

A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE
NATIONAL HEALTH MISSION
EAST SINGHBHUM DISTRICT
JHARKHAND



Submitted by:

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JANUARY 2025



Introduction:

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

The findings are based on visits conducted by the PRC-IEG team, comprising Dr. Rahul Kumar and Mr. Adarsh Gupta, to various public healthcare facilities, including Sadar Hospital, East Singhbhum; UCHC Mango; CHC Behragora; PHC Ramchandrapur; PHC Manusmuria; PHC Ramjanamnagar; PHC Ghodabandha; UAAM Chayanagar; AAM SHC Sundarnagar; AAM SHC Khandamauda; and AAM SHC Jagannathpur. The team held meetings with the Civil Surgeon (CS), nodal programme officers, Medical Officer-in-Charge (MOIC), facility staff (MOs, CHOs, ANMs, etc.), community health care providers (ASHAs, Anganwadi workers, etc.), and other supporting staff. These interactions aimed to evaluate the strengths and weaknesses of the facilities in terms of service delivery.

Major Observations of the District:

HR & Infrastructure: The district faces a shortage of specialists and medical officers at DH, CHC, and PHC levels. While AAM SHCs are adequately staffed, additional ASHAs are required per population norms. The District Hospital (DH) needs further upgrades due to excess patient load, with many cases referred to MGM Medical College.

AAM Services: Most Sub Centers and PHCs have been converted into Ayushman Arogya Mandirs (AAM). AAM SHCs successfully implement 7-9 Comprehensive Primary Healthcare (CPHC) packages. However, medical officer shortages at PHCs restrict services to basic care such as normal deliveries, family planning, and OPD, with only 1-2 CPHC packages being implemented.

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

National Health Programmes: The implementation of NHM programs is robust, with nearly all NHM programs functional in the district. Under the 15th Finance Commission, the Municipal Corporation handles the construction of UAAMs, while HR recruitment funds are allocated to the Health Department.

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

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

Fund Utilization: Fund allocation is timely and most facilities utilize over 90% of the funds. Delays at PHCs are due to vacant Medical Officer positions, which impact fund utilization due to the lack of signing authority.

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

Teleconsultation: Teleconsultation services are available at some facilities, but utilization is low across the district. Expansion and increased awareness of these services could improve their impact.

Quality Programs: Quality programs like Kayakalp, NQAS, LaQshya, and Suman are functional in the district. Several facilities are NQAS and Kayakalp certified, and the DH has a LaQshya-certified OT and Labour Room. The SNCU is preparing for Suman certification.

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

Community Interaction: Community feedback indicates heavy reliance on public health facilities, especially in rural areas. The upgrade of SCHs to AAM SHCs has increased patient turnout. Alcohol and tobacco use are high, and anemia is prevalent due to dietary habits. Despite cultural barriers, many communities now view healthcare as "free of cost."

Facility wise Observations

District Hospital:

The District Hospital, despite being Kayakalp and NQAS-certified, is not operating at full capacity due to space constraints, often leading to patient referrals to MGM Medical College. A severe shortage of specialists, including the absence of a surgeon and gynecologist, forces EMOc-trained doctors to handle C-sections, impacting regular operations. While ultrasonography services are available through a Public-Private Partnership (PPP) mode, the hospital's orthopedic surgeon can perform major surgeries if provided with the necessary equipment.

Urban CHC Mango:

UCHC Mango, Jharkhand's first e-hospital and a Kayakalp-certified facility, operates with just one Medical Officer and one dentist, leading to a heavy patient load. It handles an average of 10 to 12 normal deliveries per month but faces space constraints due to its location in a busy market area, limiting the expansion of healthcare services.

CHC Behragora:

Baharagora block, bordering Odisha and West Bengal, sees many residents seeking healthcare in neighboring states, especially due to the absence of ultrasound (USG) facilities, with the nearest available service at Ghatsila SDH, 80 km away.

Godbhaga Panchayat, home to a significant PVTG population, faces barriers in accessing healthcare due to a lack of essential government-issued documents. The CHC Baharagora team visits every 3 to 4 months, but integrating the community remains challenging due to deep-rooted beliefs and poor adherence to medication, particularly for anaemia. Despite these issues, the Kayakalp-certified hospital is well-maintained, with commendable use of IEC materials.

PHC Ghorabandha:

PHC Ghorabandha, now being developed into a Rural Health & Training Center (RHTC) through an MoU with Manipal and Tata Group, has recently introduced specialist OPD services in Gynecology, Surgery, Medicine, and Pediatrics. Previously functioning as a basic OPD center with limited diagnostics, patient numbers have increased since the collaboration. While the facility benefits from superior infrastructure, it lacks IEC materials, and data reporting for its newly established NCD clinic remains inadequate. Additionally, the absence of a functioning Jan Arogya Samiti (JAS) due to missing elected ward members hampers the utilization of untied funds for facility improvements.

PHC Manusmuria:

Despite being an AAM-PHC, the facility only provides Normal Delivery, Family Planning, and OPD services without an expanded service range. A Kayakalp Award-winning center, it maintains well-developed IEC materials, a Herbal Garden, and wellness services, including yoga sessions. However, poor mobile network connectivity hampers internet access, leading to partial digital documentation. Additionally, the Medical Officer and staff are unaware of the Comprehensive Primary Healthcare (CPHC) packages and necessary training, making staff capacity building a priority for effective service delivery.

PHC Ramchandrapur:

The facility is severely understaffed, with no Medical Officer currently available. IEC materials are underutilized, and there is no Citizen Charter. While NCD screening is offered, record maintenance and reporting are inadequate. The PHC primarily functions as an OPD center with a limited medicine supply and only kit-based diagnostic tests. Despite its AAM-PHC status, none of the Comprehensive Primary Healthcare (CPHC) packages are being implemented.

UPHC Ramjanamnagar:

Operating from the ground floor of a community center, this facility faces significant challenges due to its small space and the presence of alcohol consumption and gambling nearby. It primarily provides OPD services with a limited medicine supply and only kit-based diagnostic tests. Despite these constraints, the facility has efficiently utilized its space and IEC materials, earning a Kayakalp Award. However, as an AAM-PHC, it has yet to implement any Comprehensive Primary Healthcare (CPHC) packages.

UAAM Chayanagar:

UAAM Chayanagar is a well-equipped and well-maintained facility funded by the 15th Finance Commission, with a dedicated team including a Medical Officer, Staff Nurse, MPW, Sanitary Staff, and Security Staff. However, the absence of a JAS due to pending ward member elections affects the utilization of untied funds. While the infrastructure is generally strong, minor gaps such as the lack of safe drinking water and power backup need to be addressed.

AAM SHC Sundarnagar & Jagannathpur:

The facilities are NQAS and Kayakalp-certified, maintaining high standards in sanitation, equipment functionality, service delivery, BMW management, bed availability, IEC material display, and drug supply. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation. Cervical cancer screening through the VIA test is being conducted, and teleconsultation services are functioning efficiently.

AAM SHC Khandamauda:

AAM Khandamauda, a Kayakalp-certified facility, requires infrastructure upgrades, including a laboratory, renewed branding, and internet connectivity. Despite these gaps, the CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation. Additionally, the teleconsultation facility is functioning efficiently.



Recommendations:

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

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

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

Formation of JAS in Urban Wards: Since JAS formation is hindered due to pending elections, an alternative mechanism should be established by appointing temporary officers to facilitate its functioning until elections are held.

Addressing Shortage of Specialist: The severe shortage of specialists, including the absence of a surgeon, gynecologist, and anesthetist, needs to be addressed by deploying qualified specialists to ensure uninterrupted essential medical services.



Field Monitoring Format -District Hospital (DH)

Date of Visit: 9/1/25

GENERAL INFORMATION	
Name of facility visited	Sadar hospital
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: Mahatma Gandhi Memorial Medical college & hospital, Jamshedpur. Distance:7 k.m.

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9:00 a.m. – 3:00 p.m.	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Large, spacious, maintained	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	<p>✓ Drug storeroom with rack is available</p> <p>Power backup: ✓ Complete Hospital/ <input type="checkbox"/> Part of the hospital</p> <p>Last major renovation done in (Year): _____ nothing_____</p>			
3. Number of functional in-patient beds	<p>_____ 120 _____</p> <p>No of ICU Beds available: 6</p>			As reported/Hospital Citizen Charter Board
4. List of Services available	Allopathy, blood bank, dispensary, DENTAL CLINIC, Dialysis, Day care center, homeopathy, ICU, Pathology, Radiology, SNCU			As reported/Hospital Citizen Charter Board
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	Y	
	2	O&G	Y	
	3	Pediatric	Y	
	4	General Surgery	Y	
	5	Anesthesiology	Y	
	6	Ophthalmology	Y	

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	7	Dental	Y	
	8	Imaging Services (X – ray)	Y	
	9	Imaging Services (USG)	Y	
	10	District Early Intervention Centre (DEIC)	Y	
	11	Nutritional Rehabilitation Centre (NRC)	N	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	N	
	14	Neonatal Intensive Care Unit (NICU)	N	
	15	Pediatric Intensive Care Unit (PICU)	N	
	16	Labour Room Complex	Y	
	17	ICU	Y	
	18	Dialysis Unit	Y	
	19	Emergency Care	Y	
	20	Burn Unit	N	
	21	Teaching block (medical, nursing, paramedical)	Y	
22	Skill Lab	Y		
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/Hospital Citizen Charter Board
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			Tele-medicine records register/ e-sanjeevani portal

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	<p>If yes, average number of teleconsultations per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal)</p> <p>If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	
7. Operation Theatre available	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, Tick the relevant</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input checked="" type="checkbox"/> Emergency OT 	<p>Observation</p> <p>Ensure signage and protocol displays</p>
8. Availability of functional Blood Bank	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If yes, number of units of blood currently available: <u>30</u> • No. of blood transfusions done in last month: <u>90</u> 	<p>Blood Bank records Register</p>
9. Whether blood is issued free, or user-fee is being charged	<p><input checked="" type="checkbox"/> Free for BPL</p> <p><input type="checkbox"/> Free for elderly</p> <p><input checked="" type="checkbox"/> Free for JSSK beneficiaries</p> <p><input type="checkbox"/> Free for all</p>	<p>Blood Bank records Register</p>
10. Biomedical waste management practices	<p>Sharp pit: <input type="checkbox"/></p> <p>Deep Burial pit: <input type="checkbox"/></p> <p>Incinerator: <input type="checkbox"/></p>	<p>Observation</p>

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	Using Common Bio Medical Treatment plant: ✓ Managed through outsourced agency ✓ Other System, if any: (Specify)	
11. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: ✓Yes/ <input type="checkbox"/> No Internet connectivity: ✓Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____GOOD_____	As reported

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual		
		Sanctioned	Available	Sanctioned	Available	
	MO (MBBS)	11	8		00	
	Specialists	Medicine	2	00		1
		Ob-Gyn	2	00		0
		Pediatrician	2	1		1
		Anesthetist	2	2		0
		Surgeon	2	1		0
		Ophthalmologist	1	1		0
		Orthopedic	1	1		0
		Radiologist	1	0		1
		Pathologist	1	1		0
	Others					
Dentist	1	2		0		
Staff Nurses/ GNMs	24	0		0		

	LTs	5	0		0
	Pharmacist	4	4		0
	Dental Technician/ Hygienist	2	0		2
	Hospital/ Facility Manager	1	0		0
	EmOC trained doctor		2		1
	LSAS trained doctor		2		0
	Others				

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: <ul style="list-style-type: none"> • Facility score: 72 • Award received: YES 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> • Assessment done: State Internal/State • Facility score: 87 • Certification Status: yes 	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> • Labour Room: <ul style="list-style-type: none"> ✓ LaQshya Certified - ✓ Yes/ <input type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified - ✓ Yes/ <input type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No 	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS & DIAGNOSTICS		
	✓ Yes/ <input type="checkbox"/> No	

<p>16. Availability of list of essential medicines (EML)/ drugs (EDL)</p> <p>https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf</p>	<ul style="list-style-type: none"> • If yes, total number of drugs in EDL ___195_____ • 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) ___192_____ 	<p>Verify EDL Displayed</p>															
<p>17. Implementation of DVDMS or similar supply chain management system</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If other, which one _____</p>	<p>Observation, Check software</p>															
<p>18. Shortage of 5 priority drugs from EDL in last 30 days, if any</p>	<table border="1"> <tr> <td data-bbox="719 741 823 808">1</td> <td data-bbox="823 741 1235 808">Inj. Ceflazidine 1 gm</td> <td data-bbox="1235 741 1399 808">As reported,</td> </tr> <tr> <td data-bbox="719 808 823 875">2</td> <td data-bbox="823 808 1235 875">I.V. Mannitol 20%</td> <td data-bbox="1235 808 1399 875">check</td> </tr> <tr> <td data-bbox="719 875 823 943">3</td> <td data-bbox="823 875 1235 943">Tab. Digoxin 0.5 mg</td> <td data-bbox="1235 875 1399 943">DVDMS,</td> </tr> <tr> <td data-bbox="719 943 823 1010">4</td> <td data-bbox="823 943 1235 1010">Tab captopril 25</td> <td data-bbox="1235 943 1399 1010">E-aushadhi, etc.</td> </tr> <tr> <td data-bbox="719 1010 823 1077">5</td> <td data-bbox="823 1010 1235 1077">Tab propranolol 40 mg</td> <td data-bbox="1235 1010 1399 1077"></td> </tr> </table>	1	Inj. Ceflazidine 1 gm	As reported,	2	I.V. Mannitol 20%	check	3	Tab. Digoxin 0.5 mg	DVDMS,	4	Tab captopril 25	E-aushadhi, etc.	5	Tab propranolol 40 mg		
1	Inj. Ceflazidine 1 gm	As reported,															
2	I.V. Mannitol 20%	check															
3	Tab. Digoxin 0.5 mg	DVDMS,															
4	Tab captopril 25	E-aushadhi, etc.															
5	Tab propranolol 40 mg																
<p>19. Availability of Essential Consumables:</p>	<p><input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage</p> <p>In last 6 months how many times there was shortage ___3 times_____</p>	<p>As reported</p> <p>Stock/Indent register</p>															
<p>20. Availability of essential diagnostics</p>	<p><input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed</p>	<p>As reported</p>															
<ul style="list-style-type: none"> • In-house tests 	<p>Timing:</p> <p>Total number of tests available against Essential Diagnostic tests list for DH ___36_____</p> <p>(Take the list of tests available at DH)</p>	<p>Obtain the complete list of diagnostic tests performed in-house</p>															
<ul style="list-style-type: none"> • Outsourced/ PPP 	<p>Timing:</p>	<p>Obtain the complete</p>															

	<p>Total number of tests provided by PPP provider : _____ 86 _____</p> <p>Take the list of tests available from PPP Provider agency</p>	list of diagnostic tests outsourced to PPP provider agency
21. X-ray services is available	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If Yes, type & nos. of functional X-ray machine is available in the hospital:</p> <p>Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Observation
22. CT scan services available	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP</p> <p>Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan):</p>	<p>Observation</p> <p>Patient interviews</p>
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<p><input checked="" type="checkbox"/> Free for BPL</p> <p><input type="checkbox"/> Free for elderly</p> <p><input checked="" type="checkbox"/> Free for JSSK beneficiaries</p> <p><input type="checkbox"/> Free for all</p>	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<p><input checked="" type="checkbox"/> Sufficient Supply</p> <p><input type="checkbox"/> Minimal Shortage</p> <p><input type="checkbox"/> Acute shortage</p>	As reported

E. KEY NATIONAL HEALTH PROGRAMMES

25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Not under PMNDP Total number of tests performed: - _____	Observation, Records
<ul style="list-style-type: none"> Whether the services are free for all 	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<input type="radio"/> Previous year ___ 2214 _____ <input type="radio"/> Current FY ___ 1970 _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)	NO	As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	NO	As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported

<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<p>✓ Yes/ <input type="checkbox"/> No</p> <p>Number of normal deliveries performed in last month: <u>212</u></p> <p>No. of C-sections performed in last month: <u>62</u></p>	<p>Verify C-section records from Maternity OT registers</p>
<ul style="list-style-type: none"> Comment on the condition of: 	<p>Labour room: LAQKSHYA CERTIFIED</p> <p>OT:</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ✓ Yes/ <input type="checkbox"/> No</p>	<p>Observation</p>
<p>29. Status of JSY payments</p>	<p>Payment is up to date: <input type="checkbox"/> ✓Yes/ <input type="checkbox"/>No</p> <p>Average delay in payment to beneficiaries: 15 DAYS</p> <p>(Average for how many days/benefeciary)</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months ✓</p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay: Beneficiary account validation from SNA (ICICI) Account</p>	<p>Verify from JSY status report</p>
<p>30. Availability of JSSK entitlements</p>	<p>✓Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p>	<p>As reported/As Displayed in</p>

	<ul style="list-style-type: none"> ✓ Free delivery services (Normal delivery/ C-section) ✓ Free diet ✓ Free drugs and consumables ✓ Free diagnostics ✓ Free blood services ✓ Free referral transport (home to facility) ✓ Free referral transport (drop back from facility to home) ✓ No user charges 	Maternity Ward
31. PMSMA services provided on 9 th of every month	<p>✓ Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month</p> <p>If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<p>✓ Yes/ <input type="checkbox"/> No</p>	Verify Register availability
33. Practice related to Respectful Maternity Care	<ul style="list-style-type: none"> ✓ Privacy maintained during examination ensured ✓ Birth attendant allowed in Labour room ✓ Obtaining Informed consent of the mother/ custodian ✓ Safe care environment maintained 	Observation, Patient review
34. Whether facility have registers for entering births and deaths	<p>✓ Yes/ <input type="checkbox"/> No</p>	Birth Register, Death Records

35. Number of Maternal Death reported in the facility	Previous year:00 Current year:00	Maternal Deaths Records/R review
36. Number of Child Death reported in the facility	Previous year:1 Current year:1	Maternal Deaths Records/R review
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	119	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	206	Verify BF records
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input checked="" type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant	Observation
42. Number of sterilizations performed in last one month	66	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received

44. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)___ANM_____			As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Regular utilization of FP services and PPIUCD is administered with the consent of beneficiaries. Other FP methods are also provided on a regular basis.			As reported/observe FP registers/records if available
46. FPLMIS has been implemented	✓Yes/ <input type="checkbox"/> No			Check software
47. Availability of functional Adolescent Friendly Health Clinic	✓Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ___ANM_____ Separate male and female counselors available: <input type="checkbox"/> Yes/ ✓No			Observation, check AFHC register
48. Whether facility has functional NCD clinic	✓Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? ___26___ days (Mention number of days)			Check NCD register
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ ✓ No			As reported
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed	NCD Register
	a. Hypertension	11257	NA	

	b. Diabetes	10741		Record not maintained properly
	c. Oral Cancer	08		
	d. Breast Cancer	11		
	e. Cervical Cancer	748		
51. Whether reporting weekly data in P, S and L form under IDSP	✓Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ✓Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) ____0.7%____			DBT/Nikshay Report
	<ul style="list-style-type: none"> If anti-TB drugs available at the facility: ✓Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: ✓Yes/ <input type="checkbox"/> No 			DBT/Nikshay Report
	<ul style="list-style-type: none"> Availability of CBNAAT/ TruNat: ✓Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months 			DBT/Nikshay Report
	<ul style="list-style-type: none"> Are all TB patients tested for HIV? ✓Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: ✓Yes/ <input type="checkbox"/> No 			DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 95%			DBT/Nikshay Report
	F. RECORDS, FINANCE, OTHERS			
53. Maintenance of records on	<ul style="list-style-type: none"> TB Treatment Card cases (both for drug sensitive and drug resistant cases): ✓Yes/ <input type="checkbox"/> No 			Respective records

	<ul style="list-style-type: none"> • TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 										
54. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>44217491</td> <td>43817289</td> <td>99.09%</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization	44217491	43817289	99.09%	Facility FMR
Fund in prev. FY											
Received	Utilized	% Utilization									
44217491	43817289	99.09%									
	<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>TABLE, CHIAIRS ETC.</p> <p>HOSPITAL EMR. MEDICINE</p>	RKS Register									
	Reasons for underutilization of fund (if any) RERTURNED TO DISTRICT	Staff review									
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> • HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated 	Check respective portals at the facility wrt last entries									

56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	EVERY 3 MONTH	RKS Register
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases were referred here in the last month?	Number: 8 Types of cases referred in: KIDNEY DISEASE, WEAKNESS , FEVER ETC.	Referral-in register
• How many cases were referred out last month?	Number: 53 Types of cases referred out: HRP, Child related, dental related.	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
A) Manpower shortage as surgeon was not available, MOs are not available & thus regular doctors are given this additional charge to look after. Anesthetist was also not available.	NO recruitment.
B) PPP mode is used to provide USG services. Other services like ECG, CT scan, and Telemedicine consultation was also not available.	Infrastructure shortage
C) No special training has been provided to the staffs regarding the recording of data with reference to HMIS.	
D) No formal SoP for labs, they have developed their own SoP using the modules of other hospitals.	Lack of communication
E) Security: They don't have any dedicated security for them. They complained about the risk surrounding their safety.	

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

Key observations:

- Hospital has proper sanitation, fire safety system available, computer facility & internet connectivity available, power backup through solar panel & generator available.
- LaQshya certified with score viz, labour room: 88 & MOT: 86.
- Kayakalp peer assessed (91.23) and NQAS certified: 86%.
- Low bed count as high patient load is observed many times.
- Machinery required for Ortho-surgery as ortho Dr. is now available.

Strengths:

1. OT available (minor level).
2. Cleanliness & working instruments.
3. Disable friendly.
4. NQAS, KAYAKALP and LAQSYA certified.

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

Urban/ Rural: Urban

Date of Visit: 9/01/25

General Information	
Name of facility visited	UHC Mango
Facility Type	<input type="checkbox"/> CHC <input checked="" 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: MGM, Jamshedpur Distance: 2 km

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

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

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

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	<ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: 	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: ____100 MBPS_____ 	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)				1	1
	Specialists	Medicine			1	
		Ob-Gyn			1	
		Pediatrician			1	

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

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Award received: 2022-23 2023-2024 Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: YES Internal/State INTERNAL Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre:	LaQshya Assessment Report – check score Verify certificate if awarded

	LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
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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 _____455____ 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) _____82____			
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	Temiscrten	As reported, check DVDMS,	
	2	Silver nitrate gel	E-aushadhi, etc.	
	3	Tab- Flucons		
	4	Tab- Ranitidine		
	5	Doxycycline		

19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage_____	As reported Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> In-house tests 	Timing: 9 a.m. - 3 p.m. Total number of tests available against Essential Diagnostic tests list for CHC ___15___	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly	As reported

	<input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	1. C.B.C Analyzer 2. Bio-chemistry analyser 3. Hotasr oven H. Incubator	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: GOOD OT: N/A Functional New-born care corner (functional radiant	Observation

	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): 15 Days</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month: <input checked="" type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p>	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> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	As reported/As Displayed in Maternity Ward

29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month- 05 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 checked="" type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review

37. Number of newborns immunized with birth dose at the facility in last 3 months	35	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	14	Verify BF records
39. Number of sterilizations performed in last one month	NIL.	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify) <u>ANM</u>	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	GOOD (REGULARLY)	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check NCD register

	<p>If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)</p>			
46. Are service providers trained in cancer services?	✓ Yes/ <input type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	2099	283	
	b. Diabetes	2099	327	
	c. Oral Cancer	0	0	
	d. Breast Cancer	0	0	
	e. Cervical Cancer	0	0	
48. Whether reporting weekly data in P, S and L form under IDSP	✓ Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ✓ Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _8.4%_			DBT/Nikshay Report
	If anti-TB drugs available at the facility: ✓ Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: ✓ Yes/ <input type="checkbox"/> No			DBT/Nikshay Report

	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months <u>0</u>	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 76.51%	DBT/Nikshay Report
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 10 PATIENTS Out of those, how many are having Gr. II deformity: NA Frequency of Community Surveillance: Every Month	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		

51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <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:</p> <p>Fund utilized last year:</p>		Facility FM R	
	Fund in prev. FY			
	Received	Utilized		% Utilization
	500000	500000		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		

	JAS not formed due to ward elections haven't been done in Jamshedpur	
53. Status of data entry in (match with physical records)	<p>HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p>	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)		RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre 108 <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	<p>Number:</p> <p>Types of cases referred in:</p>	Referral-in register

<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 17 Types of cases referred out: 15	Referral Out register
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Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) UCHC Building is very small.	Space is not available.
Unavailability of specialist MOs. Staffs are very less	No recruitment from State side.
b) No autonomy to run UCHC	All funds are obtained through civil surgeon office and Municipal Corporation governs all things.
c) Machines like X-ray, USG , Lab etc. are not available	Space & fund crunch
d) Laboratory consumable is very less.	State has not given lab consumables money in Drugs money is being used for lab consumables which is not sufficient.

Remarks & Observations (Write in Bullets within 100-300 words)
<p>Key Observations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The facility is available immediately on road (direct connectivity with urban Population). <input type="checkbox"/> Close (2k.m.) to next referral facility (MGM Medical College). <p>Key Challenges:</p> <ol style="list-style-type: none"> 1. Space crunch (very small, compact & limited space), old building but renovated. 2. Staff shortage (only one doctor, one cleaning staff) aided wit high patient load. MOs, Anesthetist, pediatricians have not be recruited since last 7 years at this facility).

3. Key machines like X-Ray, USG and few lab kits are not available.

Strengths:

1. Highest vaccination in area.
2. State's first E-hospital.
3. Focus on prevention therapy.
4. Kayakalp Commendation awardee.
5. Limited resources, maximum optimization.

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

Urban/ Rural: **Rural**

Date of Visit: 10/1/25

General Information	
Name of facility visited	CHC Baharagora
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: SDH Ghatsila Distance: 45km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 9:00 a.m. – 3:00 p.m.	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good (new blocks under construction)	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				
	<p>✓ OPD waiting area has sufficient sitting arrangement</p> <p>✓ ASHA rest room is available</p> <p>✓ Drug storeroom with rack is available</p> <p>Power backup: ✓ Complete Hospital/ <input type="checkbox"/> Part of the hospital</p>				
4. Number of functional in-patient beds	30			As reported/Hospital Citizen Charter Board	
5. List of Services available	Normal deliveries, contraception, minor surgeries, minor dental, NBSU			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital	Citizen Charter Board
	1	Medicine	NO		
	2	O&G	NO		
	3	Pediatric	NO		
	4	General Surgery	NO		
	5	Anesthesiology	NO		
	6	Ophthalmology	NO		
	7	Dental	YES		
	8	Imaging Services (X – ray)	YES		
	9	Imaging Services (USG)	NO		

A. INFRASTRUCTURE			Means of Verification
Indicator	INFRASTRUCTURE		
	10	Newborn Stabilization Unit	YES
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available		As reported
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:		As reported
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input 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
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		Blood Storage Unit records, Register

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

B. Human Resources					As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		4	3		
	Specialists	Medicine				
	Ob-Gyn					

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

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

	LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
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 150 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) 103	
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_____	Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> In-house tests 	Timing: Total number of tests available against Essential Diagnostic tests list for CHC ___10_____	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input 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 – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	NO	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: _____90_____ No. of C-sections performed in last month: _____N/a_____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	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:</p> <p>Payment done till:</p> <p>Current month: <input checked="" type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p>
<p>28. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p>	<p>As reported/As Displayed in Maternity Ward</p>

	<ul style="list-style-type: none"> ✓ Free referral transport (home to facility) ✓ Free referral transport (drop back from facility to home) ✓ No user charges 	
29. PMSMA services provided on 9 th of every month	<p>✓ Yes/ <input type="checkbox"/>No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month</p> <p>If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<p>✓ Yes/ <input type="checkbox"/>No</p>	Verify Register availability
31. Practice related to Respectful Maternity Care	<ul style="list-style-type: none"> ✓ Privacy maintained during examination ensured ✓ Birth attendant allowed in Labour room ✓ Obtaining Informed consent of the mother/ custodian ✓ Safe care environment maintained 	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<p>✓ Yes/ <input type="checkbox"/>No</p>	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	<p>Previous year: 4</p> <p>Current year: 2</p>	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	<p>Previous year: 35</p> <p>Current year: 26</p>	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	374	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	100	Verify BF records
39. Number of sterilizations performed in last one month	FEMALES- 6 MALES- 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 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	REGULARLY	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to	Observation, check AFHC register

	adolescents: _____ 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 checked="" 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	2000	200	
	b. Diabetes	2000	200	
	c. Oral Cancer	2000	00	
	d. Breast Cancer	80	00	
	e. Cervical Cancer	75	00	
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) ____2000____		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>40</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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Outsourced testing? <input type="checkbox"/> Yes/ <input 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:</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 480</p>	Facility Register/Records for leprosy

	<p>Out of those, how many are having Gr. II deformity: 01</p> <p>Frequency of Community Surveillance:</p>													
F. RECORDS, FINANCE, OTHERS														
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <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: 57222331</p> <p>Fund utilized last year: 56501745</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="3" style="text-align: center;">RKS Fund in prev. FY</td> </tr> <tr> <td colspan="3" style="text-align: center;">500000</td> </tr> <tr> <td style="text-align: center;">Received</td> <td style="text-align: center;">Utilized</td> <td style="text-align: center;">% Utilization</td> </tr> <tr> <td style="text-align: center;">500000</td> <td style="text-align: center;">492678</td> <td style="text-align: center;">99</td> </tr> </table>	RKS Fund in prev. FY			500000			Received	Utilized	% Utilization	500000	492678	99	
RKS Fund in prev. FY														
500000														
Received	Utilized	% Utilization												
500000	492678	99												
	List out Items/ Activities whose expenditure is met	RKS Register												

	<p>out of the RKS/ Untied Fund regularly:</p> <p>ESSENTIAL DRUGS, FURNITURE, WATER SUPPLY, WASHING ITEMS, EQUIPMENTS</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 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>In every 3 Months</p>	<p>RKS Register</p>
<p>55. Availability of ambulance services in the area</p>	<p><input checked="" 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>

	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 30 Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 04 Types of cases referred out:	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Human resource shortage viz, surgeon not available, gynae. Not available, supporting staff's shortage. Shortage of Ambulance.	
b) Shortage of medical equipment & machineries (available one are depreciated & out of service).	
c) Ultrasound (USG) not available in the whole area of Bharagora	
d) Need renovation of OT setup. FRU not functional. Low male sterilization (only 3 last year)	
e) NCD screening is going on but unable to upload on portal. Low immunization (88%).	

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

Key observations:

- New developments were taking place. The Centre was very near to Orissa and thus the local patients used to prefer going to other state for treatment instead of DH or other government hospitals of E. Singhbhum,
- The facility was nearby National Highway however it was not immediately linked with the same.
- No boundary wall was present and local population used the place for gambling & alcohol consumption.

An interesting case study of PVTG group in Godbhaga panchayat, Baharagora

Godbhaga panchayat in Baharagora is dominated by PVTGs population who don't have any supporting document sanctioned by Government of Jharkhand or India. They don't even have aadhar card or ration card, thus, making it difficult to provide them government services.

CHC Baharagora team used to visit the place every 3/4 months but bringing them on health terms is hard as they have their own beliefs regarding diseases. Prevalent case of anemia is observed among the population but they don't take medicines given or even if take, do not ensure consistency in the dose.

Strengths:

1. Good performance in terms of family planning.
2. Regular training conducted (weekly).
3. Infrastructure building.
4. KAYAKALP commendation awardee, Manasmuniya winner.

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

Urban /Rural: Rural

Date of Visit: 11/1/25

A. General Information	
1. State	Jharkhand
2. District Name	East Singhbhum
3. Block/Taluka Name	Ghorabandha
4. Name of Facility	PHC Ghorabandha
5. Type of Facility	<input type="checkbox"/> <input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	2010004149
7. No. of days in a week facility is operational	6
8. OPD Timings	9:00 a.m. – 3:00 p.m.
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	CHC, DH or MGM
13. Distance of next referral facility (in Km)	CHC-10 k.m
14. If UPHC functions as a Polyclinic (Yes/No)	Yes
15. If Yes, please take note of available specialist services at the Polyclinic	OPD, ANC, Lab tech.

A.1 Demographic Details	
1. Number of Villages/Wards	16
2. No. of Households	
3. Total catchment Population	16525
4. Population who are 30 years of age and above	

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

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

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input type="checkbox"/> <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		1		
2.	AYUSH MO*	1				
3.	Dentist*	1				
4.	Staff Nurse	2				
5.	Pharmacist	1		1		
6.	Laboratory Technician	1				
7.	ANM/MPW (F)#	1		2		
8.	MPW (M)	1		0		1
9.	Lady Health Visitor	1				
10.	Dresser	1				
11.	Accountant	1				
12.	Data entry operator	1				
13.	Sanitation staff	1			1	
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)					
15.	ASHA Facilitator (If any, only for Rural areas)					
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

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

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

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

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input type="checkbox"/> ✓No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>		
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>35</p>		
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>		
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning </td> <td style="vertical-align: top;"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> 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"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> 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"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week not fixed <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	8 (Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	
4	Number of tests Provided through In House Mode	
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	

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

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

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

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

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

Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> National NCD Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> HMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> FPLMIS	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Specify others, if any:			
L. Finance			
Renumeration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	1.75 Lakhs	1.72129 Lakhs	98.36%

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 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 type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<p><input type="checkbox"/> Yes/ <input checked="" 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>		

	<input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	
2	No. of PW registered for ANC	
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	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	
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	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	
	No. of TB patients diagnosed out of the presumptive patients referred	
	No. of TB patients taking treatment in the AAM	
12	Community Based Screening for NCDs	

	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	326	326	
	Diabetes	130	130	
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*			
	Breast Cancer*			
	Cervical Cancer*			

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

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other

Observation:

- The facility runs with the support of Manipal-Tata group.

Key challenges:

1. Unavailability of quality management system (no provision for feedback collection, grievance redressal mechanism etc.).
2. No certification.
3. NCD screening newly started and thus lack data.
4. Don't provide delivery service.
5. No JAS.
6. No infrastructure availability in terms of desktop, tablet or internet connection.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag				
2	Laryngoscope				
3	Radiant Warmer				
4	Pulse Oximeter-Finger Tip				
5	Pulse Oximeter-Table Top				
6	Labor Bed				
7	Foetal Doppler				
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine				
13	Mobile Spotlight				
14	Manual Vacuum Aspirator				
15	Weighing Scale				
16	Baby Weighing Scale				
17	Infantometer				
18	Ophthalmoscope				

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

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

Urban /Rural: Rural

Date of Visit: 10/1/25

A. General Information	
1. State	Jharkhand
2. District Name	EAST SINGHBHUM
3. Block/Taluka Name	Baharagora
4. Name of Facility	PHC Manusmuria
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	3645482468
7. No. of days in a week facility is operational	24 * 7
8. OPD Timings	9 AM to 2 PM
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	CHC Baharagora
13. Distance of next referral facility (in Km)	15 k.m.
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	3
2. No. of Households	1181
3. Total catchment Population	5018
4. Population who are 30 years of age and above	3267

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

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

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines									
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>171</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>								
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>52</p>								
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>								
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0"> <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> </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"/> 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"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	7
4	Number of tests Provided through In House Mode	
5	Number of tests Provided through Hub & Spoke (Public Health System)	

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

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input 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 checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

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

Constitution of Jan Arogya Samiti		✓ 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		✓ Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken		✓ Yes <input type="checkbox"/> No	
K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> IHIP		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> DVDMS		<input type="checkbox"/> Yes <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)	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	✓ Yes <input type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
NHM Fund/untied funds utilized during last year:			

<p>INFRASTRUCTURE, GARDENING ETC.</p>			
	<p>1.75 LAKHS</p>	<p>1.10 LAKHS</p>	<p>62.85%</p>
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>YES</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
<p>Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p>		

	<input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1855
2	No. of PW registered for ANC	17
3	No. of PW received 4 or more ANC check-ups	18
4	Total number of institutional deliveries	17
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	3/3
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	NA
	No. of TB patients diagnosed out of the presumptive patients referred	NA
	No. of TB patients taking treatment in the AAM	NA
12	Community Based Screening for NCDs	

	% of target population administered CBAC		NA	
	% of target population with score below 4		NA	
	% of target population with score 4 and above		NA	
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	266	Record not maintained	
	Diabetes			
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	0		
	Breast Cancer*	0		
	Cervical Cancer*	0		

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	23-24 WINNER SCORE- 87
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 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 checked="" type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Not Done Yet
2	Facility aggregate score using ODK Took kit	Not Done Yet

Remarks & Observations	
Infrastructure	

HRH

IEC

Expanded service Packages

IT System

Any Other

Key challenges:

1. Salary gap for outsourced employees.
2. Partial digital data recording.
3. No internet connectivity.

Strengths:

- Herbal garden well maintained,
- Fencing available.
- Active participation in family planning project.
- KAYAKALP awardee (23-24)
- Regular wellness & health day observed.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	1		1	
2	Laryngoscope				
3	Radiant Warmer	1		1	
4	Pulse Oximeter-Finger Tip	1		1	
5	Pulse Oximeter-Table Top	1		1	
6	Labor Bed	1		1	
7	Foetal Doppler	1		1	
8	Phototherapy Unit	1		1	
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine	1		1	
13	Mobile Spotlight				
14	Manual Vacuum Aspirator				
15	Weighing Scale	1		1	
16	Baby Weighing Scale	1		1	
17	Infantometer				
18	Ophthalmoscope				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
22	ILR With Voltage Stabilizer-Small				
23	Deep Freezer-Small				
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs	1		1	
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser				
29	Binocular Microscope				
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	1		1	
33	Haemoglobinometer	1		1	
34	ESR Analyzer	1		1	
35	Electrolyte Analyzer	1		1	
36	Oxygen Cylinder- B Type	1		1	
37	BP Apparatus- Aneroid	1		1	
38	BP Apparatus-Digital	1		1	
39	Stethoscope	1		1	
40	Thermometer	1		1	
41	Examination Table	1		1	
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: _10/1/25

A. General Information	
1. State	Jharkhand
2. District Name	East Singhbhum
3. Block/Taluka Name	Baharagora
4. Name of Facility	AAM Ramchandrapur
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	3336574383
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9 a.m. – 3 p.m.
9. Month & Year of operationalization of AAM	2013
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	CHC Baharagora
13. Distance of next referral facility (in Km)	20
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	8
2. No. of Households	532
3. Total catchment Population	2227
4. Population who are 30 years of age and above	1257

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

2.	If there is no government-owned Building, specify building type	S.no	Building	√ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes	<input checked="" 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 6	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Availability of boundary Wall	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7.	External branding as per CPHC guidelines (Colour & Logo)	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
17.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
18.	Power back up	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
21.	Provision of BMW management	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
22.	Colour coded waste bins	<input type="checkbox"/> Yes	<input checked="" 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.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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

*Desirable

For PHC sub centre-Co-located

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

Y

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

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

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

F. Availability of Essential medicines		
1	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- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	171 <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	31
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 checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input 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	Blood sugar test only (Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	7 (Only Kit Based Test)
4	Number of tests Provided through In House Mode	7
5	Number of tests Provided through Hub & Spoke (Public Health System)	NA

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

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

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

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

Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> National NCD Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> HMIS	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds (no fund allocated)	Fund Source	Timely disbursement	
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	1.5 lakhs	132506	

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

	<ul style="list-style-type: none"> ✓ Free diagnostics ✓ Free blood services ✓ Free referral transport (home to facility) ✓ Free referral transport (drop back from facility to home) ✓ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits	4 times/ week		
2	No. of PW registered for ANC			
3	No. of PW received 4 or more ANC check-ups			
4	Total number of institutional deliveries	15		
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	15		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	15		
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0		
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0		
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0		
11	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	NA		
	No. of TB patients diagnosed out of the presumptive patients referred	NA		
	No. of TB patients taking treatment in the AAM	NA		
12	Community Based Screening for NCDs			
	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	NCDs	Screened	Treated	Follow-up

	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension		25	25
	Diabetes		12	12
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	0	0	
	Breast Cancer*	0	0	
	Cervical Cancer*	0	0	

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

		<input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Not Aware
2	Facility aggregate score using ODK Took kit	Not Aware

Remarks & Observations	
Infrastructure	

HRH

IEC

Expanded service Packages

IT System

Any Other

Key Observations:

. The Centre is not full-fledged AAM, just normal PHC.

Key challenges:

1. No regular MO appointed.
2. NCD screening not available (only basic like Blood pressure etc. available).
3. Staff shortage (in both day & night shift).
4. Low sterilization rate.
5. Less social acceptance of health- friendly habits.
6. Absence of Citizen's charter and prominent IEC materials related to sanitation, water & hygiene.
7. No diagnostic service is provided. No well-ness session or health day is observed by the facility.

Strengths:

1. Timely immunization.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag				
2	Laryngoscope				
3	Radiant Warmer				
4	Pulse Oximeter-Finger Tip				
5	Pulse Oximeter-Table Top				
6	Labor Bed				
7	Foetal Doppler				
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine				
13	Mobile Spotlight				
14	Manual Vacuum Aspirator				
15	Weighing Scale				
16	Baby Weighing Scale				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
17	Infantometer				
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
22	ILR With Voltage Stabilizer-Small				
23	Deep Freezer-Small				
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs				
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser				
29	Binocular Microscope				
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer				
33	Haemoglobinometer				
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type				
37	BP Apparatus- Aneroid				
38	BP Apparatus-Digital				
39	Stethoscope				
40	Thermometer				
41	Examination Table				
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: 11/1/25

A. General Information	
1. State	Jharkhand
2. District Name	East Singhbhum
3. Block/Taluka Name	Jugsalai cum golmuri
4. Name of Facility	UPHC Ramjanamnagar, Kadna
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1115737619
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9 am- 8pm
9. Month & Year of operationalization of AAM	28 Oct, 2018
10. Details of co-location, if any <i>(If any co-located SHC)</i>	No
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	SADAR Hospital, OR MGM hospital
13. Distance of next referral facility (in Km)	10 km.
14. If UPHC functions as a Polyclinic (Yes/No)	Yes
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	
2. No. of Households	6715
3. Total catchment Population	33565
4. Population who are 30 years of age and above	12419

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

2.	If there is no government-owned Building, specify building type	S.no	Building	√ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input 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 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 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1		0		1
2.	AYUSH MO*	1		0		0
3.	Dentist*	1		0		1
4.	Staff Nurse	2		0		0
5.	Pharmacist	1		0		01
6.	Laboratory Technician	1		0		01
7.	ANM/MPW (F)#	1				3
8.	MPW (M)	1		0		0
9.	Lady Health Visitor	1		0		0
10.	Dresser	1		0		0
11.	Accountant	1				0
12.	Data entry operator	1				0
13.	Sanitation staff	1				1
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)					23
15.	ASHA Facilitator (If any, only for Rural areas)					
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

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

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

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

F. 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- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	108 <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	102	
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 checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial

		<input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" 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	13
4	Number of tests Provided through In House Mode	NA

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

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

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

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

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

(Infrastructure, painting, lab maintainance etc.)	1.75 LAKHS	1.75 LAKHS	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<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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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	4469/13461
2	No. of PW registered for ANC	275
3	No. of PW received 4 or more ANC check-ups	12
4	Total number of institutional deliveries	0
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	0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	11
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	38
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	0
	No. of TB patients diagnosed out of the presumptive patients referred	
	No. of TB patients taking treatment in the AAM	
12	Community Based Screening for NCDs	

	% of target population administered CBAC			NA
	% of target population with score below 4			NA
	% of target population with score 4 and above			NA
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	3013	1603	829
	Diabetes	2598	1257	935
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	0		
	Breast Cancer*	0		
	Cervical Cancer*	0		

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2023-24, commendation awardee
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

		<ul style="list-style-type: none"> ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> ✓ Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback <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	21/9/2024
2	Facility aggregate score using ODK Took kit	35.99/100

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other

Key challenges:

1. delivery services are not available.
2. Unavailability of emergency services.
3. Small space.

Strengths:

1. KAYAKALP commendation awardee (23-24).
2. Internet connectivity available.

Annexure- List of equipment

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

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

Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 11/01/25

A. General Information	
1. State	Jharkhand
2. District Name	East Singhbhum
3. Ward Name	
4. Name of Facility	UAAM Chhayanager
5. Type of Facility	UAAM
6. NIN of the facility	1132341411
7. No. of days in a week the facility is operational	6 days
8. OPD Timing	10 a.m. – 5 p.m.
9. Month & Year of UAAM operationalization	June 2023
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	UPHC Sidhgora
12. Distance of next referral facility (Km)	3 K.M.

A.1 Demographic Details	
1. Number of Wards	5
2. No. of Households	1956
3. Total catchment Population	13781
4. Population who are 30 years of age and above	4135

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned building	✓ Yes <input type="checkbox"/> No
2.	If there is no government-owned building, specify building type (<i>Other Govt./Urban Local Body/ Rented etc.</i>)	

3.	Availability of boundary wall	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" 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.1 Information, Education & communication (IEC) material		
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*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
2	Staff Nurse	1				1
3	MPW (Male)	1				1
4	Sanitary Staff*	1				1
5	Security Staff**	1				1
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)					

*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)	NO	NO	NO	
Child Health (New Born Care/ HBNC/ HBYC)	NO	NO	NO	
Family Planning		YES	YES	
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasis etc.)	YES	YES	YES	
NCD	NO	NO	NO	
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 (F) / (M)	NO	NO	NO	NO	NO	NO
ASHA	NO	NO	NO	NO	NO	NO

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

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> https://nhsrindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf <i>(Total medicines at UAAM as per national EML is 105)</i>
2	Total number of medicines available at the UAAM
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 checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy
		<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	14 <i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	13
4	Number of tests Provided through In House Mode	13
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input 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)	NONE

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop (DESKTOP) <input type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specify Hub for teleconsultation:	

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

I. Wellness Activities

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

J. Governance

Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months (once a month)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meetings maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of functional MAS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

K. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input checked="" 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

L. Finance			
Renumeration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
United Fund utilized during last year	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	Established in 2024		
	Funded by 15th FC		
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

	<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 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 type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till:</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<p>Availability of JSSK entitlements</p>	<p><input type="checkbox"/> Yes <input checked="" 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>

	<input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits	NA		
2	No. of PW registered for ANC	NA		
3	No. of PW received 4 or more ANC check-ups	NA		
4	Total number of institutional deliveries	NA		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	NA		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	NA		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	NA		
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	NA		
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	NA		
8	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	9		
	No. of TB patients diagnosed out of the presumptive patients referred	1		
	No. of TB patients taking treatment in the AAM	NONE		
9	Community Based Screening for NCDs			
	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
10	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up

	Hypertension	1042	281	
	Diabetes	253	174	
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*			
	Breast Cancer*	>6		
	Cervical Cancer*			

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, Achievement under Kayakalp (Winner, recommendation) 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 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 checked="" type="checkbox"/> Maintenance of clinical records

		<input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input 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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	NA
2	Facility aggregate score using ODK Tool kit	NA

Remarks & Observations

Remarks & Observations
Infrastructure
HRH

IEC
Expanded service Packages
IT System
Any Other Key Challenges: <ol style="list-style-type: none">1. Unavailability of safe drinking water2. No power backup available.3. No boundary wall available.4. Unavailability of trained instructor for wellness sessions.5. No JAS.6. No certification available.

Annexure- List of essential equipment

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

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

Date of Visit: 9/1/25

A. General Information	
1. State	Jharkhand
2. District Name	East Singhbhum
3. Block/Taluka Name	Jugsalai/ Golmuri
4. Name of Facility	AAM- Sundernagar
5. Type of Facility	HSC
6. NIN of the facility	
7. No. of days in a week facility is operational	06
8. OPD Timings	9:00 a.m.- 3:00 p.m.
9. Month & Year of AAM operationalization	June, 2022
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Jugsalai OR DH
12. Distance of next referral facility (Km)	DH- 5 k.m.

A.1 Demographic Details	
1. Number of Villages	19
2. No. of Households	4147
3. Total catchment Population	24235
4. Population who are 30 years of age and above	8966

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1			1	1
2	ANM/MPW-F	2	1		1	1
3	MPW-M					
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			21	19
4	Any other (If yes, specify)	Housekeeping				1

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

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

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

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

	<ul style="list-style-type: none"> ✓ Leprosy ✓ Acute simple illnesses <p>Non-Communicable Diseases</p> <ul style="list-style-type: none"> ✓ Screening and management of common NCDs (DM, HTN) ✓ Screening of common cancers – Oral ✓ Screening of common cancers – breast ✓ Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services				
Service Packages	Services Available	Drugs available	Diagnostics & consumables available	
Ophthalmic care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Oral health care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Elderly and palliative care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Screening & management of mental health ailments	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No
Emergency Medical Services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes	<input type="checkbox"/> No

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

Total number of medicines available at AAM-SHC	52	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week	

	<input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	12
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes

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

Common Conditions for which teleconsultation being done	B.P., Diabetes, joint pain, etc.
Total Teleconsultations in the last 01 month	84

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

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

Fund flow through other sources Specify any other fund source:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	50000	30000	60%
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available	<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		

VHSNC Meeting held and minutes available	✓ Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	✓ Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	✓ Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	✓ Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	✓ Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month10 days	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Not being followed in Jharkhand	
Number of Village Health & Sanitation days conducted in last 6 months	30	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1645
2	No. of PW registered for ANC	145
3	No. of PW received 4 or more ANC check-ups	133
4	Total number of institutional deliveries	09
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	14
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	106
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	100
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	18

9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	2		
	No. of TB patients diagnosed out of the presumptive patients referred	60		
	No. of TB patients taking treatment in the AAM	4		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		8966	
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	1129	89	112
	Diabetes	1129	57	57
	Oral Cancer	1129		
	Breast Cancer	474		
	Cervical Cancer	149		

N. Implementation of NQAS Quality Assurance and Patient Safety

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

5	If yes, achievement under Kayakalp (Winner, commendation) and score	2022 winner
6	Patient Rights	<ul style="list-style-type: none"> ✓ Display of citizen's charter ✓ Display of IEC materials ✓ Provision for ensuring privacy ✓ Respectful Maternity care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> ✓ Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms ✓ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	21 oct, 2024
2	Facility aggregate score using ODK Took kit	80%

Remarks & Observations	
Infrastructure	Good
HRH	
IEC	Good
Expanded service Packages	Basic eye screening
IT System	
Any Other	

Key Observations:

The facility was well maintained in terms of sanitation, presence of herbal garden,

BMW management, functioning of available equipment, beds and drugs.

Boundary wall is available.

Key Challenges:

1. Staff shortage.

2. Training required

Strengths:

1. NQAS certified

2. Kayakalp awardee (2022)

3. IEC well displayed.

Appendix-List of equipment

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

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

Date of Visit: 10/1/25

A. General Information	
1. State	JHARKHAND
2. District Name	East Singhbhum
3. Block/Taluka Name	Baharagora
4. Name of Facility	AAM Jagannathpur
5. Type of Facility	AAM
6. NIN of the facility	6546445476
7. No. of days in a week facility is operational	ALL
8. OPD Timings	9:00 A.M. – 3: 00 P,M,
9. Month & Year of AAM operationalization	
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	CHC Baharagora
12. Distance of next referral facility (Km)	10km

A.1 Demographic Details	
1. Number of Villages	13
2. No. of Households	1566
3. Total catchment Population	5906
4. Population who are 30 years of age and above	1963

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1				1
2	ANM/MPW-F	2				1
3	MPW-M					1
3	ASHA (Population Norms -1 ASHA per 1000 population)	-				13
4	Any other (If yes, specify)					

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

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

R

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

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

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

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

F. Essential medicines

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>105</p> <p>(Total medicines at AAM-SHC as per national EML is 105)</p>
<p>Total number of medicines available at AAM-SHC</p>	<p>80</p>

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

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

H. Information Technology & Teleconsultation

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

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

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

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	50000	10000+ 20000	60%
Is untied fund being spent on following activities	Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Periodic VHND sessions undertaken (Sessions held against planned)	✓ Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	✓ Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	✓ Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...6.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	6-7	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1040
2	No. of PW registered for ANC	30
3	No. of PW received 4 or more ANC check-ups	24
4	Total number of institutional deliveries	02
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	24
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	3
9	TB patients undergoing treatment	
	Indicators	Current year

	No. of presumptive TB patients identified	1		
	No. of TB patients diagnosed out of the presumptive patients referred			
	No. of TB patients taking treatment in the AAM			
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	150		
	Diabetes	150		
	Oral Cancer	150		
	Breast Cancer	59		
	Cervical Cancer	59		

N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	COMMENDATION SCORE- 75
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter

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

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Not Available

2	Facility aggregate score using ODK Took kit	Not Available

Remarks & Observations	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	
Any Other	<p>Key Observations:</p> <p>1. The facility was well connected (immediate to) National Highway. Boundary wall</p>

was present and TYPE1 AAM. The MO has joined recently (5 months back)

Key challenges:

1. Tele-consultation was earlier available but currently not available.
2. Staff shortage,
3. Security not available.
4. NCD-only basic training is given and no training regarding cervical cancer has been provided.
5. No internet connectivity is provided. Staff is using own phone.

Strengths:

1. KAYAKALP commendation awardee.
2. NQAS certified.
3. Power backup available in case of electricity cut.

Appendix-List of equipment

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

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

Date of Visit: 10/1/25

A. General Information	
1. State	Jharkhand
2. District Name	East Singhbhum
3. Block/Taluka Name	Baharagora
4. Name of Facility	AAM- Khandamauda
5. Type of Facility	Sub centre
6. NIN of the facility	8132648646
7. No. of days in a week facility is operational	7 days
8. OPD Timings	9 a.m. – 3 pm.
9. Month & Year of AAM operationalization	May, 2012
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Baharagora
12. Distance of next referral facility (Km)	7 km

A.1 Demographic Details	
1. Number of Villages	6
2. No. of Households	972
3. Total catchment Population	4926
4. Population who are 30 years of age and above	2284

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Pharmacy /Drug store	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input type="checkbox"/> ANM

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input type="checkbox"/> Yes	<input checked="" 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 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1				
2	ANM/MPW-F	2		1		
3	MPW-M			1		
3	ASHA (Population Norms -1 ASHA per 1000 population)	-		10		
4	Any other (If yes, specify)					

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

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

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

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

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

F. Essential medicines

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p style="text-align: center;">106</p> <p>(Total medicines at AAM-SHC as per national EML is 105)</p>
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Total number of medicines available at AAM-SHC	90	
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 checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input 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 checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	12
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit

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

Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Mental disorders, hypertensions & diabetes
Total Teleconsultations in the last 01 month	0

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

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

<p>Facility funds</p> <p>Timely disbursement of untied funds</p> <p>Fund flow through other sources</p> <p>Specify any other fund source:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Fund utilization</p> <p>% NHM Fund utilized last year:</p> <p>(machine repairment, medicines, stationary etc.)</p>	<p>Funds received (Amt in Rs.)</p>	<p>Expenditure (Amt in Rs.)</p>	<p>% Expenditure</p>
<p>Is untied fund being spent on following activities</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>K. Governance</p>			
<p>Community-based platforms</p> <p>Constitution of Jan Arogya Samiti</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...7.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	12	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1250
2	No. of PW registered for ANC	13
3	No. of PW received 4 or more ANC check-ups	16
4	Total number of institutional deliveries	0
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	28

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	26		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	118		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	0		
	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	20% 158 211		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	729	170	
	Diabetes	729	168	
	Oral Cancer	7269	0	
	Breast Cancer	458	0	
	Cervical Cancer	458	458	

N. Implementation of NQAS Quality Assurance and Patient Safety

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

3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	22-23 commendation awardee
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms

	✓ Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	30 oct, 2024
2	Facility aggregate score using ODK Took kit	72%

Remarks & Observations	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	

Any Other

Key challenges:

1. Infrastructure needs up-gradation.
2. Lab not available.
3. No deep burial available regarding BMW management.
4. No internet connectivity.
5. No certification.

Strengths:

1. Full immunization.
2. Tele-consultation available.

Appendix-List of equipment

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

Field Monitoring Format - Community Level

Date of Visit	11/1/25
Name of Village/ Slum visited	Luabasa 2
Details of nearest public health facility (from residence)	<i>Facility name: PHC Ghorabandha</i> <i>Facility type:PHC</i> <i>Distance: 6km</i>
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No
Accessible from nearest road	<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		
Topic: Community's choice of provider				
<i>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</i>	<i>Healthcare provider probes:</i> <i>Self (home remedies), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</i>		√	Reason for the choice
		<i>Self (home remedies)</i>		<ul style="list-style-type: none"> <i>Proximity,</i> <i>Convenience</i> <i>Economical</i> <i>Trust/Faith on the provider/ Practice .</i> <p><i>Good Dr., free of cost services.</i></p>
		<i>Informal healers</i>		
		<i>private practitioners/ hospitals,</i>	√	
		<i>public/ government primary hospitals</i>	√	

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

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

<p>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p>	<p>May use local terms as recognized by the community</p>	<p>Good facility. Call is "haspatal." We get our medical checkup & medicines for free.</p>
<p>How long has it been there?</p>	<p>Services may include: <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p>	

<p><i>What are the health services being provided there?</i></p>	<p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p> <p><i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i></p>	<p>More than a year.</p> <p>Daily OPD, counselling, normal deliveries, basic eye & dental checkups, NCD screening etc.</p>
<p>Topic: Accessibility to primary healthcare services</p>		
<p><i>How do you access the facility from your residence?</i></p>	<p><i>Probes: Walk to the facility</i></p> <p><i>Use public transport</i></p> <p><i>Use personal transport</i></p>	<p>Mostly by walk.</p> <p>Few use their own vehicle (bike).</p> <p>Local transports no available.</p>
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p><i>Barriers may include:</i></p> <p><i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p>	<ul style="list-style-type: none"> • <i>Geographical barriers</i> • <i>structural barriers within the facility or its premises</i> • <i>financial barriers</i> • <i>socio-cultural barriers</i> • <i>Others, (please specify):.....(unavailability of local transportation.....)</i>
<p><i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed</i></p>		<p>Yes. We participate in it. Its good way to promotes healthy lifestyle.</p>

<i>during such camps/ visits?</i>			
Topic: Availability of primary health care infrastructure and services			
<p><i>What are your opinions on the building in which the primary healthcare facility is functioning?</i></p> <p><i>What more needs to be added to improve the treatment-seeking experience in this place?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Condition of the building - Maintenance - Dedicated space for waiting and examination - Adequate seating arrangement - Functional toilet - Potable and drinking water - Power supply 	Infrastructure and services	Response
		<i>Condition of the building</i>	<input checked="" type="checkbox"/> Good <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>When you visit the facility, are the staff</i>	Staff may include: Medical officers(AAM PHC/ UPHC/ UAAM), Community health	Available during the OPD timing.	

<p><i>available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p><i>officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	<p>Yes. Due to less staffs we have to wait for long also if more Dr. will be available we will get more treatments here.</p>
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes. We get all our medicines.</p> <p>Sometimes they run of stocks (very rarely).</p>
<p><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Yes. Rest, for the tests they are not providing they refer us to CHC or DH.</p> <p>They don't have machinery or lab assistant and thus unable to provide the test not available there.</p>
<p>Topic: Acceptability of healthcare services</p>		
<p><i>Do you feel that the staff at the facility is capable to</i></p>	<p>Probe: <i>Adequate skills and knowledge</i></p>	<p>Yes.</p>

<i>provide health care?</i>		
<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p>Innovative may include <i>painless, time-saving or cost-saving methods or technology</i></p> <p>Alternate phrasing: <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></i></p>	<p>Yes.</p> <p>Yes.</p> <p>No. even we get ambulance services whenever required.</p>
Topic: Appropriateness of primary healthcare services delivered through AAM		
<i>What are the main healthcare concerns that exist or emerge in your community?</i>	<p>Probe: <i>To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p>Probe: <i>To share some insights</i></p>	<p>Fever, cough & cold, TB, few cases of diarrhea.</p>

<p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>		<p>Yes</p> <p>Yes. Money saving.</p>
<p>Topic: Community's involvement / participation</p>		
<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and</i></p>	<p>Probes</p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p>Yes. Even <i>Sahiya didi</i> (ASHA) also supports & suggest us about healthy lifestyle.</p> <p>We do as directed by the Dr. we also attend wellness sessions. We come forward for immunization & vaccinations.</p>

<i>your contribution</i>		
Topic: Unmet Needs		
<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>Availability of delivery services (normal + by operation) .</p> <p>Availability of more diagnostic tests</p> <p>We go to CHC or DH level. Sometimes we use our <i>ayushman cards</i> to avail such facilities.</p> <p>No.</p>
Topic: Quality of Care provided through the primary healthcare facility		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - <i>Provider behaviour/ attitude</i> - <i>Waiting time</i> - <i>Cleanliness of the premises</i> - <i>Provision for Grievance redressal and escalation</i> 	<p>Good.</p>

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

Key Challenges Observed	Root Cause
<p><i>1. Distance and low connectivity with DH.</i></p> <p><i>2. Unavailability of delivery services at nearby PHCs.</i></p> <p><i>3. Blood test not available in nearby PHC.</i></p> <p><i>4. Space crunch in nearby PHCs.</i></p> <p><i>5. High patient load, low bed availability.</i></p> <p><i>6. Manpower shortage creates high burden on available staffs.</i></p>	