 AM to 2:00 PM  Total number of tests available against Essential Diagnostic tests list for CHC_41	Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing:  Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, type & no. of functional X-ray machine is available in the hospital:  Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL	As reported

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

	Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
27. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Average delay: (Average for how many days/patients)  Payment done till: 92  Payment done till:  Current month <input type="checkbox"/> 0  Last month <input type="checkbox"/>  Last 3 Months <input type="checkbox"/>  Last 6 Months <input type="checkbox"/>  Reasons for delay:	Verify from JSY status report
28. Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided  <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)  <input checked="" type="checkbox"/> Free diet	As reported/As Displayed in Maternity Ward

	<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	
29. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 <sup>th</sup> for previous month If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input type="checkbox"/> Birth attendant allowed in Labour room <input type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year:1	Maternal Deaths

	Current year:0	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 checked="" type="checkbox"/> Yes/ <input 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	49	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	49	Verify BF records
39. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/>  Staff Nurse <input checked="" type="checkbox"/>  Medical Officer <input type="checkbox"/>  Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra		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: __Staff Nurse____  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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No																											
47. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th data-bbox="836 1167 1082 1335">NCD</th> <th data-bbox="1082 1167 1161 1335">Screened</th> <th data-bbox="1161 1167 1257 1335">Confirmed</th> <th data-bbox="1257 1167 1401 1335">NCD Register</th> </tr> </thead> <tbody> <tr> <td data-bbox="836 1335 1082 1413">a. Hypertension</td> <td data-bbox="1082 1335 1161 1413">4803</td> <td data-bbox="1161 1335 1257 1413">1008</td> <td data-bbox="1257 1335 1401 1413">1008</td> </tr> <tr> <td data-bbox="836 1413 1082 1480">b. Diabetes</td> <td data-bbox="1082 1413 1161 1480">4690</td> <td data-bbox="1161 1413 1257 1480">769</td> <td data-bbox="1257 1413 1401 1480">769</td> </tr> <tr> <td data-bbox="836 1480 1082 1525">c. Oral Cancer</td> <td data-bbox="1082 1480 1161 1525">0</td> <td data-bbox="1161 1480 1257 1525">0</td> <td data-bbox="1257 1480 1401 1525">0</td> </tr> <tr> <td data-bbox="836 1525 1082 1592">d. Breast Cancer</td> <td data-bbox="1082 1525 1161 1592">0</td> <td data-bbox="1161 1525 1257 1592">0</td> <td data-bbox="1257 1525 1401 1592">0</td> </tr> <tr> <td data-bbox="836 1592 1082 1671">e. Cervical Cancer</td> <td data-bbox="1082 1592 1161 1671">0</td> <td data-bbox="1161 1592 1257 1671">0</td> <td data-bbox="1257 1592 1401 1671">0</td> </tr> </tbody> </table>				NCD	Screened	Confirmed	NCD Register	a. Hypertension	4803	1008	1008	b. Diabetes	4690	769	769	c. Oral Cancer	0	0	0	d. Breast Cancer	0	0	0	e. Cervical Cancer	0	0	0
NCD	Screened	Confirmed	NCD Register																									
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c. Oral Cancer	0	0	0																									
d. Breast Cancer	0	0	0																									
e. Cervical Cancer	0	0	0																									
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records																										
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input 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 _____2	DBT/Nikshay Report
	Is there a sample transport mechanism in place for:  Investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:	DBT/Nikshay Report

50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months:  Out of those, how many are having Gr. II deformity:  Frequency of Community Surveillance:	Facility Register/Records for leprosy
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**F. RECORDS, FINANCE, OTHERS**

51. Maintenance of records on	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
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52. How much fund was received and utilized by the facility under NHM?	Fund Received last year:Rs.496760/=			Facility FMR
	Fund utilized last year: Rs.484100			
	Fund in prev. FY			
	Received	Utilized	% Utilization	
	493520	100%		

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

<ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: 3 Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number: 27 Types of cases referred out:	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Requirement of Specialist Doctor.[Gynaecologist, Padritricst ,etc.]	
b) Required Ultra Sound Machine	
c) Required Blood Storage Unit	

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

**Urban/ Rural: Rural**

**Date of Visit: 13-03-25**

<b>General Information</b>	
<b>Name of facility visited</b>	<b>UMRANGSO CHC</b>
<b>Facility Type</b>	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
<b>FRU</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Accessible from nearest road head</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Next Referral Point</b>	Facility: HAFLONG CIVIL HOSPITAL Distance: 110 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.*

<b>G. INFRASTRUCTURE</b>		<b>Means of Verification</b>
Indicator	INFRASTRUCTURE	
56. OPD Timing	As reported/Hospital Citizen Charter Board 8.30 AM TO 2.30 PM	As reported/Hospital Citizen Charter Board
57. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
58. Condition of infrastructure/ building  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

G. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available  Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital				
59. Number of functional in-patient beds	30 Beds			As reported/Hospital Citizen Charter Board	
60. List of Services available	OPD,IPD,X-RAY,PHARMACY ,LABOUR ROOM , LABROTORY, IMMUNISATION, EMEGENCY DEPARTMENT			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N	As reported/Hospital	Citizen Charter Board
	1	Medicine	N	Board	
	2	O&G	N		
	3	Pediatric	N		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	N		
	7	Dental	N		
	8	Imaging Services (X – ray)	Y		

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

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

H. Human Resources				As reported		
67. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		0	3	0	0
	Specialists	Medicine	0	0	0	0
Ob-Gyn		0	0	0	0	

	Pediatrician	0	0	0	0
	Anesthetist	0	0	0	0
	Dentist	0	0	0	0
	SNs/ GNMs	4	4	3	3
	LTs	2	2	1	1
	Pharmacist	2	2	0	0
	Dental Assistant/ Hygienist	0	0	0	0
	Hospital/ Facility Manager	0	0	1	1
	EmOC trained doctor	1	1	0	0
	LSAS trained doctor	0	0	0	0
	Others	0	0	0	0

<b>I. QUALITY PROGRAMMES</b>		<b>Means of verification</b>
68. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Award received:  Winner <input type="checkbox"/>  Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
69. NQAS	Assessment done: Internal/State Facility score: Certification Status: No	NQAS assessment report Verify certificate if awarded
70. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If No, Assessment Done - <input type="checkbox"/> Yes/ <input 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	
<b>J. DRUGS AND DIAGNOSTICS</b>		
71. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed
	If yes, total number of drugs in EDL _____  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) _____	
72. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one _____	Observation, Check software
73. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	As reported, check DVDMS,
	2	E-aushadhi, etc.
	3	
	4	
	5	
74. 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_____	Stock/Indent register
75. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	Timing: 9:00 AM to 02:00 PM  Total number of tests available against Essential Diagnostic tests list for CHC _____	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing:  Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
76. 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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
77. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL  <input type="checkbox"/> Free for elderly  <input type="checkbox"/> Free for JSSK beneficiaries  <input checked="" type="checkbox"/> Free for all	As reported

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

<p>82. 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)</p> <p>Payment done till:</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input checked="" type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p>
<p>83. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p> <p><input checked="" type="checkbox"/>Free diagnostics</p> <p><input type="checkbox"/>Free blood services</p> <p><input checked="" type="checkbox"/>Free referral transport (home to facility)</p>	<p>As reported/As Displayed in Maternity Ward</p>

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

91. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
92. Number of newborns immunized with birth dose at the facility in last 3 months	85	Immunisation Register
93. Newborns breastfed within one hour of birth during last month	19	Verify BF records
94. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
95. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
96. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input type="checkbox"/>  Medical Officer <input type="checkbox"/>  Others (Specify)_____	As reported
97. Please comment on utilization of other FP services including Condoms, OCPs, Antra		Observation/ FP records and registers
98. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
99. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: _____  Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register

100. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)			Check NCD register
101. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
102. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	f. Hypertension	1693	258	258
	g. Diabetes	1682	183	183
	h. Oral Cancer	577	0	0
	i. Breast Cancer	278	0	0
	j. Cervical Cancer	273	0	0
103. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
104. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____			DBT/Nikshay Report
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, are there any patients currently taking			DBT/Nikshay Report

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

**L. RECORDS, FINANCE, OTHERS**

<p>106. Maintenance of records on</p>	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases):  <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>TB Notification Registers:  <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Malaria cases: <input type="checkbox"/>Yes/  <input checked="" 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>	<p>Respective records</p>						
<p>107. How much fund was received and utilized by the facility under NHM?</p>	<p>Fund Received last year: 20,12,860.00</p> <p>Fund utilized last year:</p>	<p>Facility FMR</p>						
	<p align="center">Fund in prev. FY</p>							
	<table border="1"> <tr> <td></td> <td align="center">Utilized</td> <td align="center">% Utilized</td> </tr> <tr> <td></td> <td align="center">2012860</td> <td align="center">100%</td> </tr> </table>			Utilized	% Utilized		2012860	100%
			Utilized	% Utilized				
	2012860	100%						
<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>	<p>RKS Register</p>							
<p>Reasons for underutilization of fund (if any)</p>	<p>Staff review</p>							

108. Status of data entry in (match with physical records)	<p>HMIS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>IHIP: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>	Check respective portals at the facility wrt last entries
109. Frequency of RKS meeting (check and obtain minutes of last meeting held)	September 2024	RKS Register
110. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available  <input type="checkbox"/> CHC has contracted out ambulance services  <input checked="" type="checkbox"/> Ambulances services with Centralized call centre  <input checked="" 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?	<p>Number: 11</p> <p>Types of cases referred in:</p>	Referral-in register
• How many cases from the CHC were referred to the DH last month?	<p>Number: 33</p> <p>Types of cases referred out:</p>	Referral Out register

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

**Urban /Rural: Rural**

**Date of Visit: 11-03-25**

<b>A. General Information</b>	
1. State	<b>Assam</b>
2. District Name	Dima Hasao
3. Block/Taluka Name	Jatinga Valley Development Block.
4. Name of Facility	Mahur PHC.
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	8482662361
7. No. of days in a week facility is operational	7 days.
8. OPD Timings	08-30 am to 01-30 pm
9. Month & Year of operationalization of AAM	21-02-1990
10. Details of co-location, if any <i>(If any co-located SHC)</i>	Mahur FW SC.
11. Accessible from nearest road head ( <b>Yes/No</b> )	Yes
12. Next Referral FacilityName	Haflong Civil Hospital
13. Distance of next referral facility (in Km)	30 KM (Haflong Civil Hospital).
14. If UPHC functions as a Polyclinic (Yes/No)	N/A
15. If Yes, please take note of available specialist services at the Polyclinic.	N/A

<b>A.1 Demographic Details</b>	
1. Number of Villages/Wards	<b>20</b>
2. No. of Households	1454
3. Total catchment Population	7623
4. Population who are 30 years of age and above	2821

<b>B. Physical Infrastructure</b>	
<b>Infrastructure Status and details</b>	<b>Availability</b>

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

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

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

\*Desirable

# For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  <i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	125  <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>	
2	Total number of medicines available at AAM-PHC/UPHC	105	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergic	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive

		<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"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" 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	33
4	Number of tests Provided through In House Mode	
5	Number of tests Provided through Hub & Spoke (Public Health System)	

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

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

<b>H. Availability of IT Equipment &amp; Teleconsultation services</b>
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Infrastructure: Availability	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" 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 checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Common Fever
Total teleconsultations in the last 01 month	0

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

	<b>9221710</b>	<b>8464084</b>	<b>92%</b>
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 type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<b>Status of JSY Payments</b>	<p>Payment done till (month/ year) : 02/2025</p> <p>Average Delay in Payment (days): 2 Days</p> <p>Reasons for delay, if any : Slow internet connectivity</p>		
<b>Availability of JSSK entitlements</b>	<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>		

	<input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits			<b>7077</b>
2	No. of PW registered for ANC			<b>77</b>
3	No. of PW received 4 or more ANC check-ups			<b>66</b>
4	Total number of institutional deliveries			<b>103</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			<b>5</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			<b>75</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			<b>71</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month			
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months			
11	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>			<b>Current year</b>
	No. of presumptive TB patients identified			7
	No. of TB patients diagnosed out of the presumptive patients referred			7
	No. of TB patients taking treatment in the AAM			7
12	<b>Community Based Screening for NCDs</b>			
	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	<b>NCDs</b>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>

	(No. of individuals in Last 6Months)			
	Hypertension			
	Diabetes			
	<b>NCDs</b> (No. of individuals in Last 6 Months)	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*			
	Breast Cancer*			
	Cervical Cancer*			

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Winner – 2 times, Commendation – 5 times.
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
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	20-11-2024
2	Facility aggregate score using ODK Took kit	69%

#### Annexure- List of equipment

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

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table	Yes		Yes	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle		No		
43	Exerciser Couch/Table		No		
44	Finger Exerciser Web		No		
45	Walking Aid for Training/ Reciprocal Walker		No		

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

Urban /Rural:   Rural  

Date of Visit: 12-03-25

A. General Information	
16. State	Assam
17. District Name	Dima Hasao
18. Block/Taluka Name	Mahur BPHC/HARANGAJAO DEVELOPMENT BLOCK
19. Name of Facility	JATINGA STATE DISPENSARY
20. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	6162357112
22. No. of days in a week facility is operational	7
23. OPD Timings	08:30 am to 01:30 pm
24. Month & Year of operationalization of AAM	April,2020
25. Details of co-location, if any <i>(If any co-located SHC)</i>	NA
26. Accessible from nearest road head (Yes/No)	Yes
27. Next Referral FacilityName	Haflong Civil Hospital
28. Distance of next referral facility (in Km)	12 KM
29. If UPHC functions as a Polyclinic (Yes/No)	No
30. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
5. Number of Villages/Wards	<b>4 (Four)</b>
6. No. of Households	595
7. Total catchment Population	3230
8. Population who are 30 years of age and above	1195

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

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

<b>C. Human Resource Availability</b>						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
18.	Medical Officer (MBBS)	1	1	0	1	1
19.	AYUSH MO*	1	0	0	0	0
20.	Dentist*	1	0	0	0	0
21.	Staff Nurse	2	0	0	0	0
22.	Pharmacist	1	1	1	0	0
23.	Laboratory Technician	1	1	1	0	0
24.	ANM/MPW (F)#	1	1	1	1	1
25.	MPW (M)	1	0	0	0	0
26.	Lady Health Visitor	1	0	0	0	0
27.	Dresser	1	0	0	0	0
28.	Accountant	1	0	0	0	0
29.	Data entry operator	1	0	0	0	1
30.	Sanitation staff	1	1	1	0	0
31.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		0	0	3	3
32.	ASHA Facilitator (If any, only for Rural areas)		0	0	0	0
33.	Others (Specify)		1	1	0	0
34.	Whether all essential HRH available as per IPHS 2022	<b>NO</b>				

\*Desirable

# For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines		
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  <i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	<b>75</b>  <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>
2	Total number of medicines available at AAM-PHC/UPHC	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever

4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input 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 type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input 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	12
4	Number of tests Provided through In House Mode	12
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days( <i>List of equipment is provided as annexure for reference</i> )	

G.2 Diagnostic Tests Available		
23.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25.	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
26.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27.	24 – hours urinary protein	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
33.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39.	Bleeding time and clotting time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

42.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
43.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
44.	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 type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Fund utilization</b>  NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	457491.00	419901.00	92%(appox)
	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 type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" 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>			
<b>Status of JSY Payments</b>	<p>Payment done till (month/ year) : NA</p> <p>Average Delay in Payment (days): NA</p> <p>Reasons for delay, if any :</p>		
<b>Availability of JSSK entitlements</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		

	<p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	<b>390</b>
2	No. of PW registered for ANC	<b>19</b>
3	No. of PW received 4 or more ANC check-ups	<b>6</b>
4	Total number of institutional deliveries	<b>0</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>0</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>15</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>8</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>0</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>0</b>
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	<b>0</b>
11	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	0
	No. of TB patients diagnosed out of the presumptive patients referred	0
	No. of TB patients taking treatment in the AAM	0
12	<b>Community Based Screening for NCDs</b>	

	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	<b>NCDs</b> <i>(No. of individuals in Last 6Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>
	Hypertension	53	53	53
	Diabetes	9	9	9
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input 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 type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	11/06/2024
2	Facility aggregate score using ODK Took kit	Less than 50%

#### Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	No			
2	Laryngoscope	No			
3	Radiant Warmer	No			

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

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

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

**Urban /Rural:- RURAL**

**Date of Visit:- 13/03/2025**

<b>A. General Information</b>	
31. State	ASSAM
32. District Name	DIMA HASAO
33. Block/Taluka Name	DIYUNG VALLEY DEVELOPMENT
34. Name of Facility	GUNJUNG BPHC
35. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	7311641125
37. No. of days in a week facility is operational	24*7
38. OPD Timings	8.00 am to 2.00 pm
39. Month & Year of operationalization of AAM	2023-24 (29 <sup>th</sup> Dec 2023)
40. Details of co-location, if any <i>(If any co-located SHC)</i>	
41. Accessible from nearest road head (Yes/No)	YES
42. Next Referral Facility Name	HAF LONG CIVIL HOSPITAL
43. Distance of next referral facility (in Km)	30 KM
44. If UPHC functions as a Polyclinic (Yes/No)	NO
45. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
9. Number of Villages/Wards	11
10. No. of Households	538
11. Total catchment Population	2572
12. Population who are 30 years of age and above	952

<b>B. Physical Infrastructure</b>			
<b>Infrastructure Status and details</b>		<b>Availability</b>	
49.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
50.	If there is no government-owned Building, specify building type	<b>S.no</b>	<b>Building</b> <b>√ Mark</b>
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
51.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
52.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
53.	If yes, Number of functional IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (10 NOS)	
54.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
55.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
56.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
58.	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	
59.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
60.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
61.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
62.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
63.	Availability of Running Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
64.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
65.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
66.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
67.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
68.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
69.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
70.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
71.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
72.	<i>Residential Quarters available for Staff</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<i>If yes, Specify the staff for which quarters available</i>	(Quarter for Doctor, ANM, GNM, Pharmacists, Laboratory Technician, Grade-IV and other staffs)
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<b>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>C. Human Resource Availability</b>						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
35.	Medical Officer (MBBS)	1	0	0	1	1
36.	AYUSH MO*	1	0	0	0	0
37.	Dentist*	1	0	0	0	0
38.	Staff Nurse	2	0	0	2	1
39.	Pharmacist	1	1	1	1	1
40.	Laboratory Technician	1	1	1	0	0
41.	ANM/MPW (F)#	1	3	3	0	0
42.	MPW (M)	1	0	0	0	0
43.	Lady Health Visitor	1	1	1	0	0
44.	Dresser	1	0	0	0	0
45.	Accountant	1	0	0	1	1
46.	Data entry operator	1	0	0	0	0
47.	Sanitation staff	1	1	1	0	0
48.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	0	0	0	3	3
49.	ASHA Facilitator (If any, only for Rural areas)	0	0	0	1	1
50.	Others (Specify)	0	13	13	6	6

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

# For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines				
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  <i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	<b>125</b>  <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>		
2	Total number of medicines available at AAM-PHC/UPHC	<b>121</b>		
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
4	Medicine categories with shortfall/stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives   <input type="checkbox"/> Analgesics / NSAIDs)   <input type="checkbox"/> + Anti-pyretic               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anti-tuberculosis   <input type="checkbox"/> Anti-fungal   <input type="checkbox"/> Anti-malarial               </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input type="checkbox"/> + Anti-pyretic	<input type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial
<input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input type="checkbox"/> + Anti-pyretic	<input type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial			

		<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 checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input 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 checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>G.1 Availability of Diagnostic Services</b>		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	6 (Diabetes, Malaria,HIV ,Syphillis kit, HbSag kit, Dengue) (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	<b>16</b>
4	Number of tests Provided through In House Mode	<b>16</b>

5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	Cell Counter 3 part, Semi-Automated Biochemistry Analyser Binocular Microscope HbA1C Analyser Turbidometer Glucometer Haemoglobinometer ESR Analyzer Electrolyte Analyzer

G.2 Diagnostic Tests Available		
45.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47.	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
48.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
50.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
52.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
53.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
54.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
56.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
58.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
59.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
60.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
61.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
62.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input 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 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	
<b>J. Governance</b>			
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>K. Reporting</b>			
<b>Online Platforms</b>	<b>Reporting</b>		
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Nikshay	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Specify others, if any:	ANMOL, U-Win		
<b>L. Finance</b>			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	
	Untied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Fund utilization</b>  NHM Fund/untied funds utilized during last year:2023-24  <b>Rs 8275394.00</b>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	<b>Rs. 8396765.00</b>	<b>Rs. 8275394.00</b>	<b>98.55%</b>
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 checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet  Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment  Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Status of JSY Payments</b>	Payment done till (month/ year) Feb, 2025  Average Delay in Payment (days): No  Reasons for delay, if any		

<b>Availability of JSSK entitlements</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided  <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)  <input type="checkbox"/> Free diet  <input checked="" type="checkbox"/> Free drugs and consumables  <input checked="" type="checkbox"/> Free diagnostics  <input type="checkbox"/> Free blood services  <input checked="" type="checkbox"/> Free referral transport (home to facility)  <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)  <input type="checkbox"/> No user charges
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<b>M. Service delivery Output Indicators (Data of previous quarter) (April-January)</b>		
1	Total number of outpatient department visits	<b>3109</b>
2	No. of PW registered for ANC	<b>26</b>
3	No. of PW received 4 or more ANC check-ups	<b>21</b>
4	Total number of institutional deliveries	<b>16</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>1</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>34</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>28</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>0</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>3</b>
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	<b>0</b>
11	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	<b>0</b>

	No. of TB patients diagnosed out of the presumptive patients referred			<b>0</b>
	No. of TB patients taking treatment in the AAM			<b>0</b>
12	% of target population administered CBAC			<b>100</b>
	% of target population with score below 4			<b>201</b>
	% of target population with score 4 and above			<b>667</b>
<b>Community Based Screening for NCDs</b>				
13	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>
	Hypertension	<b>868</b>	<b>86</b>	<b>18</b>
	Diabetes	<b>868</b>	<b>2</b>	<b>0</b>
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	<b>0</b>	<b>0</b>	<b>0</b>
	Breast Cancer*	<b>0</b>	<b>0</b>	<b>0</b>
	Cervical Cancer*	<b>0</b>	<b>0</b>	<b>0</b>

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	<b>2024-25</b>
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter

		<input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	18-09-2024
2	Facility aggregate score using ODK Took kit	42.01

#### Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	

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

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

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

Urban /Rural: Rural

Date of Visit: 13-03-25

A. General Information	
46. State	ASSAM
47. District Name	Dima Hasao
48. Block/Taluka Name	Gunjung
49. Name of Facility	Dehangi SD
50. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
51. NIN of the facility	3547744148
52. No. of days in a week facility is operational	7
53. OPD Timings	8:30 am to 2 pm
54. Month & Year of operationalization of AAM	
55. Details of co-location, if any <i>(If any co-located SHC)</i>	
56. Accessible from nearest road head (Yes/No)	Yes
57. Next Referral FacilityName	Haflong Civil Hospital
58. Distance of next referral facility (in Km)	50 Km
59. If UPHC functions as a Polyclinic (Yes/No)	No
60. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
13. Number of Villages/Wards	9
14. No. of Households	480
15. Total catchment Population	2139
16. Population who are 30 years of age and above	791

B. Physical Infrastructure	
Infrastructure Status and details	Availability

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

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

<b>C. Human Resource Availability</b>						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
52.	Medical Officer (MBBS)	1	1	1	1	1
53.	AYUSH MO*	1	1	0	0	0
54.	Dentist*	1	1	0	0	0
55.	Staff Nurse	2	2	0	2	1
56.	Pharmacist	1	1	1	0	0
57.	Laboratory Technician	1	1	0	0	0
58.	ANM/MPW (F)#	1	1	1	1	1
59.	MPW (M)	1	1	0	0	0
60.	Lady Health Visitor	1	1	0	0	0
61.	Dresser	1	1	0	0	0
62.	Accountant	1	1	0	1	1
63.	Data entry operator	1	1	0	0	0
64.	Sanitation staff	1	1	1	1	1
65.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	2	0	0	2	2
66.	ASHA Facilitator (If any, only for Rural areas)	0	0	0	0	0
67.	Others (Specify)					
68.	Whether all essential HRH available as per IPHS 2022					

\*Desirable

# For PHC sub centre-Co-located

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>				
<b>Services</b>	<b>MO (MBBS) (Y/N)</b>	<b>Staff Nurse (Y/N)</b>	<b>MPW (F) / (M) (Y/N)</b>	<b>ASHA (Y/N)</b>
Maternal Health (ANC/PNC Care)	1	1	2	2
Child Health (New Born Care/ HBNC/HBYC)	1	1	2	2
Family Planning	1	1	2	1
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasi s)	1	1	2	1
NCD	1	0	0	1
Others (Specify)				

<b>D.2 Training details- Expanded CPHC packages</b>						
<b>Staff</b>	<b>Trained in Eye care (Y/N)</b>	<b>Trained in ENT care (Y/N)</b>	<b>Trained in oral care (Y/N)</b>	<b>Trained in MNS (Y/N)</b>	<b>Trained in Elderly &amp; Palliative Care (Y/N)</b>	<b>Trained in Trauma &amp; Emergency care (Y/N)</b>
MO (MBBS)	1	1	1	1	1	1
Staff Nurse	0	0	0	0	0	0
ANM/ MPW-F	2	2	2	2	2	2
MPW- M	0	0	0	0	0	0
ASHA	1	1	1	1	1	1

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

<b>E.2 Availability of Expanded Packages of Services</b>			
<b>Service Packages</b>	<b>Services Available</b>	<b>Drugs available</b>	<b>Diagnostics &amp; consumables available</b>

Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines			
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i></p> <p style="text-align: right;"><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>172</p>		
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>		
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <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 type="checkbox"/> Antidotes for poisoning  <input type="checkbox"/> Gastrointestinal meds </td> <td style="vertical-align: top;"> <input checked="" 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 </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds	<input checked="" 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"/> 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 checked="" 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 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 type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>G.1 Availability of Diagnostic Services</b>		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	12
4	Number of tests Provided through In House Mode	12
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<b>G.2 Diagnostic Tests Available</b>		
67.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
68.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
69.	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
70.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
71.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
72.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
73.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
74.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
75.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
76.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
77.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
78.	Hepatitis B surface antigen test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
79.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
80.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
81.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
82.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
83.	Bleeding time and clotting time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
84.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
85.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
86.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
87.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
88.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

<b>K. Reporting</b>			
<b>Online Platforms</b>		<b>Reporting</b>	
<input type="checkbox"/> AAM Portal/App		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> IHIP		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DVDMS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Nikshay		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Specify others, if any:			
<b>L. Finance</b>			
<b>Renumeration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	
	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Fund utilization</b>  NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	650536.00	540388.00	83%

<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" 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><b>Status of JSY Payments</b></p>	<p>Payment done till (month/ year) 13</p> <p>Average Delay in Payment (days): 20 days</p> <p>Reasons for delay, if any incomplete support document during claim</p>
<p><b>Availability of JSSK entitlements</b></p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p>

	<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
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits			<b>749</b>
2	No. of PW registered for ANC			<b>37</b>
3	No. of PW received 4 or more ANC check-ups			<b>35</b>
4	Total number of institutional deliveries			<b>21</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			<b>0</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			<b>36</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			<b>37</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month			<b>0</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			<b>2</b>
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months			<b>0</b>
11	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>			<b>Current year</b>
	No. of presumptive TB patients identified			0
	No. of TB patients diagnosed out of the presumptive patients referred			0
	No. of TB patients taking treatment in the AAM			0
12	<b>Community Based Screening for NCDs</b>			
	% of target population administered CBAC			<b>100%</b>
	% of target population with score below 4			<b>64%</b>
	% of target population with score 4 and above			<b>36%</b>
13	<b>NCDs</b>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>

	<i>(No. of individuals in Last 6Months)</i>			
	Hypertension	565	9	9
	Diabetes	565	3	3
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	0	0	0
	Breast Cancer*	0	0	0
	Cervical Cancer*	0	0	0

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	<input 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	Winner in 2022-23 and Commendation in 2023-24
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology

		<input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	20-09-2024
2	Facility aggregate score using ODK Took kit	41.52

#### Annexure- List of equipment

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

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
37	BP Apparatus- Aneroid	Yes		Yes	
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table	Yes		Yes	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	No			
43	Exerciser Couch/Table	No			
44	Finger Exerciser Web	No			
45	Walking Aid for Training/ Reciprocal Walker	No			

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

**Date of Visit: 11-03-25**

<b>A. General Information</b>	
1. State	Assam
2. District Name	Dima hasao
3. Block/Taluka Name	Mahur
4. Name of Facility	Lasang
5. Type of Facility	AAM
6. NIN of the facility	5117285121
7. No. of days in a week facility is operational	6 days
8. OPD Timings	8.30am -2.30 pm
9. Month & Year of AAM operationalization	
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Mahur Phc
12. Distance of next referral facility (Km)	10 km

<b>A.1 Demographic Details</b>	
17. Number of Villages	<b>9</b>
18. No. of Households	488
19. Total catchment Population	2930
20. Population who are 30 years of age and above	1084

<b>B. Physical Infrastructure</b>	
<b>Infrastructure Status and details</b>	<b>Availability</b>

97.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
98.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)		
99.	Availability of boundary Wall	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
100	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
101	OPD room	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
102	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
103	Availability of furniture:		
	Table	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Chairs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Almirah/Rack	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
104	Laboratory	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
105	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
106	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
107	Separate functional toilets for males and females	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
108	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
109	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
110	Electricity connection	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
111	Power back up	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
112	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
113	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
114	Provision of BMW management	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
115	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
116	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
117	Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> CHO	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> ANM

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

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

### C. Human Resource Availability

	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	0	0	2	2
3	MPW-M		0	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	0	0	3	3
4	Any other (If yes, specify)					

### D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases

Services	CHO (Yes/ No)	MPW (F) / (M) (Yes/ No)	ASHA (Yes/ No)
Maternal Health (ANC/PNC Care)	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasis)	Yes	Yes	Yes
NCD	Yes	Yes	Yes

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

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

	<input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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### E.2 Availability of Expanded Packages of Services

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

### F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	105  (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	67
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis  <input checked="" type="checkbox"/> Diabetes

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

Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	6
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 type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### **H. Information Technology & Teleconsultation**

Infrastructure (Availability)	<input type="checkbox"/> Tablet Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
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Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	
Total Teleconsultations in the last 01 month	0

I. Reporting	
<b>Online Platforms</b>	<b>Reporting</b>
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>J. Finance</b>			
<b>Renumeration &amp; Incentives</b>			
Timely disbursement of incentives to ASHAs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Timely disbursement of remuneration to CHOs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Facility funds</b>			
Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fund flow through other sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Specify any other fundsource:			
<b>Fund utilization</b>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
% NHM Fund utilized last year:	81,789.90	81,733	100%
Is untied fund being spent on following activities	<b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, specify <input type="checkbox"/> Electricity		

	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet <b>Regular purchase:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment <b>Payment of support/cleaning Staff:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>K. Governance</b>	
<b>Community-based platforms</b>	
Constitution of Jan ArogyaSamiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>L. Wellness Activities</b>	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input 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
Number of Wellness sessions conducted in Last month	.....10...
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial

Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months		18	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>			
1	Total number of outpatient department visits	752	
2	No. of PW registered for ANC	15	
3	No. of PW received 4 or more ANC check-ups	19	
4	Total number of institutional deliveries	0	
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	15	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	12	
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	33	
9	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	No. of presumptive TB patients identified	78	
	No. of TB patients diagnosed out of the presumptive patients referred	10	
	No. of TB patients taking treatment in the AAM	10	
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		<b>100%</b> <b>54%</b> <b>46%</b>
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Hypertension	121	4
			<b>Followed-up</b> 326

	Diabetes	121	0	67
	Oral Cancer	69	0	0
	Breast Cancer	37	0	0
	Cervical Cancer	0	0	0

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	<input 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	
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)

8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

### O. IPHS Compliance

1	Date of assessment using ODK tool kit	11-06-2024
2	Facility aggregate score using ODK Took kit	Less than 50%

### Appendix-List of equipment

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	Yes		Yes	
2	BP apparatus- Aneroid/ Sphygmomanometer	Yes		Yes	
3	Weighing machine Electronic	Yes		Yes	

4	Hemoglobinometer	<b>Yes</b>		<b>Yes</b>	
5	Glucometer	<b>Yes</b>		<b>Yes</b>	
6	Thermometer	<b>Yes</b>		<b>Yes</b>	
7	Baby weighing scale	<b>Yes</b>		<b>Yes</b>	
8	Stethoscope	<b>Yes</b>		<b>Yes</b>	
9	Near Vision chart	<b>Yes</b>		<b>Yes</b>	
10	Snellen vision chart				
11	Stadiometer	<b>Yes</b>		<b>Yes</b>	
12	Tuning fork				

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

**Date of Visit: 12-03-25**

<b>A. General Information</b>	
13. State	Assam
14. District Name	Dima Hasao
15. Block/Taluka Name	Urban Health Centre
16. Name of Facility	Digrik AAM
17. Type of Facility	Sub Centre
18. NIN of the facility	7552658887
19. No. of days in a week facility is operational	6 Days
20. OPD Timings	9:00 AM – 2:00 PM
21. Month & Year of AAM operationalization	
22. Accessible from nearest road head (Yes/No)	Yes
23. Next Referral Facility	Urban Health Centre
24. Distance of next referral facility (Km)	1.5 Km

<b>A.1 Demographic Details</b>	
21. Number of Villages	12
22. No. of Households	1098
23. Total catchment Population	5722
24. Population who are 30 years of age and above	2077

<b>B. Physical Infrastructure</b>	
<b>Infrastructure Status and details</b>	<b>Availability</b>

118	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
119	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
120	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
121	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
122	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
123	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
124	Availability of furniture: 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
125	Laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No
126	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
127	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
128	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
129	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
130	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
131	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
132	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
133	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
134	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
135	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
136	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
137	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
138	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

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

1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input 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 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

	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	1	1	1	1
3	MPW-M		1	1	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	4	0	0	0	0
4	Any other (If yes, specify) SW		1	1	0	0

### 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

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

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

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

**F. Essential medicines**

Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	37  (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	37
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension

	<input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" 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 checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input 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	
<b>G. Essential diagnostics</b>		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	8 (Total diagnostics at AAM-SC as per national EDLis 14)	

Total number of diagnostic tests available at AAM-SC	8
Mode of diagnostic services	<input 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 type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone

	<input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	
Total Teleconsultations in the last 01 month	54

II. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> FPLMIS	<input 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:	

K. Finance			
<b>Renumeration &amp; Incentives</b>			
Timely disbursement of incentives to ASHAs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Timely disbursement of renumeration to CHOs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Timely disbursement of renumeration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Facility funds</b>			
Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fund flow through other sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Specify any other fundsource:			
<b>Fund utilization</b>			
% NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	37000/-	37000/-	100 %
Is untied fund being spent on following activities		<b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		No	
		If yes, specify	
		<input type="checkbox"/> Electricity	
		<input checked="" type="checkbox"/> Drinking Water	

	<input checked="" type="checkbox"/> Internet <b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment <b>Payment of support/ cleaning Staff:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>K. Governance</b>	
<b>Community-based platforms</b>	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>L. Wellness Activities</b>	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Wellness sessions conducted in Last month	<u>11</u>
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		
Number of Village Health & Sanitation days conducted in last 6 months		6		
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits	<b>1085</b>		
2	No. of PW registered for ANC	<b>14</b>		
3	No. of PW received 4 or more ANC check-ups	<b>14</b>		
4	Total number of institutional deliveries	<b>0</b>		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>0</b>		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>12</b>		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>10</b>		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>12</b>		
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	32		
	No. of TB patients diagnosed out of the presumptive patients referred	1		
	No. of TB patients taking treatment in the AAM	1		
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		<b>110.3 %</b> <b>74 %</b> <b>26%</b>	
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>
	Hypertension	118	99	99
	Diabetes	1118	79	79
	Oral Cancer	1118	0	0
	Breast Cancer	459	0	0

	Cervical Cancer	0	0	0
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<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>	
1	Has there been an internal assessment for NQAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score 73.8
6	Patient Rights <input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services <input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control <input checked="" type="checkbox"/> Adherence to biomedical waste management <input 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 type="checkbox"/> Periodic reviews undertaken for quality assurance

### O. IPHS Compliance

1	Date of assessment using ODK tool kit	18/10/2024
2	Facility aggregate score using ODK Took kit	64 %

### Appendix-List of equipment

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	No			
2	BP apparatus- Aneroid/ Sphygmomanometer	Yes		Yes	
3	Weighing machine Electronic	Yes		Yes	
4	Hemoglobinometer	Yes		Yes	
5	Glucometer	Yes		Yes	
6	Thermometer	Yes		Yes	
7	Baby weighing scale	Yes		Yes	

8	Stethoscope	<b>Yes</b>		<b>Yes</b>	
9	Near Vision chart	<b>Yes</b>		<b>Yes</b>	
10	Snellen vision chart	<b>No</b>			
11	Stadiometer	<b>Yes</b>		<b>Yes</b>	
12	Tuning fork	<b>No</b>			

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

**Date of Visit: 12-03-25**

<b>A. General Information</b>	
25. State	Assam
26. District Name	Dima Hasao
27. Block/Taluka Name	Langting
28. Name of Facility	Wadrenghisa
29. Type of Facility	Ayushman Arogya Mandir
30. NIN of the facility	8738232753
31. No. of days in a week facility is operational	6 Days
32. OPD Timings	8:30 am 1: 30 PM
33. Month & Year of AAM operationalization	
34. Accessible from nearest road head (Yes/No)	No
35. Next Referral Facility	Maibang CHC
36. Distance of next referral facility (Km)	12 KM

<b>A.1 Demographic Details</b>	
25. Number of Villages	10
26. No. of Households	293
27. Total catchment Population	1359
28. Population who are 30 years of age and above	562

<b>B. Physical Infrastructure</b>	
<b>Infrastructure Status and details</b>	<b>Availability</b>
139 Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
140 If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
141 Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

142	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
143	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
144	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
145	Availability of furniture: 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
146	Laboratory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
147	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
148	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
149	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
150	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
151	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
152	Electricity connection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
153	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
154	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
155	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
156	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
157	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
158	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
159	Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

<b>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
Services	CHO (Yes/ No)	MPW (F) / (M) (Yes/ No)	ASHA (Yes/ No)
Maternal Health (ANC/PNC Care)	Yes	YES	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis )	Yes	Yes	Yes
NCD	Yes	Yes	Yes

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

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

	<input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix
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**E.2 Availability of Expanded Packages of Services**

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input 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- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	<b>32</b>  (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	<b>32</b>
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes

	<input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input 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 checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>G. Essential diagnostics</b>		

Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	3
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
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Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	e-Sanjeevani
Total Teleconsultations in the last 01 month	05

<b>III. Reporting</b>	
<b>Online Platforms</b>	<b>Reporting</b>
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>L. Finance</b>			
<b>Renumeration &amp; Incentives</b>			
Timely disbursement of incentives to ASHAs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Timely disbursement of renumeration to CHOs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Timely disbursement of renumeration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Facility funds</b>			
Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fund flow through other sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Specify any other fund source:			
<b>Fund utilization</b>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
% NHM Fund utilized last year:	37500	27000	72%
Is untied fund being spent on following activities	<b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, specify		

	<input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet <b>Regular purchase:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment <b>Payment of support/cleaning Staff:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>K. Governance</b>	
<b>Community-based platforms</b>  Constitution of Jan 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>L. Wellness Activities</b>	
Wellness sessions being held periodically  Availability of a trained instructor for wellness session  Health Days are celebrated as per the Wellness Activity Calendar  Number of Wellness sessions conducted in Last month	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  3
<b>ASHA Functionality</b>	

Status of availability of Functional HBNC Kits (weighing scale/digital thermometer/ blanket or warm bag)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months		24 No.	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>			
1	Total number of outpatient department visits	<b>167</b>	
2	No. of PW registered for ANC	<b>21</b>	
3	No. of PW received 4 or more ANC check-ups	<b>3</b>	
4	Total number of institutional deliveries	<b>3</b>	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>0</b>	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>11</b>	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>6</b>	
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>0</b>	
9	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	No. of presumptive TB patients identified	0	
	No. of TB patients diagnosed out of the presumptive patients referred	0	
	No. of TB patients taking treatment in the AAM	0	
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		<b>100%</b> <b>53%</b> <b>47%</b>
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Hypertension	1483	8
	Diabetes	1483	5
			<b>Followed-up</b>
			14
			10

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

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

		<input 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	10-11-2024
2	Facility aggregate score using ODK Took kit	42.07

### Appendix-List of equipment

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	Yes		Yes	
2	BP apparatus- Aneroid/ Sphygmomanometer	Yes		Yes	
3	Weighing machine Electronic	Yes		Yes	
4	Hemoglobinometer	Yes		Yes	

5	Glucometer	Yes		Yes	
6	Thermometer	Yes		Yes	
7	Baby weighing scale	Yes		Yes	
8	Stethoscope	Yes		Yes	
9	Near Vision chart	Yes		Yes	
10	Snellen vision chart	Yes		Yes	
11	Stadiometer				
12	Tuning fork				

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

**Date of Visit:- 13/03/25**

<b>A. General Information</b>	
37. State	ASSAM
38. District Name	DIMA HASAO
39. Block/Taluka Name	JATINGA VALLEY
40. Name of Facility	CHOTOWAPU AAM
41. Type of Facility	AAM
42. NIN of the facility	4767843511
43. No. of days in a week facility is operational	6
44. OPD Timings	8 AM- 2 PM
45. Month & Year of AAM operationalization	29/12/2023
46. Accessible from nearest road head (Yes/No)	YES
47. Next Referral Facility	GUNJUNG BPHC
48. Distance of next referral facility (Km)	8 KM

<b>A.1 Demographic Details</b>	
29. Number of Villages	11
30. No. of Households	538
31. Total catchment Population	1571
32. Population who are 30 years of age and above	581

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

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

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

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

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
Services	CHO (Yes/ No)	MPW (F) / (M) (Yes/ No)	ASHA (Yes/ No)
Maternal Health (ANC/PNC Care)	YES	YES	YES
Child Health (New Born Care/ HBNC/HBYC)	YES	YES	YES
Family Planning	YES	YES	YES
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis )	YES	YES	YES
NCD	YES	YES	YES

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

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

	<input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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**E.2 Availability of Expanded Packages of Services**

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

**F. Essential medicines**

Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	<b>31</b>  (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	<b>17</b>
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 type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" 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 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 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	
<b>G. Essential diagnostics</b>		

Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	8
Mode of diagnostic services	<input type="checkbox"/> In-house <input type="checkbox"/> PPP <input checked="" type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
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Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	
Total Teleconsultations in the last 01 month	36

IV. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	Sicle cell, ANMOL, U-WIN

<b>M. Finance</b>				
<b>Renumeration &amp; Incentives</b>				
Timely disbursement of incentives to ASHAs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Timely disbursement of renumeration to CHOs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Timely disbursement of renumeration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Disbursement of performance-based incentives to CHO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Facility funds</b>				
Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fund flow through other sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Specify any other fund source:				
<b>Fund utilization</b>		Funds received	Expenditure	% Expenditure
% NHM Fund utilized last year: (2023-24)		(Amt in Rs.)	(Amt in Rs.)	
		37392	37392	100%
Is untied fund being spent on following activities		<b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, specify		

	<input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet <b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment <b>Payment of support/cleaning Staff:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**K. Governance**

<b>Community-based platforms</b>	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**L. Wellness Activities**

Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input 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
Number of Wellness sessions conducted in Last month	.....12

**ASHA Functionality**

Status of availability of Functional HBNC Kits (weighing scale/digital thermometer/ blanket or warm bag)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months		12	
<b>M. Service delivery Output Indicators (Data of previous quarter) (April-Jan)</b>			
1	Total number of outpatient department visits	<b>1632</b>	
2	No. of PW registered for ANC	<b>11</b>	
3	No. of PW received 4 or more ANC check-ups	<b>12</b>	
4	Total number of institutional deliveries	<b>0</b>	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	<b>5</b>	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>18</b>	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>20</b>	
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	<b>0</b>	
9	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	No. of presumptive TB patients identified	165	
	No. of TB patients diagnosed out of the presumptive patients referred	0	
	No. of TB patients taking treatment in the AAM	0	
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		<b>CBAC= 601</b> <b>&lt;4= 232</b> <b>&gt;4= 369</b>
11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Hypertension	601	16
	Diabetes	601	6
			<b>Followed-up</b>
			44
			21

	Oral Cancer	601		
	Breast Cancer	12		
	Cervical Cancer	0		

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input 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	01.10.24
2	Facility aggregate score using ODK Took kit	63.66

### Appendix-List of equipment

S. No.	Equipment	Available	Not available	Functional	Not functional
1	BP apparatus- Digital/ Sphygmomanometer	Yes		Yes	
2	BP apparatus- Aneroid/ Sphygmomanometer	Yes		Yes	
3	Weighing machine Electronic	Yes		Yes	
4	Hemoglobinometer	Yes		Yes	

5	Glucometer	<b>Yes</b>		<b>Yes</b>	
6	Thermometer	<b>Yes</b>		<b>Yes</b>	
7	Baby weighing scale	<b>Yes</b>		<b>Yes</b>	
8	Stethoscope	<b>Yes</b>		<b>Yes</b>	
9	Near Vision chart	<b>Yes</b>			
10	Snellen vision chart	<b>No</b>			
11	Stadiometer	<b>Yes</b>		<b>Yes</b>	
12	Tuning fork	<b>No</b>			

## Annexure VI

### Field Monitoring Format - Community Level

<b>Date of Visit</b>	
<b>Name of Village/ Slum visited</b>	<b>Wadrenghisa Bazar</b>
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name: Wadrenghisa</i> <i>Facility type: AAM</i> <i>Distance: 10km</i>
<b>Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Accessible from nearest road</b>	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No

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

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

<p><b>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.,) Reasons, thereof.</b></p>	<p><i>staff, free of cost services, trust on the provider.</i></p>	<p>(AAM-SHC/ PHC/ UPHC/ UAAM),</p>		
		<p>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</p>		
		<p>AYUSH practitioners.</p>		
		<p>Self (home remedies)</p>		

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

<p><b>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</b></p>	<p><b>May use local terms as recognized by the community</b></p>	<p>Yes, Last One Year.</p>
<p><b>How long has it been there?</b></p>	<p><b>Services may include:</b>  RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</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>Greater than One Year</p>	
<p><b>Topic: Accessibility to primary healthcare services</b></p>			
<p><i>How do you access the facility from your residence?</i></p>	<p><i>Probes: Walk to the facility</i></p> <p><i>Use public transport</i></p> <p><i>Use personal transport</i></p>	<p>Public Transport</p>	
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p><b><i>Barriers may include:</i></b></p> <p><i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p>	<ul style="list-style-type: none"> <li>• <i>√Geographical barriers</i></li> <li>• <i>structural barriers within the facility or its premises</i></li> <li>• <i>financial barriers</i></li> <li>• <i>socio-cultural barriers</i></li> <li>• <i>Others, (please specify):.....</i></li> </ul>	
<p><i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/ visits?</i></p>			<p>All the Villagers are co-operative During the Camp .</p>
<p><b>Topic: Availability of primary health care infrastructure and services</b></p>			
<p><i>What are your opinions on the</i></p>	<p><b><i>Probes</i></b></p> <p><i>- Condition of the building</i></p>	<p><b>Infrastructure and services</b></p>	<p><b>Response</b></p>

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

<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>NA</p>
<p><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Referred to Higher Facility.</p>
<p><b>Topic: Acceptability of healthcare services</b></p>		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p><b>Probe:</b> Adequate skills and knowledge</p>	<p>yes</p>
<p><i>Do you feel that the primary healthcare facility uses <u>innovative methods or technology</u> for delivering healthcare?</i></p>	<p><b>Innovative may include</b> painless, time-saving or cost-saving methods or technology</p> <p><b>Alternate phrasing:</b> Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social,</u></p>	<p>No</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><u>psychological, physical or financial distress.</u></p>	<p>Yes</p> <p>No</p>
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**Topic: Appropriateness of primary healthcare services delivered through AAM**

<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>	<p><i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe: To share some insights</i></p>	<p>Skin Infection, Fever</p> <p>Yes</p> <p>Yes</p>
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<b>Topic: Community's involvement / participation</b>		
<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and your contribution</i></p>	<p><b>Probes</b></p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>
<b>Topic: Unmet Needs</b>		
<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><b>Topic: Quality of Care provided through the primary healthcare facility</b></p>		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the</i></p>	<p><b><i>Probes</i></b></p> <ul style="list-style-type: none"> <li>- <i>Provider behaviour/ attitude</i></li> <li>- <i>Waiting time</i></li> <li>- <i>Cleanliness of the premises</i></li> <li>- <i>Provision for Grievance redressal and escalation</i></li> <li>- <i>Practice of soliciting and implementing feedback</i></li> <li>- <i>Right diagnosis</i></li> <li>- <i>Accuracy of diagnostic tests done at the facility</i></li> <li>- <i>Effectiveness of medicines dispensed at the facility</i></li> </ul>	

<i>services provided at the facility?</i>		
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**Summary:**

Key Challenges Observed	Root Cause
<p>Road Connectivity is not good.</p> <p>The sub center is very far from the village.</p> <p>It would be better if it inside the village.</p> <p>Electricity &amp; water connection required.</p>	