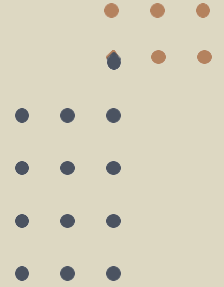


FEBRUARY, 2025

A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE

# NATIONAL HEALTH MISSION

EAST KARBI ANGLONG, ASSAM



Submitted by:  
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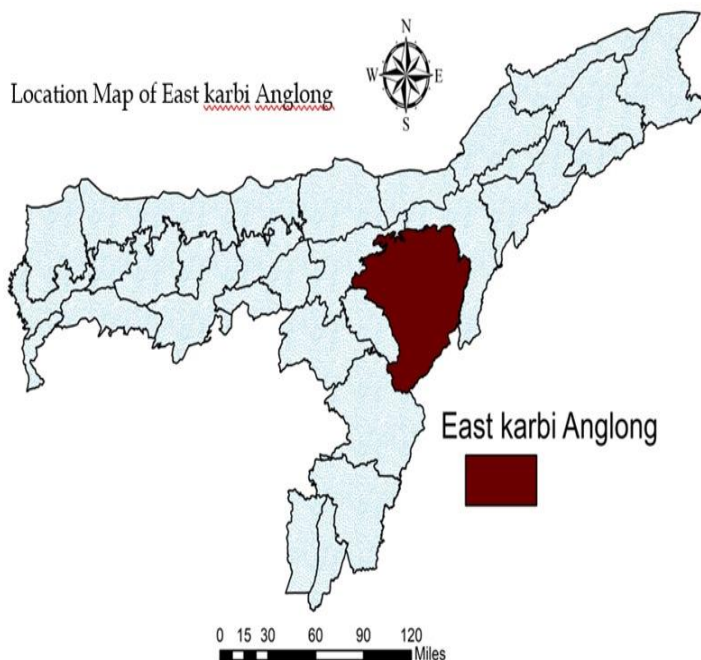
POPULATION RESEARCH CENTRE  
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DELHI

# EAST KARBI ANGLONG, ASSAM



## Introduction

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



The findings are based on field visits conducted by the PRC-IEG team, comprising Dr. Priyanka Yadav and Ms. Pragya Shree to various public healthcare facilities. These include CHC Bokajan; CHC Howraghat; PHC Dillai; MPHC Dokmoka; PHC Rajapathar; UPHC Diphu; AAM SHC Amrajan Garampani; AAM SHC Cherakani; AAM SHC Manikpur and UAAM Taralungso.

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

# EAST KARBI ANGLONG, ASSAM



## *Key Findings and Observations from the District:*

- ❖ **Lack of Human Resource and Shortage of Equipment's:** The district lacks sufficient medical officers and specialists at the PHC and CHC levels. To meet demographic requirements, more ASHAs are needed, despite AAM SHCs having an adequate workforce. Additionally, most facilities do not have functional X-ray and USG services.
- ❖ **Infrastructure Maintenance and Civil work:** For a longer period of time, the facility's civil work requirements are ignored and unaddressed. Most of the facilities do not have proper boundary wall. There are issues of Space shortage. Most of the facilities don't have proper power back up. There is shortage of staff quarter.
- ❖ **Public health financing:** Funds are allotted periodically to all the facilities as per the guidelines. The facilities utilize the fund to the maximum. The fund utilization percent is above 95% among all the facilities.
- ❖ **AAM Services:** The Sub Centres and Primary Health Centres have been converted to Ayushman Arogya Mandirs (AAM). AAM SHCs successfully deliver majority of the Comprehensive Primary Healthcare (CPHC) packages. Majority of the AAM SHC are also not delivery points. However, due to a paucity of medical officers in PHCs, services are confined to basic care such as regular births, family planning, and OPD, with just a few CPHC packages being implemented.
- ❖ **NCD Screening:** NCD screening is provided at all levels of care, including CHC, PHC, SHC. PHCs and SHCs primarily treat hypertension and diabetes. Oral, Breast Cancer are only screened and suspected cases are referred to higher facilities whereas in case of Cervical cancer in absence of proper training and infrastructure it remains unscreened at most of the facilities.
- ❖ **Drugs and Diagnostics:** Drug availability is generally satisfactory across all visited facilities. Although some medicines were temporarily out of stock at CHC and PHC levels, they were promptly restocked. Essential medicines were fully available at all levels.

# EAST KARBI ANGLONG, ASSAM



- ❖ **Status of Maternal Health and Health Outcomes:** The district performs well in ANC coverage. C-sections are conducted only at the CHC level, while most SHCs do not provide delivery services. PHCs handle only normal deliveries but lack C-section services due to a shortage of specialists and staff. Family planning services are widely utilized, with oral pills and Condoms being the most common method. However, the acceptance of IUCD and PPIUCD remains low, highlighting the need to raise community awareness.
- ❖ **Child health and Immunization:** The district performs well in child health and nutritional indicators, with good immunization coverage. Despite being a tribal area, public awareness of immunization and nutrition is relatively high.
- ❖ **Data reporting:** Data reporting is consistently updated across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya). However, the quality of physical reporting is inconsistent and needs improvement to align with digital reporting standards.
- ❖ **Teleconsultation services:** Teleconsultation services are available at most of the facilities. The hub of teleconsultation is the Diphu Medical College. Major cases of teleconsultation include fever, hypertension, skin disease, cough etc.
- ❖ **Quality Programs:** Quality programs such as Kayakalp, NQAS and LaQshya are actively implemented in the district. In most of the facility's internal assessment under NQAS were done. Several facilities are NQAS and Kayakalp certified. Also, many facilities are preparing for the NQAS certification.
- ❖ **Community Interaction:** Community feedback shows a significant reliance on public health facilities. However, there is need to upgrade the facilities for better services. There is an utmost requirement of more District Hospital or Medical College in the district as patient from near by districts also come to the medical college, thus, creating pressure on the limited resources.

# EAST KARBI ANGLONG, ASSAM



## *District Health Facility Assessment*

### **CHC Bokajan**

CHC Bokajan is a rural Community Health Centre located in the Bokajan block of East Karbi Anglong District of Assam. The list of services available at the centre are 24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Medicine, Obstetrics & Gynaecology, General Surgery, USG, Referral, Medicare, Specialist. The facility is 30 bedded. The OPD timing is from 8.30 AM to 02:00PM. There is no blood storage unit available in the facility. USG service is not available in the CHC. No major Specialist available in the facility. There is no Dentist or Dental Assistant available in the facility. The facility is not NQAS certified. The facility has received Commendation Prize under Kayakalp. However internal assessment has been done for NQAS. 123 drugs were available on the day of visit. 36 types of In-house and 6 types of Outsourced tests are performed in the facility. Both Normal and C-Section deliveries are performed in the facility. The JSY Payment to the beneficiaries is up to date. The most prevalent Contraception method are Condom and OCPs. The facility is well maintained following all SOPs of BMW. IEC were displayed. HR shortage also effects the functionality of the CHC.

### **CHC Howraghat**

CHC Howraghat is a rural Community Health Centre located in the Howraghat block of East Karbi Anglong District of Assam. The list of services available at the centre are 24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Medicine, Obstetrics & Gynecology, General Surgery, USG, Referral, Medicare, Specialist. The facility is 30 bedded. The OPD timing is from 8.30 AM to 01:30PM. There is no blood storage unit available in the facility. USG service is not available in the CHC. No major Specialist available in the facility. There is no Dentist or Dental Assistant available in the facility. The facility is not NQAS certified. The facility has received Commendation Prize under Kayakalp. However internal assessment has been done for NQAS. 124 drugs were available on the day of visit. 27 types of In-house and 47 types of Outsourced tests are performed in the facility. Both Normal and C-Section deliveries are performed in the facility. HR shortage also effects the functionality of the CHC. Old building, need renovation. Water logging issue. No ambulance in the facility.

# EAST KARBI ANGLONG, ASSAM

## PHC Dillai SD

AAM- PHC Dillai SD is a 24\*7 functional facility. The facility faces several challenges, including the absence of IPD beds and a shortage of human resources such as dentists, MPWs (M), dressers, and data entry operators. Additionally, medical officers lack training in RMNCHA+ as well as communicable and non-communicable diseases. There is no teleconsultation service available, and the facility has only a partial boundary wall. Furthermore, staff quarters require maintenance to improve living conditions.

## MPHC Dokmoka

MPHC Dokmoka serves as a crucial healthcare facility, providing essential medical services to the local population all seven days in a week. The facility is Kayakalp certified and have also won Commendation prize. The centers offer outpatient consultations, maternal and child health services, immunizations, and basic emergency care. The facility faces a shortage of human resources, including dentists, MPWs (M & F), dressers, and data entry operators. Additionally, X-ray services are not available, and the boundary wall remains incomplete.



# EAST KARBI ANGLONG, ASSAM

## PHC Rajapathar

AAM PHC Rajapathar is functional all seven days in a week. The facility has partial boundary wall. There is unavailability of complete power back up and water filter. Lack of training of MO, Staff Nurse, MPW (M) and ASHA on Expanded CPHC packages. There is no regular Doctor in the facility. 1 Lab Technician and 1 Staff Nurse is needed. There is requirement of IEC material. The facility lags in providing X-ray and USG facility.

## UPHC Diphu

The facility is a six-day functional with a total catchment population of 44000. There is unavailability of IPD beds. The facility has issue of space, however there is requirement of more rooms for proper functioning. Shortage of HR is visible, requirement of ANM, Data entry operator, BPM. Kit based diagnostic tests are available.



# EAST KARBI ANGLONG, ASSAM

## AAM- SHC Amarajan Garampani

The facility faces several challenges, including the absence of power backup and residential quarters for staff. Screening for cervical cancer and mental health is not conducted, and deliveries are not performed. While teleconsultation services are available, the facility struggles with space constraints and lacks a permanent boundary wall, relying instead on bamboo fencing. Additionally, there is a need for one ANM to enhance healthcare services.



# EAST KARBI ANGLONG, ASSAM

## AAM- SHC Cherakani

The facility faces several infrastructural and service-related challenges, including the absence of a boundary wall, separate toilets for males and females, and a shortage of running and drinking water. Additionally, there is no electricity or power backup, and no residential quarters for staff. Screening for cervical cancer and mental health is not conducted; however, teleconsultation services are available.

## AAM-SHC Manikpur

The facility faces several challenges, including the absence of power backup and residential quarters for staff, as well as the need for a permanent boundary wall and cleaning staff. Despite these issues, the facility has achieved recognition as a Kayakalp winner. No institutional deliveries are conducted in the facility.



# EAST KARBI ANGLONG, ASSAM



## UAAM-SHC Taralangso

The facility faces challenges such as a lack of training for medical officers and staff nurses in the Expanded CPHC package, and the absence of cervical cancer and mental health screening. Additionally, delivery services are not available; however, teleconsultation services are provided.

### **Recommendations:**

- 1. Providing Human Resource as per IPHS norms:** In order to provide better services sanctioned amount of HR should be deployed. The issue of shortage of Specialist and Medical Officers should be addressed. The shortage of cleaning staff is a major problem in the district.
- 2. Upgradation of the facilities:** There is a high urgency of upgrading the infrastructure of the facilities of the district. The basic infrastructure such as water, electricity, boundary wall, toilet facilities should be available at the facility.
- 3. Training on Complete CPHC Package:** The CHOs and MOs have not received all the complete 12 package training, most of the staff have received only 7 or 8 modules only. Therefore, in order to strengthen the PHCs and SCs there is need to train all the staff with complete modules.
- 4. Awareness on Family Planning:** There is a requirement of bringing more awareness about the family planning methods in the district. Prevalence of IUD and PPIUCD is very less and there is a need to increase it.
- 5. Improving Delivery Services:** Most of the facilities are capable of handling delivery services. There is need to strengthen the staff by providing proper training and start the services

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

Urban/ Rural: Rural

Date of Visit: 11-02-2025

General Information	
Name of facility visited	CHC Bokajan
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: Diphu Medical College/ Dimapur Civil Hospital  Distance: 65 km/ 15 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board  08:30 AM to 02:00 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)	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input 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	24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Medicine, Obstetrics & Gynaecology, X-ray, Referral, Medicare, Specialist			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	Yes		
	2	O&G	No		
	3	Pediatric	No		
	4	General Surgery	No		
	5	Anesthesiology	No		
	6	Ophthalmology	No		
	7	Dental	No		
	8	Imaging Services (X-ray)	Yes		

A. INFRASTRUCTURE			Means of Verification
Indicator	INFRASTRUCTURE		
	9	Imaging Services (USG)	No
	10	Newborn Stabilization Unit	Yes
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input checked="" type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		As reported
<ul style="list-style-type: none"> <li>If Yes, Mention the specialists available 24*7</li> </ul>	<input checked="" type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:		As reported
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Observation: Verify if triage area is marked
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, average number of teleconsultations per day for the last month  If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input 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 checked="" type="checkbox"/> Other System, if any: (Specify) Municipal	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> <li>Quality/strength of internet connection: <u>Good</u></li> </ul>	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		3	3	2	2
	Specialists	Medicine	-	-	1	1
		Ob-Gyn	-	-	-	-

	Pediatrician	-	-	-	-
	Anesthetist	-	-	-	-
	Dentist		-	-	-
	SNs/ GNMs	14	14	-	-
	LTs	4	4	1	1
	Pharmacist	2	2	1	1
	Dental Assistant/ Hygienist	-	-	-	-
	Hospital/ Facility Manager	-	-	-	-
	EmOC trained doctor	-	-	-	-
	LSAS trained doctor	-	-	-	-
	Others	-	-	-	-

<b>C. QUALITY PROGRAMMES</b>		<b>Means of verification</b>
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 78.6 Award received:  Winner <input type="checkbox"/>  Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal  Internal/State Facility score: Certification Status: No	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
--	--	----------------------

	If yes, total number of drugs in EDL_125_____	
	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) _123_____	

17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, Check software
	If other, which one _____	

18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Anti fungal powder	As reported, check DVDMS,	
	2	Hydrochloro hygiene	E-aushadhi, etc.	
	3			
	4			
	5			

19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage  In last 6 months, how many times there was a shortage __ No __	As reported  Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	Timing: 08:00 to 02:00 PM  Total number of tests available against Essential Diagnostic tests list for CHC _36_____	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: 08:00 to 02:00 PM  Total number of tests Provided by PPP Provider _6_____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, type & no. of functional X-ray machine is available in the hospital: 1  Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – ( <a href="https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf</a> ))		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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: <u>  72  </u>  No. of C-sections performed in last month: <u>    0    </u>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: Good  OT: Minor 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	<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: <b>Jan 2025</b></p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay: Account issue</p>	Verify from JSY status report
28. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p>	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 checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0	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 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	935	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	72	Verify BF records
39. Number of sterilizations performed in last one month	No service	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/>  Staff Nurse <input type="checkbox"/>  Medical Officer <input type="checkbox"/>  Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	OCP, Condom	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software

44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: __ Counsellor __  Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register																									
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register																									
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No																										
47. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th data-bbox="837 1167 1086 1335">NCD</th> <th data-bbox="1086 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="837 1335 1086 1413">a. Hypertension</td> <td data-bbox="1086 1335 1161 1413">490</td> <td data-bbox="1161 1335 1257 1413">88</td> <td data-bbox="1257 1335 1401 1413">88</td> </tr> <tr> <td data-bbox="837 1413 1086 1451">b. Diabetes</td> <td data-bbox="1086 1413 1161 1451">488</td> <td data-bbox="1161 1413 1257 1451">58</td> <td data-bbox="1257 1413 1401 1451">58</td> </tr> <tr> <td data-bbox="837 1451 1086 1489">c. Oral Cancer</td> <td data-bbox="1086 1451 1161 1489">487</td> <td data-bbox="1161 1451 1257 1489">0</td> <td data-bbox="1257 1451 1401 1489">0</td> </tr> <tr> <td data-bbox="837 1489 1086 1563">d. Breast Cancer</td> <td data-bbox="1086 1489 1161 1563">213</td> <td data-bbox="1161 1489 1257 1563">0</td> <td data-bbox="1257 1489 1401 1563">0</td> </tr> <tr> <td data-bbox="837 1563 1086 1637">e. Cervical Cancer</td> <td data-bbox="1086 1563 1161 1637">-</td> <td data-bbox="1161 1563 1257 1637">-</td> <td data-bbox="1257 1563 1401 1637">-</td> </tr> </tbody> </table>			NCD	Screened	Confirmed	NCD Register	a. Hypertension	490	88	88	b. Diabetes	488	58	58	c. Oral Cancer	487	0	0	d. Breast Cancer	213	0	0	e. Cervical Cancer	-	-	-
NCD	Screened	Confirmed	NCD Register																								
a. Hypertension	490	88	88																								
b. Diabetes	488	58	58																								
c. Oral Cancer	487	0	0																								
d. Breast Cancer	213	0	0																								
e. Cervical Cancer	-	-	-																								
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Verify from IDSP reporting records																										
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  As reported, Observation																										

	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 2318__	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 __ 481 __	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 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	DBT/Nikshay Report

	the last 6 months: By district no record in CHC.	
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 0</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance: Frequently</p>	Facility Register/Records for leprosy
<b>F. RECORDS, FINANCE, OTHERS</b>		
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Malaria cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Palliative cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	Respective records
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 15337972</p> <p>Fund utilized last year: 15337972</p>	Facility FMR
	Fund in prev. FY	

	Received	Utilized	% Utilization
			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)	22 Nov 2024		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 checked="" 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: 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: 326 Types of cases referred out: Casualty	Referral Out register

**Key challenges observed in the facility and the root causes**

Challenge	Root causes
a) Need specialist doctors Requirement of Gynaecologist  No proper store room  Space issue  No regular cook but have kitchen  Need ambulance driver for regular  Need x ray digital machine  No CR system  No USG  Security issue  No family planning counsellor  No boundary wall / have partial boundary  Need renovation of staff quarter/ need new building.	Shortage of HR

b) Shortage of ANM	

<b>Remarks &amp; Observations (Write in Bullets within 100-300 words)</b>
<p>CHC Bokajan is a rural Community Health Centre located in the Bokajan block of East Karbi Anglong District of Assam. The list of services available at the centre are 24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Medicine, Obstetrics &amp; Gynaecology, General Surgery, USG, Referral, Medicare, Specialist. The facility is 30 bedded. The OPD timing is from 8.30 AM to 02:00PM. There is no blood storage unit available in the facility. USG service is not available in the CHC. No major Specialist available in the facility. There is no Dentist or Dental Assistant available in the facility. The facility is not NQAS certified. The facility has received Commendation Prize under Kayakalp. However internal assessment has been done for NQAS. 123 drugs were available on the day of visit. 36 types of In-house and 6 types of Outsourced testss are performed in the facility. Both Normal and C-Section deliveries are performed in the facility. The JSY Payment to the beneficiaries is up to date. The most prevalent Contraception method are Condom and OCPs. The facility is well maintained following all SOPs of BMW. IEC were displayed. HR shortage also effects the functionality of the CHC.</p>

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

Urban/ Rural: Rural

Date of Visit: 10-02-2025

General Information	
Name of facility visited	CHC Howraghat
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: DIPHU medical College  Distance: 16 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board  08:30 AM to 01:30 PM	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
3. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  Excellent	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	24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Medicine, Obstetrics & Gynaecology, General Surgery, X-ray, USG, Referral, Medicare, Specialist.			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		
	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)	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 checked="" type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			As reported	
<ul style="list-style-type: none"> <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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Observation: Verify if triage area is marked	
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, average number of teleconsultations per day for the last month  If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input type="checkbox"/> No			Tele-medicine records register/ e-Sanjeevani Portal	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes,  Major OT <input 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) Municipal Corporation	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: ___ Good _____	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		4	4	1	1
	Specialists	Medicine	-	-	-	-

	Ob-Gyn	-	-	-	-
	Pediatrician	-	-	-	-
	Anesthetist	-	-	-	-
	Dentist		-	-	-
	SNs/ GNMs	7	7	1	1
	LTs	2	2	1	1
	Pharmacist	2	2	2	2
	Dental Assistant/ Hygienist	-	-	-	-
	Hospital/ Facility Manager	-	-	-	-
	EmOC trained doctor	3	3	-	-
	LSAS trained doctor	-	-	-	-
	Others Optha assistant	5	5	-	-

<b>C. QUALITY PROGRAMMES</b>		<b>Means of verification</b>
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 76 Award received:  Winner <input type="checkbox"/>  Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal Internal/State Facility score: 60 to 70 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	
<b>D. DRUGS AND DIAGNOSTICS</b>		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed
	If yes, total number of drugs in EDL_160_  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) __124__	
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one_____	Observation, Check software
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	As reported, check DVDMS,
	2	E-aushadhi, etc.
	3	
	4	
	5	
19. Availability of Essential Consumables:	<input 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 __ 0 __	Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	Timing: 08:30 AM to 01:30 PM  Total number of tests available against Essential Diagnostic tests list for CHC <u>27</u>	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 01:30 PM  Total number of tests Provided by PPP Provider <u>47</u>	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, type & no. of functional X-ray machine is available in the hospital:  1  Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL  <input type="checkbox"/> Free for elderly  <input type="checkbox"/> Free for JSSK beneficiaries	As reported

	<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: _43_____ No. of C-sections performed in last month: _0_____	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: Good  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

<p>27. Status of JSY payments</p>	<p>Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay: (Average for how many days/patients)</p> <p>Payment done till: 6 Feb 2025</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p>
<p>28. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p>	<p>As reported/As Displayed in Maternity Ward</p>

	<input checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	
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 checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 0	Maternal Deaths

	Current year: 0	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	152	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	42	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	Antara	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	Observation, check AFHC register

	adolescents: __ Health supervisor  Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	597	145	145
	b. Diabetes	597	116	116
	c. Oral Cancer	0	0	0
	d. Breast Cancer	0	0	0
	e. Cervical Cancer	-	-	-
48. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input checked="" 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) _950_____	DBT/Nikshay Report		

	<p>If anti-TB drugs available at the facility: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	DBT/Nikshay Report
	<p>Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months <u>  0  </u></p>	DBT/Nikshay Report
	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Investigations within public sector for other tests? <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Outsourced testing? <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p>	As reported
	<p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	DBT/Nikshay Report
	<p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 100%</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 10</p>	Facility Register/Records for leprosy

	<p>Out of those, how many are having Gr. II deformity: 2</p> <p>Frequency of Community Surveillance: Every month</p>	
<b>F. RECORDS, FINANCE, OTHERS</b>		
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases):  <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>TB Notification Registers:  <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Malaria cases: <input checked="" type="checkbox"/>Yes/  <input type="checkbox"/>No</p> <p>Palliative cases: <input checked="" type="checkbox"/>Yes/  <input type="checkbox"/>No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/  <input type="checkbox"/>No</p> <p>Leprosy cases: <input checked="" type="checkbox"/>Yes/  <input type="checkbox"/>No</p>	Respective records
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 25529549</p> <p>Fund utilized last year: 25521976</p>	Facility FMR
	Fund in prev. FY	
	Utilized	% Ut
	List out Items/ Activities whose expenditure is met	RKS Register

	<p>out of the RKS/ Untied Fund regularly:</p> <p>RKS fund 5 lac Used in minor expenses and small maintenance and renovation.</p>	
	<p>Reasons for underutilization of fund (if any)</p>	<p>Staff review</p>
<p>53. Status of data entry in (match with physical records)</p>	<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>	<p>Check respective portals at the facility wrt last entries</p>
<p>54. Frequency of RKS meeting (check and obtain minutes of last meeting held)</p>	<p>2 Dec 2024</p>	<p>RKS Register</p>
<p>55. Availability of ambulance services in the area</p>	<p><input type="checkbox"/>CHC own ambulance available</p> <p><input type="checkbox"/>CHC has contracted out ambulance services</p> <p><input checked="" type="checkbox"/>Ambulances services with Centralized call centre</p> <p><input type="checkbox"/>Government ambulance services are not available</p>	<p>As reported</p>
	<p>Comment (if any):</p>	

<ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: 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: 37 Types of cases referred out: HRP, Accidental cases, HT  18 ANC cases and 19 General cases	Referral Out register

<b>Key challenges observed in the facility and the root causes</b>	
<b>Challenge</b>	<b>Root causes</b>
a) Need more regular doctors and specialist.	
b. Old building more than 40 to 50 yrs. Kayakalp not maintained  Water logging issue	
c. No ambulance	

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

CHC Howraghat is a rural Community Health Centre located in the Howraghat block of East Karbi Anglong District of Assam. The list of services available at the centre are 24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Medicine, Obstetrics & Gynaecology, General Surgery, USG, Referral, Medicare, Specialist. The facility is 30 bedded. The OPD timing is from 8.30 AM to 01:30PM. There is no blood storage unit available in the facility. USG service is not available in the CHC. No major Specialist available in the facility. There is no Dentist or Dental Assistant available in the facility. The facility is not NQAS certified. The facility has received Commendation Prize under Kayakalp. However internal assessment has been done for NQAS. 124 drugs were available on the day of visit. 27 types of In-house and 47 types of Outsourced tests are performed in the facility. Both Normal and C-Section deliveries are performed in the facility. The JSY Payment to the beneficiaries are up to date. The most prevalent Contraception method are Condom and OCPs. The facility is well maintained following all SOPs of BMW. IEC were displayed.. HR shortage also effects the functionality of the CHC. Old building, need renovation. Water logging issue. No ambulance in the facility.

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

**Urban /Rural: Rural**

**Date of Visit: 11-02-2025**

<b>A. General Information</b>	
1. State	Assam
2. District Name	East Karbi Anglong
3. Block/Taluka Name	Bokajan
4. Name of Facility	PHC Dillai SD
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	6846321484
7. No. of days in a week facility is operational	24*7
8. OPD Timings	08:30 AM to 01:30 PM
9. Month & Year of operationalization of AAM	01/11/2024
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Diphu Medical College
13. Distance of next referral facility (in Km)	22 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
1. Number of Villages/Wards	<b>35</b>
2. No. of Households	1308
3. Total catchment Population	6778
4. Population who are 30 years of age and above	1830

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

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

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

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

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

# For PHC sub centre-Co-located

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>				
<b>Services</b>	<b>MO (MBBS) (Y/N)</b>	<b>Staff Nurse (Y/N)</b>	<b>MPW (F) / (M) (Y/N)</b>	<b>ASHA (Y/N)</b>
Maternal Health (ANC/PNC Care)	No	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	No	Yes	Yes	Yes
Family Planning	No	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	No	Yes	Yes	Yes
NCD	No	Yes	Yes	Yes
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)	NO	NO	NO	NO	NO	NO
Staff Nurse	NO	NO	NO	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.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
<b>Communicable diseases</b>	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input 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
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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>112</p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>112</p>
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> Tuberculosis</p>

		<input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input 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	34
4	Number of tests Provided through In House Mode	34
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

I. Wellness Activities			
Wellness sessions being held periodically 7 Feb, 2025		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Availability of a trained instructor for wellness session		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Governance			
Constitution of Jan Arogya Samiti 17 Jan 2025		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic JAS meetings in the last 6 months		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minutes of meeting maintained		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic VHND sessions undertaken		<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> IHIP		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> HMIS		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FPLMIS		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> DVDMS		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nikshay		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	

	Untied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Other Sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Fund utilization</b>			
<b>NHM Fund/untied funds utilized during last year:</b>  <b>2023-24 Untied 175000/- used all</b>  <b>2024-25 175000/- balance 87500/-</b>  <b>2023-24 NHM Fund 1576751/- used all</b>  <b>2024-25 NHM Fund 1670670/-</b>	Funds received <b>(Amount in Rs.)</b>	Expenditure <b>(Amount in Rs.)</b>	% Expenditure
	1751751	1751751	100%
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, specify; <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet  Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment  Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Status of JSY Payments</b>	Payment done till (month/ year) Feb 2025		

	<p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<b>Availability of JSSK entitlements</b>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <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 type="checkbox"/> Free drugs and consumables</p> <p><input 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 type="checkbox"/> No user charges</p>

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	1111
2	No. of PW registered for ANC	32
3	No. of PW received 4 or more ANC check-ups	38
4	Total number of institutional deliveries	100
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	6
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	56
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	37
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	9		
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			
	No. of TB patients diagnosed out of the presumptive patients referred			
	No. of TB patients taking treatment in the AAM			
12	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
<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	2192	72	11
	Diabetes	2192	41	5
	<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 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 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 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 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	12 June 2024

2	Facility aggregate score using ODK Took kit	49.69

Remarks & Observations	
<b>Infrastructure</b>	
Space issue	
Partial boundary wall	
Lack of HR	
Only 1 MO	
Need maintenance of staff quarter	
Stabilizer issue	
Only 108 ambulance available	
Old buildings	
<b>HRH</b>	
<b>IEC</b>	
<b>Expanded service Packages</b>	
A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.	
<b>IT System</b>	
Any Other	

#### Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope				
3	Radiant Warmer	Yes		Yes	
4	Pulse Oximeter-Finger Tip	Yes		Yes	

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

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

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

**Urban /Rural: Rural**

**Date of Visit: 10-02-2025**

<b>A. General Information</b>	
1. State	Assam
2. District Name	East Karbi Anglong
3. Block/Taluka Name	Howraghat
4. Name of Facility	MPHC Dokmoka
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	7233628382
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	08:30 AM to 02:30 PM
9. Month & Year of operationalization of AAM	08-12-2020
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Diphu medical college
13. Distance of next referral facility (in Km)	80 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
1. Number of Villages/Wards	19
2. No. of Households	1860
3. Total catchment Population	6568
4. Population who are 30 years of age and above	1023

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

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

16.	Others (Specify)		3	3	-	-
17.	Whether all essential HRH available as per IPHS 2022					

\*Desirable

# For PHC sub centre-Co-located

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

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

<b>E.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
<b>Communicable diseases</b>	<input 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines		
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  <i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	<i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>
2	Total number of medicines available at AAM-PHC/UPHC	125

3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever																		
4	Medicine categories with shortfall/stockouts on the day of assessment	<table border="0"> <tr> <td><input type="checkbox"/> Oral Contraceptives</td> <td><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Analgesics / NSAIDs)</td> <td><input type="checkbox"/> Anti-fungal</td> </tr> <tr> <td><input type="checkbox"/> Anti-pyretic</td> <td><input type="checkbox"/> Anti-malarial</td> </tr> <tr> <td><input type="checkbox"/> Anti-allergics</td> <td><input type="checkbox"/> Anti-hypertensive</td> </tr> <tr> <td><input type="checkbox"/> Antidotes for poisoning</td> <td><input type="checkbox"/> Oral hypoglycaemics</td> </tr> <tr> <td><input type="checkbox"/> Gastrointestinal meds</td> <td><input type="checkbox"/> Hypolipidemic</td> </tr> <tr> <td><input type="checkbox"/> Anti-filarial</td> <td><input type="checkbox"/> ORS</td> </tr> <tr> <td><input type="checkbox"/> Antibiotics</td> <td><input type="checkbox"/> Multi-vitamins</td> </tr> <tr> <td><input type="checkbox"/> Anti-leprosy</td> <td><input type="checkbox"/> Dermatological (cream)</td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis	<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal	<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial	<input type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-hypertensive	<input type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> Oral hypoglycaemics	<input type="checkbox"/> Gastrointestinal meds	<input type="checkbox"/> Hypolipidemic	<input type="checkbox"/> Anti-filarial	<input type="checkbox"/> ORS	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Multi-vitamins	<input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Dermatological (cream)
<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis																			
<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal																			
<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial																			
<input type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-hypertensive																			
<input type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> Oral hypoglycaemics																			
<input type="checkbox"/> Gastrointestinal meds	<input type="checkbox"/> Hypolipidemic																			
<input type="checkbox"/> Anti-filarial	<input type="checkbox"/> ORS																			
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Multi-vitamins																			
<input type="checkbox"/> Anti-leprosy	<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
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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	19
4	Number of tests Provided through In House Mode	19
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	30
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	

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

11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

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

J. Governance	
Constitution of Jan Arogya Samiti 18 Jan 2025	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

K. Reporting	
<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:	

L. Finance			
<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 type="checkbox"/> Yes <input checked="" 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
	2205343	2205343	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

<b>Status of JSY Payments</b>	Payment done till (month/ year) January, 2025  Average Delay in Payment (days):  Reasons for delay, if any
<b>Availability of JSSK entitlements</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	4959
2	No. of PW registered for ANC	19
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	204
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	7
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	26
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	1

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	140	
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	28	
	No. of TB patients diagnosed out of the presumptive patients referred	-	
	No. of TB patients taking treatment in the AAM	28	
12	<b>Community Based Screening for NCDs</b>		
	% of target population administered CBAC	148	
	% of target population with score below 4	68	
	% of target population with score 4 and above	80	
13	<b>Community Based Screening for NCDs</b>		
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>
	Hypertension	968	06
	Diabetes	967	02
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>
	Oral Cancer*	943	01
	Breast Cancer*	324	00
	Cervical Cancer*	0	00

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>	
1	Has there been an internal assessment for NQAS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS? <input 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	2023-24 Commendation
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input 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	19 September, 2024
2	Facility aggregate score using ODK Took kit	44.76

Remarks & Observations	
<b>Infrastructure</b>	
Residential quarter is not sufficient	
Need ambulance	
Partial boundary wall	
Partial backup	
<b>HRH</b>	
Need HR	
Need MO	
Need Grade 4 staff	
Need dresser	
<b>IEC</b>	
Requirement of IEC	
<b>Expanded service Packages</b>	
A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.	
<b>IT System</b>	
IT system outdated. Not working properly slow processor it takes time to start.	
<b>Any Other</b>	

### Annexure- List of equipment

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

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

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

**Urban /Rural: Rural**

**Date of Visit: 10-02-2025**

<b>A. General Information</b>	
1. State	<b>Assam</b>
2. District Name	East karbi Anglong
3. Block/Taluka Name	Howraghat
4. Name of Facility	PHC Rajapathar
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	4686667355
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	09:00 AM to 02:00 PM
9. Month & Year of operationalization of AAM	01/11/2024
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Bukulia
13. Distance of next referral facility (in Km)	9 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
1. Number of Villages/Wards	49
2. No. of Households	1279
3. Total catchment Population	7725
4. Population who are 30 years of age and above	830

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

16.	Others (Specify)		-	-	4	4
17.	Whether all essential HRH available as per IPHS 2022					

\*Desirable

# For PHC sub centre-Co-located

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

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

<b>E.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
<b>Communicable diseases</b>	<input 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 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 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>(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> )</p> <p><b>125</b></p> <p>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</p>
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>123</p>

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"> <tr> <td> <input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input type="checkbox"/> Anti-pyretic  <input type="checkbox"/> Anti-allergics  <input type="checkbox"/> Antidotes for poisoning  <input type="checkbox"/> Gastrointestinal meds  <input type="checkbox"/> Anti-filarial  <input type="checkbox"/> Antibiotics  <input type="checkbox"/> Anti-leprosy </td> <td> <input type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycaemics  <input type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input type="checkbox"/> Multi-vitamins  <input type="checkbox"/> Dermatological (cream) </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)			
5	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
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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	30
4	Number of tests Provided through In House Mode	30
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	

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

11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Bleeding time and clotting time	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

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

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

K. Reporting	
<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:	

L. Finance			
<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 type="checkbox"/> Yes <input checked="" 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
	826161	826161	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

<b>Status of JSY Payments</b>	Payment done till (month/ year) January 2025  Average Delay in Payment (days):  Reasons for delay, if any
<b>Availability of JSSK entitlements</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided  <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	227
2	No. of PW registered for ANC	25
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	29
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	3
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	31
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	20
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	4

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	0						
	No. of TB patients diagnosed out of the presumptive patients referred	0						
	No. of TB patients taking treatment in the AAM	0						
12	<table border="1"> <tr> <td>% of target population administered CBAC</td> <td></td> </tr> <tr> <td>% of target population with score below 4</td> <td></td> </tr> <tr> <td>% of target population with score 4 and above</td> <td></td> </tr> </table>		% of target population administered CBAC		% of target population with score below 4		% of target population with score 4 and above	
% of target population administered CBAC								
% of target population with score below 4								
% of target population with score 4 and above								
	<b>Community Based Screening for NCDs</b>							
13	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>				
	Hypertension	605	45					
	Diabetes	605	6					
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>				
	Oral Cancer*	22	0					
	Breast Cancer*	9	0					
	Cervical Cancer*	0	0					

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

5	If yes, achievement under Kayakalp (Winner, commendation) and score	Winner 2023-24 76. %
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 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 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	14 June 2024

2	Facility aggregate score using ODK Took kit	40.86
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Remarks & Observations	
<b>Infrastructure</b>	No ambulance No boundary wall; partial No complete power backup No water filter
<b>HRH</b>	No regular doctor Need 1 LT Need 1 staff nurse
<b>IEC</b>	Requirement of IEC
	Expanded service Packages  A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.
<b>IT System</b>	
<b>Any Other</b>	

#### 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	

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

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

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

**Urban /Rural: Urban**

**Date of Visit: 11-02-2025**

<b>A. General Information</b>	
1. State	<b>Assam</b>
2. District Name	East Karbi Anglong
3. Block/Taluka Name	Diphu
4. Name of Facility	UPHC Diphu
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1115278168
7. No. of days in a week facility is operational	6 Days (Monday- Saturday)
8. OPD Timings	08:00 AM to 02:00 PM
9. Month & Year of operationalization of AAM	01/11/2024
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Diphu Medical College
13. Distance of next referral facility (in Km)	4 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

<b>A.1 Demographic Details</b>	
1. Number of Villages/Wards	14
2. No. of Households	1167
3. Total catchment Population	44000
4. Population who are 30 years of age and above	26163

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

1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	<b>S.no</b>	<b>Building</b>	<b>√ Mark</b>
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4.	Availability of IPD Beds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	External branding as per CPHC guidelines (Colour & Logo)	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
17.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
18.	Power back up	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	2	-	-
2.	AYUSH MO*	1	-	-	-	-
3.	Dentist*	1	-	-	-	-
4.	Staff Nurse	2	1	1	2	2
5.	Pharmacist	1	1	1	1	1
6.	Laboratory Technician	1	1	1	1	1
7.	ANM/MPW (F)#	1	3	3	2	2
8.	MPW (M)	1	-	-	-	-
9.	Lady Health Visitor	1	1	1	-	-
10.	Dresser	1	-	-	-	-
11.	Accountant	1	-	-	1	1
12.	Data entry operator	1	-	-	-	-
13.	Sanitation staff	1	1	1		
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		-	-	32	32
15.	ASHA Facilitator (If any, only for Rural areas)		-	-	-	-
16.	Others (Specify) Casual worker 2, Ward Girl 1		-	-	3	3

17.	Whether all essential HRH available as per IPHS 2022	
-----	--	--

\*Desirable

# For PHC sub centre-Co-located

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

<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)	Yes	Yes	Yes	Yes	Yes	Yes
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW-F	Yes	Yes	Yes	Yes	Yes	Yes
MPW- M	No	No	No	No	No	No
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

<b>E.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
<b>Communicable diseases</b>	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

F. 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>	<i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>
2	Total number of medicines available at AAM-PHC/UPHC	121

3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input 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	14
4	Number of tests Provided through In House Mode	14
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	Analyzer Lab equipment is not working
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	1 month

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input 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 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 type="checkbox"/> No
Availability of a trained instructor for wellness session		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Governance			
Constitution of Jan Arogya Samiti 24 Jan 2025		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic JAS meetings in the last 6 months		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minutes of meeting maintained		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic VHND sessions undertaken		<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> IHIP		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> HMIS		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FPLMIS		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> DVDMS		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nikshay		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify others, if any:		NRCH, Anmol, U win	
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	
	Untied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Other Sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Fund utilization</b>			
<b>NHM Fund/untied funds utilized during last year:</b>	<b>Funds received (Amount in Rs.)</b>	<b>Expenditure (Amount in Rs.)</b>	<b>% Expenditure</b>
	1240000	1240000	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<b>Status of JSY Payments</b>	<p>Payment done till (month/ year)</p> <p>No Delivery point</p> <p>Average Delay in Payment (days):</p>		

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

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	736
2	No. of PW registered for ANC	351
3	No. of PW received 4 or more ANC check-ups	234
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	22
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	498
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	348
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	120						
	No. of TB patients diagnosed out of the presumptive patients referred							
	No. of TB patients taking treatment in the AAM	0						
12	<table border="1"> <tr> <td>% of target population administered CBAC</td> <td></td> </tr> <tr> <td>% of target population with score below 4</td> <td></td> </tr> <tr> <td>% of target population with score 4 and above</td> <td></td> </tr> </table>		% of target population administered CBAC		% of target population with score below 4		% of target population with score 4 and above	
% of target population administered CBAC								
% of target population with score below 4								
% of target population with score 4 and above								
<b>Community Based Screening for NCDs</b>								
13	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>				
	Hypertension	4951	1702	12				
	Diabetes	4941	812	8				
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>				
	Oral Cancer*	4951	0	0				
	Breast Cancer*	0	0	0				
	Cervical Cancer*	-	-	-				

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input 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 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 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 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	28 June 2024

2	Facility aggregate score using ODK Took kit	49.02

Remarks & Observations	
<b>Infrastructure</b>	
Partial boundary wall	
No space need building/ rooms	
<b>HRH</b>	
Need ANM	
Requirement of Data operator and BPM	
<b>IEC</b>	
<b>Expanded service Packages</b>	
A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.	
<b>IT System</b>	
<b>Any Other</b>	

#### 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				
7	Foetal Doppler				
8	Phototherapy Unit				

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

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

**Rural/ Urban : Rural**

**Date of Visit: 11-02-2025**

<b>A. General Information</b>	
1. State	Assam
2. District Name	East Karbi Anglong
3. Block/Taluka Name	Bokajan
4. Name of Facility	SHC Amarajan Garampani
5. Type of Facility	AAM- SC
6. NIN of the facility	3511416566
7. No. of days in a week facility is operational	6 Days (Monday- Saturday)
8. OPD Timings	08:00 AM to 02:00 PM
9. Month & Year of AAM operationalization	01/11/2024
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Bokajan CHC
12. Distance of next referral facility (Km)	10 km

<b>A.1 Demographic Details</b>	
1. Number of Villages	11
2. No. of Households	1657
3. Total catchment Population	6115
4. Population who are 30 years of age and above	2262

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

<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	-	-	1	1
2	ANM/MPW-M	2	-	-	2	2
3	MPW-M		-	-	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	5	5
4	Any other (If yes, specify) Asha Supervisor		-	-	1	1

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

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

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

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

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

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input 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-	
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<a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	33	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

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

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

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

	Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Abdominal Pain, Vomiting, Fever and Cough
Total Teleconsultations in the last 01 month	35

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

J. Finance	
Remuneration & Incentives	
Timely disbursement of incentives to ASHAs	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify any other fund source:			
<b>Fund utilization</b> % NHM Fund utilized last year:		Funds received (Amt in Rs.) 38500	Expenditure (Amt in Rs.) 38500
			% Expenditure 100%
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 checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic JAS meetings in the last 6 months (Once a month)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
JAS meeting minutes available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>L. Wellness Activities</b>		
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	10	
<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 type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	15	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	675
2	No. of PW registered for ANC	36
3	No. of PW received 4 or more ANC check-ups	40
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	10
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	37

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	30		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	49		
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	12		
	No. of TB patients diagnosed out of the presumptive patients referred	12		
	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>640</b> <b>246</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	640	33	121
	Diabetes	640	44	58
	Oral Cancer	640	0	0
	Breast Cancer	356	0	0
	Cervical Cancer	-	-	-

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

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

3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is 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 type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input 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 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 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 type="checkbox"/> Availability of Grievance Redressal Mechanisms

		<input type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	13 June 2024
2	Facility aggregate score using ODK Took kit	41.46

Remarks & Observations
<p><b>Infrastructure</b></p> <p>There is no labour room in the facility.</p> <p>No renovation scheme received</p> <p>Waiting area small.</p> <p>Space issue.</p> <p>Bamboo fencing no permanent boundary wall</p>
<p><b>HRH</b></p> <p>Requirement of 1 ANM</p>
<p><b>IEC</b></p>
<p><b>Expanded service Packages</b></p> <p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p>
<p><b>IT System</b></p>
<p><b>Any Other</b></p>

### Appendix-List of equipment

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

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

**Rural/Urban: Rural**

**Date of Visit: 10-02-2025**

<b>A. General Information</b>	
1. State	Assam
2. District Name	East Karbi Anglong
3. Block/Taluka Name	Howraghat
4. Name of Facility	Cherakani SHC
5. Type of Facility	AAM-SC
6. NIN of the facility	2857461780
7. No. of days in a week facility is operational	6 Days (Monday-Saturday)
8. OPD Timings	09:00 AM to 02:00 PM
9. Month & Year of AAM operationalization	01/11/2024
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Dokamoka PHC
12. Distance of next referral facility (Km)	5 km

<b>A.1 Demographic Details</b>	
1. Number of Villages	<b>9</b>
2. No. of Households	594
3. Total catchment Population	3134
4. Population who are 30 years of age and above	1100

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

<b>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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

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

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input 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-	
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<a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	30	
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 type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G. Essential diagnostics</b>	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	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 checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent

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

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input checked="" type="checkbox"/> Medical College Any other, specify: District Hub
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	Joint pain , RTI, Diarrhea, Gastritis
Total Teleconsultations in the last 01 month	65

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input 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:	Sickle cell

J. Finance	
Remuneration & Incentives	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify any other fund source:			
<b>Fund utilization</b> % NHM Fund utilized last year: 2024-25 37500/- untied + NHM fund 40k 20k used		Funds received (Amt in Rs.) 40000	Expenditure (Amt in Rs.) 20000 % Expenditure 50%
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 checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	24	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	572
2	No. of PW registered for ANC	7
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	4
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	15

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	7		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	16		
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	1		
	No. of TB patients diagnosed out of the presumptive patients referred	1		
	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>406</b> <b>0</b> <b>0</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	890	7	0
	Diabetes	890	3	0
	Oral Cancer	890	0	0
	Breast Cancer	426	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 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 type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity care being practiced <input type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms

	<input type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	17 Sep. 2024
2	Facility aggregate score using ODK Took kit	33.49

Remarks & Observations	
<b>Infrastructure</b>	No boundary wall No electricity No water facility Security issues
<b>HRH</b>	
<b>IEC</b>	
<b>Expanded service Packages</b>	A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.
<b>IT System</b>	
<b>Any Other</b>	

### 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				
10	Snellen vision chart				
11	Stadiometer	Yes		Yes	
12	Tuning fork				

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

**Rural/Urban: Rural**

**Date of Visit: 10-02-2025**

<b>A. General Information</b>	
1. State	Assam
2. District Name	East Karbi Anglong
3. Block/Taluka Name	Howraghat
4. Name of Facility	Manikpur SHC
5. Type of Facility	AAM-SC
6. NIN of the facility	3135612145
7. No. of days in a week facility is operational	6 Days (Monday- Saturday)
8. OPD Timings	08:00 AM to 02:00 PM
9. Month & Year of AAM operationalization	01/11/2024
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Langhin PHC
12. Distance of next referral facility (Km)	5.5 km

<b>A.1 Demographic Details</b>	
1. Number of Villages	11
2. No. of Households	724
3. Total catchment Population	3586
4. Population who are 30 years of age and above	1327

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

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

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

<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 <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	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW (F)	Yes	Yes	Yes	Yes	Yes	Yes
MPW (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA (Partial)	Yes	Yes	Yes	Yes	Yes	Yes

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

	<input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses  <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
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**E.2 Availability of Expanded Packages of Services**

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

Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference-	33
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<a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	33	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G. Essential diagnostics</b>	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	9
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent

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

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

	Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	ENT, Ophthalmology, Dental, Skin, Fever
Total Teleconsultations in the last 01 month	35

I. Reporting	
<b>Online Platforms</b>	<b>Reporting</b>
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input 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:	RCH ANMOL

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

<b>Facility funds</b> Timely disbursement of untied funds <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fund flow through other sources <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify any other fund source:			
<b>Fund utilization</b> % NHM Fund utilized last year:		Funds received (Amt in Rs.) 62500	Expenditure (Amt in Rs.) 62500 % Expenditure 100%
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 checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input 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>		17 Jan, 2025	

Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>L. Wellness Activities</b>		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	10	
<b>ASHA Functionality</b>		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	18	
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	1171
2	No. of PW registered for ANC	12
3	No. of PW received 4 or more ANC check-ups	7
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	14

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	9		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	111		
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	3		
	No. of TB patients diagnosed out of the presumptive patients referred	3		
	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>1285</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	1235	272	130
	Diabetes	1235	113	40
	Oral Cancer	1235	0	0
	Breast Cancer	491	2	0
	Cervical Cancer	0	0	0

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

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

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

		<input type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	18 Sep 2024
2	Facility aggregate score using ODK Took kit	72.23

Remarks & Observations	
<b>Infrastructure</b>	Need permanent boundary wall
<b>HRH</b>	No cleaning staff
<b>IEC</b>	
<b>Expanded service Packages</b>	A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.
<b>IT System</b>	Tablet will provide to ASHA or Smartphone
<b>Any Other</b>	

### Appendix-List of equipment

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

## Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)

Rural/Urban: Urban

Date of Visit: 11-02-2025

A. General Information	
1. State	Assam
2. District Name	East Karbi Anglong
3. Ward Name	Taralangso
4. Name of Facility	UAAM Taralangso
5. Type of Facility	AAM-SC
6. NIN of the facility	8842632369
7. No. of days in a week the facility is operational	7 Days
8. OPD Timing	08:30 AM to 02:30 PM
9. Month & Year of UAAM operationalization	01/11/2024
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	Diphu Medical College
12. Distance of next referral facility (Km)	6 km

A.1 Demographic Details	
1. Number of Wards	1
2. No. of Households	798
3. Total catchment Population	4305
4. Population who are 30 years of age and above	1593

B. Physical Infrastructure	
Infrastructure Status and details	Availability
1. Availability of Govt owned building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2.	If there is no government-owned building, specify building type ( <i>Other Govt./Urban Local Body/ Rented etc.</i> )	
3.	Availability of boundary wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour, logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Day Care Beds available ( <i>Norm – 2</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Availability of furniture Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	<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 ( <i>even in local language</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material ( <i>related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input 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
7	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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\*Desirable amenities

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

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

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

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

MPW (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E.1 Availability of Services	
<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

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines	
1	Number of medicines at UAAM as per State Essential Medicine List (EML)  <i>Reference link for national EML:</i>

	<a href="https://nhsrindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf</a>	<i>(Total medicines at UAAM as per national EML is 105)</i>	
2	Total number of medicines available at the UAAM	30	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input 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 UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	12
4	Number of tests Provided through In House Mode	12
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment (days)	
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	

### H. Availability of IT Equipment & Teleconsultation services

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

	<input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services  Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> UPHC - Polyclinic <input type="checkbox"/> DH <input checked="" type="checkbox"/> Medical College Hospital <input type="checkbox"/> Other, specify: Manjha UPHC and Diphu Medical College
Teleconsultation platforms used	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Fever, Joint Pain
Total teleconsultations in the last 01 month	39

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

J. Governance	
Constitution of Jan Arogya Samiti 17 Jan 2025	<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
Minutes of meetings maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

L. Finance			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	UAAM Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	UAAM 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>	<b>Details</b>
	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>United Fund utilized during last year</b>	<b>Funds received</b>	<b>Expenditure</b>	<b>% Expenditure</b>
	<b>(Amount in Rs.)</b>	<b>(Amount in Rs.)</b>	
	<b>38500/-</b>	<b>38500</b>	<b>100%</b>

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

	<input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	1811
2	No. of PW registered for ANC	10
3	No. of PW received 4 or more ANC check-ups	15
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	2
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	17
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	24
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	22
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	-
8	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	2
	No. of TB patients diagnosed out of the presumptive patients referred	2
	No. of TB patients taking treatment in the AAM	2
9	<b>Community Based Screening for NCDs</b>	
	% of target population administered CBAC	<b>1838</b>

	% of target population with score below 4			55
	% of target population with score 4 and above			
10	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>
	Hypertension	1035	63	63
	Diabetes	1035	51	51
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	1035	0	0
	Breast Cancer*	84	0	0
	Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety	
1	Has there been an internal assessment for NQAS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score Recommendation 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 type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

### O. IPHS Compliance

1	Date of assessment using ODK tool kit	18 Sep 2024
2	Facility aggregate score using ODK Tool kit	84.88

### Remarks & Observations

#### **Infrastructure**

The boundary height need to increased

Theft issue

<b>HRH</b>
<b>IEC</b>
<b>Expanded service Packages</b> A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.
<b>IT System</b>
<b>Any Other</b>

**Annexure- List of essential equipment**

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

### Field Monitoring Format - Community Level

<b>Date of Visit</b>	08-02-2025
<b>Name of Village/ Slum visited</b>	Manikpur
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name:</i> AAM SHC Manikpur  <i>Facility type:</i> SHC  <i>Distance:</i> 1 km
<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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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

Questions	Probes	Responses to be recorded here	
<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> 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.		√ Reason for the choice
		Self (home remedies)	<ul style="list-style-type: none"> <li>• Proximity,</li> <li>• Convenience</li> <li>• Economical</li> <li>• Trust/Faith on the provider/ Practice .</li> </ul>
		Informal healers	
		private practitioners/ hospitals,	
	<b><i>Reasons probes:</i></b> Proximity, convenience, availability of	public/ government primary hospitals	√

<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><i>(AAM-SHC/ PHC/ UPHC/ UAAM), √</i></p>		
		<p><i>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</i></p>		
		<p><i>AYUSH practitioners.</i></p>		
		<p><i>Self (home remedies)</i></p>		

**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>(Option for response- (Its open ended)</b></p>	<p><b>May use local terms as recognized by the community</b></p> <p><b>Services may include:</b>  <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p>	<p>The services provided are good and the medicines are also available.</p>
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<p><i>How long has it been there?</i></p> <p><i>What are the health services being provided there?</i></p>	<p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p> <p><i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i></p>	<p>More than a year</p> <p>ANC, Family Planning, NCD, Communicable disease, Elderly, Emergency medical care, Adolescent health, Immunization.</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>Walk</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> <li>• <i>No issue in reaching the facility.</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><i>Yes</i></p>	<p>Every week outreach program is organized.</p> <p>It helps the people with immunization and other programs. They don't have to go to the facility.</p>

**Topic: Availability of primary health care infrastructure and services**

<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	<b>Probes</b>	<b>Infrastructure and services</b>	<b>Response</b>
<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>- Condition of the building</li> <li>- Maintenance</li> <li>- Dedicated space for waiting and examination</li> <li>- Adequate seating arrangement</li> <li>- Functional toilet</li> <li>- Potable and drinking water</li> <li>- Power supply</li> </ul>	<i>Condition of the building</i>	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>When you visit the facility, are the staff available to provide services?</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</p>

<p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p><i>worker, health workers, any other.</i></p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes, basic medicines are available.</p> <p>Sometimes if medicine is not available, people go to CHC Howraghat.</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>Only basic laboratory test is available, being SHC all tests are not available.</p> <p>For other lab test, referred to CHC or Diphu Medical College.</p>
<p><b>Topic: Acceptability of healthcare services</b></p>		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p><b>Probe:</b> <i>Adequate skills and knowledge</i></p>	<p>Yes</p>

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

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

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

*According to you, what other services may be provided through the facilities to improve the health needs of the community?*

*How are the community members currently meeting these unmet needs?*

*Do they have to incur personal expenditure as a result?*

Laboratory tests should be increased.

By going to CHC.

The travel cost incurred by the community people.

**Topic: Quality of Care provided through the primary healthcare facility**

*What are your views on the quality of healthcare provided at the primary healthcare facility?*

*Do you feel that certain areas may be improved*

***Probes***

- *Provider behaviour/ attitude*
- *Waiting time*
- *Cleanliness of the premises*
- *Provision for Grievance redressal and escalation*
- *Practice of soliciting and implementing feedback*
- *Right diagnosis*
- *Accuracy of diagnostic tests done at the facility*

Good.

Yes, by increasing Laboratory test and medicine availability.

<p><i>for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>- <i>Effectiveness of medicines dispensed at the facility</i></p>	<p>Yes.</p>
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**Summary:**

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