

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



Submitted by:

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Introduction:

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

The findings are based on visits conducted by the PRC-IEG team, comprising Dr. Rahul Kumar and Mr. Adarsh Gupta, to various public healthcare facilities, including District Hospital Howrah; CHC Bagnan; CHC Domjure; PHC Kolorah; PHC Mankur; PHC Mohiari; PHC Paschim Binan; AAM SHC Brahmangram; AAM SHC Kantalia; AAM SHC Khajutty; and AAM SHC Prasastha. The team held meetings with the Civil Surgeon (CS), nodal programme officers, Medical Officer-in-Charge (MOIC), facility staff (MOs, CHOs, ANMs, etc.), community health care providers (ASHAs, Anganwadi workers, etc.), and other supporting staff. These interactions aimed to evaluate the strengths and weaknesses of the facilities in terms of service delivery.

MAJOR OBSERVATIONS OF THE DISTRICT

HR & Infrastructure: The district faces a shortage of specialists and medical officers at DH, and CHC, levels. While AAM SHCs is 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 Medical College Howrah and Kolkata.

DH Howrah requires major infrastructure upgrades due to severe space constraints and a high patient load. As a key healthcare facility for low-income groups, it plays a crucial role in providing essential medical services. The lack of adequate space affects service efficiency, forcing patients to seek care elsewhere. Expanding infrastructure, optimizing existing space, and upgrading medical facilities are essential to improving patient care and accommodating the growing healthcare demands of the region.

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

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

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

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

Delivery Care Services: Normal delivery services are available at all visited facilities, while C-sections are limited to DH and select CHC FRUs due to a shortage of OBGY specialists at CHCs. In West Bengal, AAM PHCs and SHCs do not provide normal delivery services.

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

Quality Programs: Quality programs like Kayakalp, NQAS, LaQshya, and Suman are functional in the district. Several facilities are NQAS and Kayakalp certified.

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

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

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

Community Interaction: Community feedback highlights a strong reliance on public health facilities, especially in rural areas. The upgrade of SHCs to AAM-SHCs has increased patient turnout. Alcohol and tobacco use remain high among both men and women. Despite cultural barriers, many communities now perceive healthcare as "free of cost."

FACILITY WISE OBSERVATIONS

District Hospital Howrah:

District Hospital Howrah, a 500-bedded facility, provides comprehensive healthcare services, including medicine, OBGY, paediatrics, anaesthesia, surgery, orthopaedics, pathology, ENT, and dental care. With a daily OPD load exceeding 800 patients, the hospital faces a severe space crunch. Multiple buildings have been constructed in a cluttered manner, yet space remains inadequate. While major renovation work is ongoing, significant upgrades are still required, especially for quality assurance programs. The facility is equipped with a colposcope for VIA testing, a modular OT, an IPHL lab, and advanced diagnostic services. Infrastructure optimization, space expansion, and the addition of laser equipment for surgeries are essential to enhance service quality and accreditation readiness.

CHC Bagnan:

CHC Bagnan, is a Kayakalp awarded functional FRU CHC, handles a daily OPD load of 120 to 150 patients.

It provides OPD & IPD services, normal and C-section deliveries, family planning, physiotherapy, a TB unit, an NCD clinic, adolescent counselling, and dental services. The facility records 50 to 60 deliveries per month, including 10 to 12 C-sections, and has a 2-bedded NBSU with trained staff nurses. However, the facility faces waterlogging issues during the rainy season, which needs urgent attention for uninterrupted healthcare services.

CHC Domjure:

CHC Domjure, is a Kayakalp awarded Non-FRU facility, handles a high OPD load of 400-500 patients daily. It provides OPD & IPD services, normal deliveries, family planning, a TB unit, an NCD clinic, adolescent counselling, a mental health clinic, and dental services. However, cleanliness at the facility is a major concern, with Gutka and Paan masala stains in every corner and open drainage with floating mosquito larvae, posing a serious health risk. Additionally, while the Block Program Health Unit (BPHU) has been constructed, it remains non-functional due to delays in HR recruitment. Urgent measures are needed to improve hygiene and operational efficiency.

PHC Kolorah, Mankur, Paschim Bainan & Mohiari:

All four PHCs primarily provide OPD services, family planning, and a limited range of kit-based diagnostic tests, with each facility managing a daily OPD load of over 100 patients. Each PHC is staffed with one Medical Officer (MO), ensuring basic medical care. In West Bengal, PHCs and SHCs do not offer delivery services, limiting their scope to primary healthcare. Additionally, these PHCs lack Comprehensive Primary Healthcare (CPHC) services under the Ayushman Bharat Health & Wellness Center (AB-HWC) initiative, restricting access to expanded healthcare packages. However, VIA testing for cervical cancer screening is available, enhancing preventive care. **Unlike other states, Health & Wellness Centers (HWCs) in West Bengal have not been rebranded as Ayushman Arogya Mandirs (AAM).** Strengthening these PHCs with full CPHC implementation, improved diagnostic services, and expanded healthcare offerings would significantly enhance service delivery in the region.

AAM SHC Brahmangram, Kantalia, Khajutty & Prasastha:

All four AAM SHCs are an NQAS and Kayakalp-certified facility, well-maintained in terms of sanitation, equipment

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functionality, service availability, BMW management, IEC material display, and drug availability. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs being implemented, which were effectively executed by the facility. For cervical cancer screening, the VIA test is conducted on-site. Additionally, the teleconsultation facility is functioning efficiently.

RECOMMENDATIONS

Enhancing Delivery Services: To improve maternal healthcare and upgrade Non-FRU CHCs to FRUs, Medical Officers should be provided with EmOC/BEmOC and LSAS training. Strengthening delivery services at the CHC level will reduce referrals, enhance institutional deliveries, and ensure timely emergency care for high-risk pregnancies across the district.

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

Addressing Shortage of Specialist & Medical Officers: The critical shortage of specialists, including surgeons, gynaecologists, anaesthetists, and Medical Officers, severely impacts healthcare delivery. To ensure uninterrupted essential medical services, it is imperative to deploy qualified specialists and MOs through the NHM. Strengthening human resources at healthcare facilities will improve service availability, enhance maternal and emergency care, and reduce the burden on referral hospitals.

Strengthening of Diagnostic Services at PHC level: Currently, all PHCs provide only OPD services with a limited range of diagnostic tests. Deploying lab technicians and equipping these facilities with essential diagnostic tools can transform them into testing hubs, reducing the patient load at CHCs and District Hospitals. Strengthening diagnostics at the PHC level will not only enhance early disease detection and management but also align with Health & Wellness Center (HWC) norms, improving overall healthcare accessibility in the region.

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



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Addressing Delay in NHM Fund: It was observed that in all the visited facilities, they reported that they haven't received funds on time or have not received them yet. This is a recurring issue that impacts service delivery and facility operations.



Field Monitoring Format -District Hospital (DH)

Date of Visit: 9/1/25

GENERAL INFORMATION	
Name of facility visited	Howrah District Hospital
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input 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: Bengal Medical College Distance: 5 k.ms.

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9:00 a.m. – 2:00 p.m.	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Space crunch, Very bad infrastructure, Repair and renovation work is going on.	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input 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 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
	<input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): __going on____			
3. Number of functional in-patient beds	_____516_____ No of ICU Beds available: 12			As reported/Hospital Citizen Charter Board
4. List of Services available	Medicine, Pediatric, Surgery, ENT, Dermatology, Ophthalmology, Dentistry, Ortho, OBGY, P.P. Unit, Psychiatry, Tobacco Cessation, Physiotherapy, NTEP & TB Unit, ECG, STI, ICTC, Homeopathy, NCD, Anneswa Clinic			As reported/Hospital Citizen Charter Board
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	Y	
	2	O&G	Y	
	3	Pediatric	Y	
	4	General Surgery	Y	
	5	Anesthesiology	Y	
	6	Ophthalmology	Y	
	7	Dental	Y	
	8	Imaging Services (X – ray)	Y	
	9	Imaging Services (USG)	Y	
	10	District Early Intervention Centre (DEIC)	N	
11	Nutritional Rehabilitation Centre (NRC)	N		

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	N	
	14	Neonatal Intensive Care Unit (NICU)	N	
	15	Pediatric Intensive Care Unit (PICU)	N	
	16	Labour Room Complex	Y	
	17	ICU	Y	
	18	Dialysis Unit	Y	
	19	Emergency Care	Y	
	20	Burn Unit	Y	
	21	Teaching block (medical, nursing, paramedical)	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 type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/Hospital Citizen Charter Board
6. Tele-medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month (Data source: Teleconsultation register/ e-Swasthyaingit Portal) If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			Tele-medicine records register/ e-sanjeevani portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Observation

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input checked="" type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input checked="" type="checkbox"/> Emergency OT	Ensure signage and protocol displays
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: <u>430</u> No. of blood transfusions done in last month: <u>800</u> 	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: <u>GOOD</u> 	As reported

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual		
		Sanctioned	Available	Sanctioned	Available	
		MO (MBBS)		9		
	Specialists	Medicine	6	4		
		Ob-Gyn	6	5		
		Pediatrician	5	4		
		Anesthetist	8	2		
		Surgeon	4	2		
		Ophthalmologist	2	2		
		Orthopedic	2	2		
		Radiologist	2	2		
		Pathologist	2	2		
		Others		10		
		Dentist	2	2		
		Staff Nurses/ GNMs	300	188	1	1
		LTs	15	5		3
		Pharmacist	15	11		
		Dental Technician/ Hygienist				1
		Hospital/ Facility Manager		1		
		EmOC trained doctor				
	LSAS trained doctor					
	Others					

C. Quality & Patient Safety Initiatives		Means of verification				
13. Kayakalp	Initiated: <ul style="list-style-type: none"> Facility score: 85.37% Award received: No 	Kayakalp Assessment report Verify certificate if awarded				
14. NQAS	<ul style="list-style-type: none"> Assessment done: State Internal Facility score: 80% Certification Status: No 	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 - <input type="checkbox"/> Yes/ ✓ No ✓ If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/> Yes/ ✓ No ✓ If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No 	LaQshya Assessment Report – check score Verify certificate if awarded				
D. DRUGS & DIAGNOSTICS						
16. Availability of list of essential medicines (EML)/ drugs (EDL)	✓ Yes/ <input type="checkbox"/> No (Partial) <ul style="list-style-type: none"> If yes, total number of drugs in EDL __NA__ EDL displayed in OPD Area: ✓ Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) <u>200</u> 	Verify EDL Displayed				
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ ✓ No If other, which one - SMIS	Observation, Check software				
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr> <td>1</td> <td>Rabbies Vaccine</td> </tr> <tr> <td>2</td> <td></td> </tr> </table>	1	Rabbies Vaccine	2		As reported, check DVDMS, E-
1	Rabbies Vaccine					
2						

	3		aushadhi, etc.
	4		
	5		
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____		As reported Stock/Inventory register
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed		As reported
• In-house tests	Timing: 9 AM to 8 PM Total number of tests available against Essential Diagnostic tests list for DH _____57_____ (Take the list of tests available at DH)		Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing: Total number of tests provided by PPP provider : Take the list of tests available from PPP Provider agency		Obtain the complete list of diagnostic tests outsourced to PPP provider agency
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: 1 digital & 1 Portable		Observation

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

	✓ Free for all	
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> ○ Previous year <u>12391</u> ○ Current FY <u>763</u> <p><i>*Calculate the approximate no. of patients provided dialysis per day</i></p>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)		As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
28. Availability of delivery services	✓ Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<p>✓ Yes/ <input type="checkbox"/> No</p> <p>Number of normal deliveries performed in last month: <u>252</u></p> <p>No. of C-sections performed in last month: <u>225</u></p>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on the condition of: 	<p>Labour room: Repair & Renovation going on</p> <p>OT: Repair & Renovation going on</p>	Observation

	Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
29. Status of JSY payments	<p>Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Average delay in payment to beneficiaries: (Average for how many days/benefeciary)</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input checked="" type="checkbox"/></p> <p>JSY payment depends upon availability of funds</p>	Verify from JSY status report
30. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input 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 type="checkbox"/> No user charges</p>	As reported/As Displayed in Maternity Ward

31. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
33. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	Previous year: 7 Current year: 3	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	Previous year: 2023-24 = 108 (neonatal) Current year: 2024-25 = 0	Maternal Deaths Records/Review
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 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	1466	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	439	Verify BF records
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input checked="" type="checkbox"/> Not functional/ All posts vacant	Observation
42. Number of sterilizations performed in last one month	70	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____ANM_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Regular utilization of FP services and PPIUCD is administered with the consent of beneficiaries. Other FP methods are also provided on a regular basis.	As reported/observe FP registers/records if available
46. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software

47. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ____ Counsellor_____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			Observation, check AFHC register
48. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____6_ days (Mention number of days)			Check NCD register
49. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed	NCD Register
a. Hypertension		4589	780	Record not maintained properly
b. Diabetes		4589	416	
c. Oral Cancer				
d. Breast Cancer				
e. Cervical Cancer		96	14	
51. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) – 6			DBT/Niks hay Report

	<ul style="list-style-type: none"> • If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	DBT/Nikshay Report
	<ul style="list-style-type: none"> • Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months 100% 	DBT/Nikshay Report
	<ul style="list-style-type: none"> • Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 70%	DBT/Nikshay Report

F. RECORDS, FINANCE, OTHERS

53. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Malaria cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No • Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No • Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No • Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No 	Respective records									
54. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>41217396</td> <td>40385173</td> <td>97.98%</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization	41217396	40385173	97.98%	Facility FMR
Fund in prev. FY											
Received	Utilized	% Utilization									
41217396	40385173	97.98%									

	<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)	Twice in a year	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):	

<ul style="list-style-type: none"> How many cases were referred here in the last month? 	<p>Number: 459</p> <p>Types of cases referred in:</p> <p>Emergency</p>	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	<p>Number: 5</p> <p>Types of cases referred out:</p> <p>Emergency</p>	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
A) Required Modern (Laser) equipment for surgery	
B) Recurring cost of surgery, Anaesthesia work station, hydraulic OT table,	
C) Surgical Steplar, Hermonic Scalpal	
D) 4K Leproscopic Instruent, Critical Patients Monitor	
E)	

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

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

Urban/ Rural: Rural

Date of Visit: 11/1/25

General Information	
Name of facility visited	Bagnan Rural Hospital
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: Uluberi Medical College & Hospital Distance: 30 km

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

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

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<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	Opd, Pharmacy, lab, immunization, NCD, DOTS, Delivery, Referral, Family planning, Counseling			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital	Citizen Charter Board
	1	Medicine	Y	Board	
	2	O&G	Y		
	3	Pediatric	Y		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	Y		
	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 checked="" type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available		As reported
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input checked="" type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:		As reported
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input type="checkbox"/> Yes/ <input checked="" 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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month (60) 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: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _good 	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		8	5		
	Specialists	Medicine	0	0		
		Ob-Gyn	1	0		
Pediatrician		0	0	1	1	

	Anesthetist	1	1		
	Dentist	1	1		
	SNs/ GNMs	17	13		
	LTs			2	2
	Pharmacist	2	1		
	Dental Assistant/ Hygienist				
	Hospital/ Facility Manager				
	EmOC trained doctor	1	1		
	LSAS trained doctor	1	1		
	Others			2	2

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 89.13% Award received: 2024 2023-2024 Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal/State INTERNAL Facility score: 75.54% 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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Operation Theatre:	LaQshya Assessment Report – check score Verify certificate if awarded

	LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		
D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed	
	If yes, total number of drugs in EDL_310 EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) ____152____		
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If other, which one_SMIS	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Rabies Vaccine	As reported, check DVDMS,
	2	Ringer's Lactate IVE	E-aushadhi, etc.
	3	Amplodipin	
	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___2 to 3 times	Stock/Indent register
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported;
• In-house tests	Timing: 9 a.m. - 4 p.m. Total number of tests available against Essential Diagnostic tests list for CHC ___21___	Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing: Total number of tests Provided by PPP Provider ___1 (USG)	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 checked="" type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported

23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	NA	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	NA	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: __65 No. of C-sections performed in last month: __12	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: GOOD OT: N/A Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

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

	<p>identified on 9th for previous month</p> <p>If No, reasons thereof:</p>	Staff review
30. Line listing of high-risk pregnancies	✓ Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<p>✓ Privacy maintained during examination ensured</p> <p>✓ Birth attendant allowed in Labour room</p> <p>✓ Obtaining Informed consent of the mother/ custodian</p> <p>✓ Safe care environment maintained</p>	Observation, Patient review
32. Whether facility have registers for entering births and deaths	✓ Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	<p>Previous year: 0</p> <p>Current year: 0</p>	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	<p>Previous year: 0</p> <p>Current year: 0</p>	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	✓ Yes/ <input type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<p>✓ Yes/ <input type="checkbox"/> No</p> <p>Nurses/ ANM aware about open vial policy: ✓</p> <p>Yes/ <input type="checkbox"/> No</p>	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	203	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	203	Verify BF records

39. Number of sterilizations performed in last one month	11	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 checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)____ _____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	GOOD (REGULARLY)	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ___Counsellor Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____6_____ days (Mention number of days)	Check NCD register

46. Are service providers trained in cancer services?	✓ Yes/ <input type="checkbox"/> No		(VIA)	
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	397	249	Record was not maintained properly
	b. Diabetes	397	70	
	c. Oral Cancer	397	0	
	d. Breast Cancer	63	0	
	e. Cervical Cancer	63	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) _2826		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 _____257_____		DBT/Nikshay Report	

	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Outsourced testing? <input checked="" 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: 100%</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 4</p> <p>Out of those, how many are having Gr. II deformity: NA</p> <p>Frequency of Community Surveillance: Every Month</p>	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Respective records

	<p>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Palliative cases: <input 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>							
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 29775039 Crores (for Entire Block)</p> <p>Fund utilized last year:</p>	Facility FM R						
	Fund in prev. FY							
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 33%;">Received</th> <th style="width: 33%;">Utilized</th> <th style="width: 33%;">% Utilization</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">96.9%</td> </tr> </tbody> </table>	Received	Utilized	% Utilization			96.9%	
	Received	Utilized	% Utilization					
			96.9%					
<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Electrical Maintainance, Cleaning purpose, transportation, daily labor payment etc.</p>	RKS Register							
<p>Reasons for underutilization of fund (if any)</p> <p>JAS not Available in West Bengal</p>	Staff review							
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the						

	MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	In every 3 Months	RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input checked="" type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre 108 <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 0 Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 15 Types of cases referred out: Accidental Cases, HRP cases	Referral Out register

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

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

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

Urban/ Rural: Rural

Date of Visit: 11/1/25

General Information	
Name of facility visited	Domjur Rural Hospital
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: DH Howrah Distance: 17 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 9:00 a.m. – 2:00 p.m.	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: The building condition was poor; it was an old structure with wall seepage. The hospital premises were very dirty, and the drainage was open, leading to mosquito larvae breeding. There was heavy use of tobacco and pan masala, with spit marks on the walls.	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<p>✓ Clean functional toilets available (separate for Male and female)</p> <p>✓ Drinking water facility available</p> <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 (65% Bed Occupancy Rate)			As reported/Hospital Citizen Charter Board	
5. List of Services available	Opd, Pharmacy, lab, immunization, NCD, DOTS, Delivery, Referral, Family planning, Counseling			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	Y		
	2	O&G	Y		
	3	Pediatric	N		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	N		
	7	Dental	Y		

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	8	Imaging Services (X-ray)	Y		
	9	Imaging Services (USG)	N (PPP)		
	10	Newborn Stabilization Unit	N		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input checked="" type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			As reported	
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input checked="" type="checkbox"/> Medicine <input checked="" type="checkbox"/> Pediatrician <input checked="" type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:			As reported	
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input type="checkbox"/> Yes/ <input checked="" 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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month (60) 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,			Observation Ensure signage and protocol displays	

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

B. Human Resources				As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual	
		Sanctioned	Available	Sanctioned	Available
	MO (MBBS)	9	8		

	Specialists	Medicine	0	0		
		Ob-Gyn	0	1		
		Pediatrician	0	0		
		Anesthetist	1 (LSS)			
	Dentist		1	1		
	SNs/ GNMs		20	18		
	LTs			3		3
	Pharmacist		3	2		
	Dental Assistant/ Hygienist		1	0		
	Hospital/ Facility Manager					
	EmOC trained doctor					
	LSAS trained doctor					
Others						

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 73% Award received: 2024 2023-2024 Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal/State INTERNAL Facility score: 56% Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	LaQshya Assessment

	<p>If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Operation Theatre:</p> <p>LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	<p>Report – check score</p> <p>Verify certificate if awarded</p>
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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	
	<p>If yes, total number of drugs in EDL_257</p> <p>EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>No. of drugs available on the day of visit (out of the EDL) ____99__</p>		
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_SMIS	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Onotavarin	As reported, check DVDMS,
	2	Drotavermintas	E-aushadhi, etc.
	3		
	4		
	5		

19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage___3 to 4 times	As reported Stock/Indent register
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> In-house tests 	Timing: 9 a.m. - 2 p.m. Total number of tests available against Essential Diagnostic tests list for CHC ___25___	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 ___11___	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly	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://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	NA	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	NA	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: __39 No. of C-sections performed in last month: __0	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): Not fixed</p> <p>Payment done till: Nov 2024</p> <p>Current month <input type="checkbox"/></p> <p>Last month: <input checked="" type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p>	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- 112 If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 0 Current year: 1	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review

37. Number of newborns immunized with birth dose at the facility in last 3 months	171	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	32	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 checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)____ _____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	GOOD (REGULARLY)	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ___ Counsellor Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility?	Check NCD register

	_____ days (Mention number of days)			
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	1704	686	Record was not maintained properly
	b. Diabetes	1704	334	
	c. Oral Cancer	1704	0	
	d. Breast Cancer	896	0	
	e. Cervical Cancer	53	0	
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Observation		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) <u>39</u> _____	DBT/Nikshay Report		
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report		
	Percent of patients tested through CBNAAT/ TruNat for Drug	DBT/Nikshay Report		

	resistance in the last 6 months _____46_____	
	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	As reported
	<p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 89%	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 4</p> <p>Out of those, how many are having Gr. II deformity: NA</p> <p>Frequency of Community Surveillance: Every Month</p>	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Respective records

	<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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>		
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 44836818 Crores (for Entire Block)</p> <p>Fund utilized last year: 43948777</p>	Facility FM R	
	Fund in prev. FY		
	Received		Utilized
			98%
	<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>	RKS Register	
<p>Reasons for underutilization of fund (if any)</p> <p>JAS not Available in West Bengal</p>	Staff review		
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the	

	MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	In every 3 Months	RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input checked="" type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre 108 <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 285 Types of cases referred in: Hypertension, BP, Viral etc.	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 164 Types of cases referred out: HRP Cases	Referral Out register

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

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

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

Urban /Rural: Rural

Date of Visit: 29th Jan 2025

A. General Information	
1. State	WB
2. District Name	Howrah
3. Block/Taluka Name	Domjur
4. Name of Facility	Kolorah PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	6428413865
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9 AM – 4 PM
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any <i>(If any co-located SHC)</i>	No
11. Accessible from nearest road head (Yes/No)	No
12. Next Referral Facility Name	Domjur Rural Hospital
13. Distance of next referral facility (in Km)	7 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	2
2. No. of Households	2774
3. Total catchment Population	9958
4. Population who are 30 years of age and above	3286

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 checked="" type="checkbox"/> No		
6.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8.	OPD room 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 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 If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For dr. & sisters		

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

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

*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	Y	Y	Y
NCD	Y	Y	Y	Y
Others (Specify)	Snake Bite			

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	Y	Y	Y	Y	Y	Y
ANM/ MPW-F	Y	Y	Y	Y	Y	N
MPW- M						
ASHA	Y	Y	Y	Y	Y	Y

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

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

Ophthalmic care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Availability of Essential medicines													
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>257</p> <p>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p> <p>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</p>												
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>53</p>												
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>												
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Oral Contraceptives</td> <td><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Analgesics / NSAIDs)</td> <td><input type="checkbox"/> Anti-fungal</td> </tr> <tr> <td><input type="checkbox"/> Anti-pyretic</td> <td><input type="checkbox"/> Anti-malarial</td> </tr> <tr> <td><input type="checkbox"/> Anti-allergics</td> <td><input type="checkbox"/> Anti-hypertensive</td> </tr> <tr> <td><input checked="" type="checkbox"/> Antidotes for poisoning</td> <td><input checked="" type="checkbox"/> Oral hypoglycaemics</td> </tr> <tr> <td><input type="checkbox"/> Gastrointestinal meds</td> <td><input type="checkbox"/> Hypolipidemic</td> </tr> </table>	<input checked="" 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 checked="" type="checkbox"/> Antidotes for poisoning	<input checked="" type="checkbox"/> Oral hypoglycaemics	<input type="checkbox"/> Gastrointestinal meds	<input type="checkbox"/> Hypolipidemic
<input checked="" 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 checked="" type="checkbox"/> Antidotes for poisoning	<input checked="" type="checkbox"/> Oral hypoglycaemics												
<input type="checkbox"/> Gastrointestinal meds	<input type="checkbox"/> Hypolipidemic												

		<input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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 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	9
4	Number of tests Provided through In House Mode	9
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

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

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

	<input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any Swasthyaingit Portl
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	NCD cases, fever, cough, Skin, etc.
Total teleconsultations in the last 01 month	277 (AS HUB)

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

K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> IHIP		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> DVDMS		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> Nikshay		✓ Yes <input type="checkbox"/> No	
Specify others, if any:		SMIS	
L. Finance			
Renumeration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes ✓ No	<input type="checkbox"/> Yes ✓ No
Facility funds	Fund Source	Timely disbursement	
	Untied	✓ Yes <input type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes ✓ No	
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	50000	48960	97%
Is untied fund being spent on following activities?	Regular payment of Bills: ✓ Yes <input type="checkbox"/> No		

	<p>If yes, specify;</p> <p>✓ Electricity</p> <p>✓ Drinking Water</p> <p>□ Internet</p> <p>Regular purchase: □ Yes ✓ No</p> <p>✓ Medicines</p> <p>✓ Reagents/Consumables</p> <p>✓ Equipment</p> <p>Payment of support/cleaning Staff: ✓ Yes □ No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<p>Availability of JSSK entitlements</p>	<p>□ Yes/ ✓No</p> <p>If yes, whether all entitlements being provided</p> <p>□ Free delivery services (Normal delivery/ C-section)</p> <p>□ Free diet</p> <p>□ Free drugs and consumables</p> <p>□ Free diagnostics</p> <p>□ Free blood services</p>

	<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		2115	
2	No. of PW registered for ANC		26	
3	No. of PW received 4 or more ANC check-ups		26	
4	Total number of institutional deliveries		NA	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified		12	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine		48	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine		43	
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month		61	
9	Number of cases referred from PHC AAM to CHC or higher centre during last month		17	
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			
	No. of TB patients diagnosed out of the presumptive patients referred	627		
	No. of TB patients taking treatment in the AAM	124		
12	Community Based Screening for NCDs			
	% of target population administered CBAC		65.32%	
	% of target population with score below 4		1%	
	% of target population with score 4 and above		65.32%	
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up

	Hypertension	2380	336	981
	Diabetes	2380	203	373
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	2080	0	0
	Breast Cancer*	1040	0	0
	Cervical Cancer*	157	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	90% Commendation Award (2024)
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 checked="" type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology

		<input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input 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	26 th Nov, 2024
2	Facility aggregate score using ODK Took kit	39.29%

Remarks & Observations	
Infrastructure	
HRH	
IEC	

Expanded service Packages
IT System
Any Other

Annexure- List of equipment

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

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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: 28th Jan 2025

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

A.1 Demographic Details	
1. Number of Villages/Wards	06
2. No. of Households	16964
3. Total catchment Population	54409
4. Population who are 30 years of age and above	20131

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 checked="" 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Availability of furniture:	Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Laboratory	<input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24.	<i>Residential Quarters available for Staff</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<i>If yes, Specify the staff for which quarters available</i>	For dr. & sisters		

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	1	1		
2.	AYUSH MO*	1	1	1		
3.	Dentist*	1	0	0		
4.	Staff Nurse	2	1	1		
5.	Pharmacist	1	1	1		
6.	Laboratory Technician	1	1	1		
7.	ANM/MPW (F)#	1	0	0		
8.	MPW (M)	1	0	0		
9.	Lady Health Visitor	1	0	0		
10.	Dresser	1	0	0		
11.	Accountant	1	0	0		
12.	Data entry operator	1	0	0		
13.	Sanitation staff	1	0	0		
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		47	47		
15.	ASHA Facilitator (If any, only for Rural areas)		1	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)	N	N		
Child Health (New Born Care/ HBNC/HBYC)	N	N		
Family Planning	N	N		
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Y	Y		
NCD	Y	Y		
Others (Specify)	Snake Bite			

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	Y	Y	Y	Y	Y	Y
ANM/ MPW-F	N	N	N	N	N	N
MPW- M						
ASHA	N	N	N	N	N	N

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input type="checkbox"/> ANC <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	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix <input type="checkbox"/> Screening and management of mental health ailments

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

F. 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>	173 <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	62	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> Anti-tuberculosis <input checked="" 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 checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input 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 checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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 type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input checked="" type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	14
4	Number of tests Provided through In House Mode	9
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	

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

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

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

	<input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any Swasthyaingit Portl
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	NCD cases, fever, cough etc.
Total teleconsultations in the last 01 month	554 (AS HUB)

I. Wellness Activities	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Specify others, if any:	SMIS		
L. Finance			
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 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
	50000	50000	100%

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

	<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	4999
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 Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	NA
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	NA
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	NA
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	620
	No. of TB patients diagnosed out of the presumptive patients referred	38
	No. of TB patients taking treatment in the AAM	14
12	Community Based Screening for NCDs	
	% of target population administered CBAC	N/A
	% of target population with score below 4	N/A
	% of target population with score 4 and above	N/A

13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	1068	618	464
	Diabetes	1033	295	203
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	147	0	0
	Breast Cancer*	102	0	0
	Cervical Cancer*	50	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	In 2023-24, 86.9% Commendation Award
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured

		<ul style="list-style-type: none"> ✓ Maintenance of clinical records <input type="checkbox"/> 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	NA
2	Facility aggregate score using ODK Took kit	NA

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other

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Annexure- List of equipment

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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: 29th Jan 2025

A. General Information	
1. State	WB
2. District Name	Howrah
3. Block/Taluka Name	Domjur
4. Name of Facility	Mohiari PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	6735478627
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9 – 4 PM
9. Month & Year of operationalization of AAM	2001
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Domjur Rural Hospital
13. Distance of next referral facility (in Km)	5 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	7
2. No. of Households	1600
3. Total catchment Population	36399
4. Population who are 30 years of age and above	10919

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 checked="" 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Availability of furniture:	Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" 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 For dr. & sisters		

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, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Recently been painted thus all IEC materials were removed.
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input 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	1		
2.	AYUSH MO*	1	0	0		
3.	Dentist*	1	0	0		
4.	Staff Nurse	2	1	1		
5.	Pharmacist	1	1	1		
6.	Laboratory Technician	1	1	1		
7.	ANM/MPW (F)#	1	2	2		
8.	MPW (M)	1	0	0		
9.	Lady Health Visitor	1	0	0		
10.	Dresser	1	0	0		
11.	Accountant	1	0	0		
12.	Data entry operator	1	0	0		
13.	Sanitation staff	1	0	0		
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		10	10		
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)	N	Y		
Child Health (New Born Care/ HBNC/HBYC)	N	N		
Family Planning	N	N		
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	N	N		
NCD	N	Y		
Others (Specify)	Snake Bite	N		

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	Y	Y	Y	N	N	N
ANM/ MPW-F	N	N	N	N	N	N
MPW- M						
ASHA						

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

E.2 Availability of Expanded Packages of Services				
Service Packages	Services Available	Drugs available	Diagnostics & consumables available	
Ophthalmic care services	✓ 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. 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>	<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	48	
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 checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics	<input 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"/> 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 type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input 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 checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	8
4	Number of tests Provided through In House Mode	8
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	MP Slide method	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services
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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)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	NCD cases, fever, cough etc.
Total teleconsultations in the last 01 month	262 (AS HUB)

I. Wellness Activities	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<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 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:	SMIS		
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.)	% Expenditure
	Not Available		

<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 type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> <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>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<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>

	<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	7317
2	No. of PW registered for ANC	21
3	No. of PW received 4 or more ANC check-ups	22
4	Total number of institutional deliveries	NA
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	03
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	14
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	13
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	21
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	NA
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	21
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	650
	No. of TB patients diagnosed out of the presumptive patients referred	8
	No. of TB patients taking treatment in the AAM	5
12	Community Based Screening for NCDs	
	% of target population administered CBAC	N/A
	% of target population with score below 4	N/A
	% of target population with score 4 and above	N/A

13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	1058	261	1617
	Diabetes	1058	160	1027
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	337	0	0
	Breast Cancer*	191	2	0
	Cervical Cancer*	95	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	78%
6	Patient Rights	<input checked="" 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 type="checkbox"/> Maintenance and upkeep of facility ensured

		<input type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input 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	26 th Nov, 2024
2	Facility aggregate score using ODK Took kit	36.59%

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other

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Annexure- List of equipment

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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: 29th Jan 2025

A. General Information	
1. State	WB
2. District Name	Howrah
3. Block/Taluka Name	Bagnan
4. Name of Facility	Paschim Bainan PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	2164272110
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9 AM – 2 PM
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any (If any co-located SHC)	No
11. Accessible from nearest road head (Yes/No)	No
12. Next Referral Facility Name	Bagnan Rural Hospital
13. Distance of next referral facility (in Km)	8 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	9
2. No. of Households	12140
3. Total catchment Population	48804
4. Population who are 30 years of age and above	

B. Physical Infrastructure	
Infrastructure Status and details	Availability

1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2.	If there is no government-owned Building, specify building type	S.no	Building	✓ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input 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 checked="" type="checkbox"/> No		
6.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8.	OPD room	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Availability of furniture:	Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Laboratory	<input 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 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 type="checkbox"/> Yes <input checked="" 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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<i>If yes, Specify the staff for which quarters available</i>	For dr. & sisters		

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, Eye, oral care, cancers etc)	✓ Yes No Recently been painted thus all IEC materials were removed.
3	Display of IEC on water, sanitation & hygiene	✓ Yes No
4	IEC/Poster on BMW displayed at the facility.	✓ Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes ✓ No
6	Display of citizen charter	<input type="checkbox"/> Yes ✓ No
7	Information on grievance redressal displayed	✓ Yes No
8	Information on referral transport displayed	<input type="checkbox"/> Yes ✓ No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes ✓ No

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	1		
2.	AYUSH MO*	1	0	0		
3.	Dentist*	1	0	0		
4.	Staff Nurse	2	2	1		
5.	Pharmacist	1	1	1		
6.	Laboratory Technician	1	0	0		
7.	ANM/MPW (F)#	1	2	1		
8.	MPW (M)	1	0	0		
9.	Lady Health Visitor	1	0	0		
10.	Dresser	1	0	0		
11.	Accountant	1	0	0		
12.	Data entry operator	1	0	0		
13.	Sanitation staff	1	0	0		
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		26	26		
15.	ASHA Facilitator (If any, only for Rural areas)			1		
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022	No				

*Desirable

For PHC sub centre-Co-located

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

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	Y	Y	Y	Y	Y	Y
ANM/ MPW-F	N	N	N	N	N	N
MPW- M						
ASHA	Y	Y	Y	N	Y	N

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC <input checked="" 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 checked="" type="checkbox"/> TB <input type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix <input type="checkbox"/> Screening and management of mental health ailments

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

F. 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>	229 <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	133	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input 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 checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

	<input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any Swasthyaingit Portl
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	NCD cases, fever, cough etc.
Total teleconsultations in the last 01 month	107 (AS HUB)

I. Wellness Activities	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> IHIP		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> DVDMS		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Nikshay		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Specify others, if any:		SMIS	
L. Finance			
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 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
	100000	100000	100%
	Is untied fund being spent on following activities?		
Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

	<p>If yes, specify;</p> <p><input 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 checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<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			9211
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 Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month			NA
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			NA
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months			NA
11	TB patients undergoing treatment			
	Indicators			Current year
	No. of presumptive TB patients identified			291
	No. of TB patients diagnosed out of the presumptive patients referred			26
	No. of TB patients taking treatment in the AAM			30
12	% of target population administered CBAC			N/A
	% of target population with score below 4			N/A
	% of target population with score 4 and above			N/A
	Community Based Screening for NCDs			
13	NCDs	Screened	Treated	Follow-up

	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension	586	2341	2131
	Diabetes	561	677	538
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	247	0	0
	Breast Cancer*	116	0	0
	Cervical Cancer*	55	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	In 2023-24, 3 rd position in Howrah District
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records

		<ul style="list-style-type: none"> ✓ 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"> <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	<ul style="list-style-type: none"> <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	3 rd Dec, 2024
2	Facility aggregate score using ODK Took kit	23.25%

Remarks & Observations	
Infrastructure	
HRH	

IEC

Expanded service Packages

IT System

Any Other

Annexure- List of equipment

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

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

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

Date of Visit: 28/1/25

A. General Information	
1. State	West Bengal
2. District Name	Howrah
3. Block/Taluka Name	Bagnan - I
4. Name of Facility	AAM- Brahmangram
5. Type of Facility	HSC
6. NIN of the facility	5238485584
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	Oct, 2019
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Bagnan Rural Hospital
12. Distance of next referral facility (Km)	5 k.ms.

A.1 Demographic Details	
1. Number of Villages	3
2. No. of Households	1450
3. Total catchment Population	5718
4. Population who are 30 years of age and above	2115

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>	<input type="checkbox"/> Yes ✓ No <input type="checkbox"/> CHO <input type="checkbox"/> ANM Lab Technician

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	1	1		
2	ANM/MPW-F	2	1	1	1	1
3	MPW-M					
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			6	6
4	Any other (If yes, specify)	Housekeeping				

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

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

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

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

F. Essential medicines

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>104</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	60	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week	

	<input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	9
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input checked="" type="checkbox"/> Ortho-toluidine reagent <input checked="" type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes

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

Common Conditions for which teleconsultation being done	B.P., Diabetes, joint pain, etc.
Total Teleconsultations in the last 01 month	267

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

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

Fund flow through other sources Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	25000	25000	100%
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available	<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		

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	<input type="checkbox"/> Yes ✓ No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month7 days	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	✓ Yes <input type="checkbox"/> No ✓ Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	16	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	2031
2	No. of PW registered for ANC	25
3	No. of PW received 4 or more ANC check-ups	25
4	Total number of institutional deliveries	25
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	16
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	37
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	23
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	28
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:			Data not maintained
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	964	230	1382
	Diabetes	964	162	664
	Oral Cancer	159	0	0
	Breast Cancer	50	0	0
	Cervical Cancer	50	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	84% Commendation Award

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	5 th Dec, 2024

2	Facility aggregate score using ODK Took kit	66.4%

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

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Appendix-List of equipment

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

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

Date of Visit: 28/1/25

A. General Information	
1. State	West Bengal
2. District Name	Howrah
3. Block/Taluka Name	Domjur
4. Name of Facility	AAM- Kantalia
5. Type of Facility	HSC
6. NIN of the facility	3344286723
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	Oct, 2019
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Domjur Rural Hospital
12. Distance of next referral facility (Km)	3 k.ms.

A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	2526
3. Total catchment Population	10000
4. Population who are 30 years of age and above	3700

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	1	1		
2	ANM/MPW-F	2	2	2		
3	MPW-M					
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			8	7
4	Any other (If yes, specify)	Housekeeping				

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

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

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

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

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

F. 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 style="text-align: center;">105</p> <p style="text-align: center;">(Total medicines at AAM-SHC as per national EML is 105)</p>
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Total number of medicines available at AAM-SHC	60	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input 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 type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week	

	<input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	8
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input checked="" type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes

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

Common Conditions for which teleconsultation being done	B.P., Diabetes, Pediatric, etc.
Total Teleconsultations in the last 01 month	398

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

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)	✓ Yes <input type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input type="checkbox"/> Yes ✓ No
Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes ✓ No
Facility funds	
Timely disbursement of untied funds	✓ Yes <input type="checkbox"/> No

Fund flow through other sources Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
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 checked="" 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 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	

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	<input type="checkbox"/> Yes ✓ No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last 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 ✓ No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	42	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	2676
2	No. of PW registered for ANC	27
3	No. of PW received 4 or more ANC check-ups	33
4	Total number of institutional deliveries	37
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	37
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	32
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	45
9	TB patients undergoing treatment	

	Indicators	Current year		
	No. of presumptive TB patients identified	6		
	No. of TB patients diagnosed out of the presumptive patients referred	237		
	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:			71.3% 65% 35%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	1490	361	1132
	Diabetes	1490	214	578
	Oral Cancer	352	0	0
	Breast Cancer	176	0	0
	Cervical Cancer	80	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	85% 1 st in Block

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

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

2	Facility aggregate score using ODK Took kit	71.526%

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

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Appendix-List of equipment

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

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

Date of Visit: 28/1/25

A. General Information	
1. State	West Bengal
2. District Name	Howrah
3. Block/Taluka Name	Bagnan - I
4. Name of Facility	AAM- Khajutty HWC
5. Type of Facility	HSC
6. NIN of the facility	3574457671
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	Feb, 2021
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Bagnan Rural Hospital
12. Distance of next referral facility (Km)	3.5 k.ms.

A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	1952
3. Total catchment Population	8351
4. Population who are 30 years of age and above	4169

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	1	1		
2	ANM/MPW-F	2	1	1	1	1
3	MPW-M					
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			8	7
4	Any other (If yes, specify)	Housekeeping				

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

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

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

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

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes ✓ No	<input type="checkbox"/> Yes ✓ No
Basic ear, nose, throat (ENT) care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes ✓ No
Oral health care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes ✓ No
Elderly and palliative care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes ✓ No
Screening & management of mental health ailments	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes ✓ No
Emergency Medical Services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<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://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p style="text-align: center;">109</p> <p style="text-align: center;">(Total medicines at AAM-SHC as per national EML is 105)</p>
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Total number of medicines available at AAM-SHC	109	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week	

	<input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national 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 checked="" 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 checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input checked="" type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Any other (Specify) Swathyaingit Portal
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Common Conditions for which teleconsultation being done	B.P., Diabetes, joint pain, etc.
Total Teleconsultations in the last 01 month	241

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

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

Fund flow through other sources Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	15000	15000	100%
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available		<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	

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 month1 days	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Partial	
Number of Village Health & Sanitation days conducted in last 6 months	24	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	2646
2	No. of PW registered for ANC	48
3	No. of PW received 4 or more ANC check-ups	37
4	Total number of institutional deliveries	34
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	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 to PHC AAM during last 3 months	0
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	2		
	No. of TB patients taking treatment in the AAM	2		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			75.76% 46.21% 53.78%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	1403	10	1316
	Diabetes	1403	34	979
	Oral Cancer	171	2	0
	Breast Cancer	122	2	0
	Cervical Cancer	62	1	0

N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	87% Commendation Award

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

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

2	Facility aggregate score using ODK Took kit	76.5%

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

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Appendix-List of equipment

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

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

Date of Visit: 29/1/25

A. General Information	
1. State	West Bengal
2. District Name	Howrah
3. Block/Taluka Name	Domjur
4. Name of Facility	AAM- Prasastha
5. Type of Facility	HSC
6. NIN of the facility	4111251387
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	May, 2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Domjur Rural Hospital
12. Distance of next referral facility (Km)	2 k.ms.

A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	780
3. Total catchment Population	7416
4. Population who are 30 years of age and above	2744

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHO <input type="checkbox"/> ANM Lab Technician

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	1	1		
2	ANM/MPW-F	2	2	2		
3	MPW-M		0	0		
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			6	6
4	Any other (If yes, specify)	Housekeeping				

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

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/ No)	Trained in ENT care (Yes/ No)	Trained in oral care (Yes/ No)	Trained in MNS (Yes/ No)	Trained in Elderly & Palliative care (Yes/ No)	Trained in Trauma & Emergency care (Yes/ No)
CHO	yes	yes	yes	yes	yes	No
ANM/ MPW (F)	yes	yes	yes	Yes	No	No
MPW (M)						
ASHA	yes	yes	yes	No	Yes	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	<input type="checkbox"/> Yes ✓ No	✓ Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
Oral health care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
Elderly and palliative care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
Screening & management of mental health ailments	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
Emergency Medical Services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No

F. Essential medicines

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p style="text-align: center;">105</p> <p style="text-align: center;">(Total medicines at AAM-SHC as per national EML is 105)</p>
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Total number of medicines available at AAM-SHC	91	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week	

	<input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input 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	11
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Total Teleconsultations in the last 01 month	712
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I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input type="checkbox"/> Yes ✓ No
<input type="checkbox"/> IHIP	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes ✓ No
<input type="checkbox"/> Nikshay	✓ Yes <input type="checkbox"/> No
Specify others, if any:	SMIS

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

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	10220	10220	100%
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Involvement of CHO in community-based platforms	✓ Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	✓ Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes ✓ No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month15 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 ✓ No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	6	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	2510
2	No. of PW registered for ANC	24
3	No. of PW received 4 or more ANC check-ups	24
4	Total number of institutional deliveries	22
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	6
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	19
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	19
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	17
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:	43% 438 149		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	1214	13	899
	Diabetes	1214	9	777
	Oral Cancer	263	2	0
	Breast Cancer	231	0	0
	Cervical Cancer	108	3	0

N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	✓ Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	✓ Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	✓ Yes <input type="checkbox"/> No
4	Is Facility participating in Kayakalp?	✓ Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	81% (2024)
6	Patient Rights	✓ Display of citizen's charter ✓ Display of IEC materials

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

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	10 th Dec, 2024

2	Facility aggregate score using ODK Took kit	81.864%
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Remarks & Observations	
Infrastructure	Good
HRH	
IEC	Good
Expanded service Packages	Basic eye screening
IT System	

Appendix-List of equipment

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

Field Monitoring Format - Community Level

Date of Visit	29/1/25
Name of Village/ Slum visited	Kolorah
Details of nearest public health facility (from residence)	<i>Facility name: Prasastha SHC</i> <i>Facility type: SHC</i> <i>Distance: 0</i>
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	✓ Yes/ <input type="checkbox"/> No
Accessible from nearest road	✓ Yes/ <input type="checkbox"/> No

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

Questions	Probes	Responses to be recorded here															
Topic: Community's choice of provider																	
<i>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</i>	<i>Healthcare provider probes:</i> <i>Self (home remedies), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</i> <i>Reasons probes:</i> <i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 10%; text-align: center;">✓</td> <td style="width: 30%;">Reason for the choice</td> </tr> <tr style="background-color: #FFFF00;"> <td>Self (home remedies)</td> <td></td> <td> <ul style="list-style-type: none"> Proximity, Convenience Economical Trust/Faith on the provider/ Practice . </td> </tr> <tr> <td>Informal healers</td> <td></td> <td></td> </tr> <tr> <td>private practitioners/ hospitals,</td> <td style="text-align: center;">✓</td> <td></td> </tr> <tr> <td>public/ government primary hospitals</td> <td style="text-align: center;">✓</td> <td></td> </tr> </table>		✓	Reason for the choice	Self (home remedies)		<ul style="list-style-type: none"> Proximity, Convenience Economical Trust/Faith on the provider/ Practice . 	Informal healers			private practitioners/ hospitals,	✓		public/ government primary hospitals	✓	
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		private practitioners/ hospitals,	✓														
public/ government primary hospitals	✓																

<p><i>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.,) Reasons, thereof.</i></p>	<p><i>We visit the health center regularly for such conditions.</i></p>	(AAM-SHC/ PHC/ UPHC/ UAAM),		
		secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)	✓	
		AYUSH practitioners.		
		Self (home remedies)		
<p>Topic: Community's Awareness of AAM-SC/ PHC/ UPHC</p>				
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p> <p><i>How long has it been there?</i></p>	<p><i>May use local terms as recognized by the community</i></p> <p><i>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p>	<p><i>Good. We get the required services here.</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>>1 year.</p> <p>Basic OPD, NCD, small injuries, telemedicine is used here for the cases which requires such.</p>
<p>Topic: Accessibility to primary healthcare services</p>		
<p><i>How do you access the facility from your residence?</i></p>	<p><i>Probes: Walk to the facility</i></p> <p><i>Use public transport</i></p> <p><i>Use personal transport</i></p>	<p>Most of them walk to the facility. Or use public transport. Very few use own transport.</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):...None of these.</i> <p>.....</p>
<p><i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/ visits?</i></p>		<p><i>Yes. They organize such camps and do screening and basic testing. They advise use regarding healthy lifestyle. We learn about immunization, vaccination, Healthy habits, and preventive measures.</i></p>
<p>Topic: Availability of primary health care infrastructure and services</p>		

<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 	<p>Infrastructure and services</p>	<p>Response</p>
		<p><i>Condition of the building</i></p>	<p><input checked="" type="checkbox"/> Good</p> <p><input type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
		<p><i>Maintenance</i></p>	<p><input checked="" type="checkbox"/> Good</p> <p><input type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
		<p><i>Dedicated space for waiting and examination</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Adequate seating arrangement</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Functional toilet</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Potable/ drinking water</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Power supply</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><i>When you visit the facility, are the staff available to provide services?</i></p>	<p>Staff may include: Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</p>	<p>Yes. Those sanctioned here are always present here.</p>	

<p><i>Do you feel that the staff available are adequate at the facility?</i></p>		<p>No. we need more staff to cater high patient load.</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.</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. They provide those tests for which they have kits for the rest we go to Block level.</p>
<p>Topic: Acceptability of healthcare services</p>		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p>Probe: Adequate skills and knowledge</p>	<p>Yes.</p>
<p><i>Do you feel that the primary healthcare facility uses</i></p>	<p>Innovative may include painless, time-saving or cost-saving methods or technology</p>	<p>Yes.</p>

<p><i>innovative methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p><i>Alternate phrasing: Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment?</i></p> <p><i><u>This may include social, psychological, physical or financial distress.</u></i></p>	<p>Yes.</p> <p>No.</p>
<p>Topic: Appropriateness of primary healthcare services delivered through AAM</p>		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant</i></p>	<p><i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe: To share some insights</i></p>	<p>Sugar (BP), common cold are common concerns among the community.</p> <p>Yes.</p>

<p><i>healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>		<p>Yes.</p>
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Topic: Community's involvement / participation

<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and your contribution</i></p>	<p>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>Learn about family planning, healthy habits, preventive measures etc.</p> <p>They obey the instructed orders.</p>
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Topic: Unmet Needs		
<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the 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>Satisfied by the services being provided by the institution. Addition of more staffs and provision to provide more services will surely add to the merits.</p> <p>They go to secondary & tertiary sector.</p> <p>No.</p>
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Provider behaviour/ attitude - Waiting time - Cleanliness of the premises - Provision for Grievance redressal and escalation - Practice of soliciting and implementing feedback - Right diagnosis - Accuracy of diagnostic tests done at the facility 	<p>All good.</p> <p>Staff and more diagnostic tests.</p>

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