



A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE
NATIONAL HEALTH MISSION
KARIMGANJ DISTRICT
ASSAM



Submitted by:

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Introduction:

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

The findings are based on visits conducted by the PRC-IEG team, comprising Dr. Rahul Kumar and Ms. Pragya Shree, to various public healthcare facilities, including Civil Hospital, Karimganj; CHC M. G. Model Hospital Barigram; CHC Shrigouri; PHC Nilambazar; Mini PHC Kaligunj; PHC Mahakal; PHC Bhanga State Dispensary; AAM SHC Singaria; AAM SHC Keotkuna; AAM SHC Chargula; and AAM SHC Duttapur. The team held meetings with the Joint Director of Health Services (JDHS), nodal programme officers, Medical Officer-in-Charge (MOIC), facility staff (MOs, CHOs, ANMs, etc.), community health care providers (ASHAs, Anganwadi workers, etc.), and other supporting staff. These interactions aimed to evaluate the strengths and weaknesses of the facilities in terms of service delivery.

Major Observations of the District:

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

AAM Services: 55 Sub-Centers and all the Primary Health Centers (PHCs) have been converted into Ayushman Arogya Mandirs (AAM). The AAM SHCs successfully implement 7 Comprehensive Primary Healthcare (CPHC) packages, and 5 additional packages have been partially implemented at these facilities.

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

National Health Programmes: The implementation of National Health Mission (NHM) programs is robust, with nearly all NHM programs functioning in the district. Under the PMNDP program, both the civil hospital and CHC Barigram have dialysis centre.

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

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

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

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

Teleconsultation: Teleconsultation services are available at some facilities, but utilization is low across the district.

To improve their impact, there is a need for expansion and increased awareness of these services. At PHCs where MBBS doctors are available, they have been instructed to function as both hubs and spokes for teleconsultation services. This approach will help ensure better access to remote consultations and improve service delivery in underserved areas.

Quality Programs: Quality programs like Kayakalp, NQAS, and LaQshya are functional in the district. The district has 20 Kayakalp-certified facilities, including DH, CHC, PHC, and AAM SHCs. Three AAM SHCs have both NQAS and Kayakalp certifications

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

Community Interaction: Community feedback indicates heavy reliance on public health facilities, especially in rural areas. The upgrading of Sub-Centers to AAM SHCs has increased patient turnout. There is a high usage of Betel Nut and Paan, which causes dental issues as it is a traditional practice.

Diagnostic Services: The district has excellent diagnostic services at all facilities. CHCs and PHCs are well-equipped with laboratories where various diagnostic tests are done in-house. Through the Public-Private Partnership (PPP) mode, Krishna Lab provides 47 tests at the facility.

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

Facility wise Observations

District Hospital:

DH is a Kayakalp-awarded facility offering a wide range of specialist services such as OBGY, surgery, medicine, orthopaedics, paediatrics, ENT, psychiatry, ophthalmology, and AYUSH.

However, the DH faces a shortage of anesthetists, and major orthopedic surgeries cannot be performed due to the lack of general anesthetists and equipment. The facility also has a severe shortage of paramedic staff, especially staff nurses. DH includes a 7-bedded dialysis center under the PMNDP

CHC M. G. Model Hospital Barigram:

CHC Barigram is a Kayakalp-awarded, non-FRU CHC with a daily OPD load of more than 180 and 130-150 normal deliveries per month. Family planning services report a 50% acceptance rate for the Antara method. While the facility has an X-ray machine, it is not functional due to the absence of a technician. The facility also lacks a pharmacist. Additionally, the facility has a new born Stabilization Unit (NBSU). A 3-bedded dialysis center is proposed under PMNDP.

CHC Shrigouri:

CHC Shrigouri is a Kayakalp-awarded, non-FRU CHC with a daily OPD load of 200 and 80-100 normal deliveries per month. This CHC is the second busiest hospital in the district, just after the Civil Hospital Karimganj. The facility has an NBSU. However, it faces a challenge with its electricity load, which is only 100 KVA, limiting the use of multiple air conditioning units during the summer months. Despite donations from ONGC for additional appliances under CSR activities, they remain unused due to the insufficient electricity load.

PHC Nilambazar:

This PHC is a Kayakalp-awarded facility with a daily OPD of more than 250 and a monthly delivery rate of 130-150. The facility offers excellent diagnostic services, providing 19 in-house tests and 47 tests through PPP mode. However, it faces a shortage of pharmacists and paramedical staff. The PHC does not provide inpatient (IPD) services except for delivery cases.

Mini PHC Kaliganj:

This PHC is a Kayakalp-awarded facility with a daily OPD of more than 180 and a monthly delivery rate of 70-80. It provides excellent diagnostic services, offering 19 in-house tests and 47 tests through PPP mode. The facility does not offer inpatient (IPD) services except for delivery cases.

PHC Mahakal:

This PHC is a Kayakalp-awarded facility with a daily OPD of more than 70 and a monthly delivery rate of 3-5. The lower delivery rate is due to the proximity of a nearby CHC, located within a 3 km radius. The facility provides excellent diagnostic services, offering 19 in-house tests and 47 tests through PPP mode. It does not provide inpatient (IPD) services except for delivery cases.

PHC Bhanga State Dispensary:

This PHC is a Kayakalp-awarded facility with a daily OPD of more than 100 and a monthly delivery rate of 25-30. It provides excellent diagnostic services, offering 19 in-house tests and 47 tests through PPP mode. The PHC does not offer inpatient (IPD) services except for delivery cases.

AAM SHC Singaria & Chargula:

The facilities are NQAS and Kayakalp-certified, maintaining high standards in sanitation, equipment functionality, service delivery, BMW management, bed availability, IEC material display, and drug supply. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation. It fully implements 7 CPHC packages, and the remaining 5 packages are partially administered.

AAM SHC Keotkuna:

This AAM SHC is a Kayakalp-awarded facility located in a Panchayat community hall. It provides all essential services, with 7 CPHC packages currently being delivered. A 6-bedded room is under construction. Normal deliveries are available, with an average daily OPD load of 15 to 20 patients. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation. The facility is preparing for NQAS certification and also offers telemedicine services.

AAM SHC Duttapur:

This AAM SHC is a Kayakalp-awarded facility providing all essential services. It currently implements 7 CPHC packages, with normal delivery services available. The average daily OPD load is 15-20 patients. Knowledge regarding programs for ASHAs, ANMs, and CHOs is good, and telemedicine services are available.



Recommendations:

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

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

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

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

Addressing Shortage of Paramedical Staff: The severe shortage of paramedical staff must be addressed by deploying staff nurses, ANMs, and pharmacists to ensure the continuous delivery of essential medical services.



Field Monitoring Format -District Hospital (DH)

Date of Visit: 06-03-2025

GENERAL INFORMATION	
Name of facility visited	Karimganj Civil Hospital
Facility Type	<input type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road head	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: Silchar Medical College & Hospital Cachar Distance: 62 KM

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	08:30 AM to 01:30 PM	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building	Comments:	Observation
Please comment on the condition and tick the appropriate box	<input type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): 2020-21	Observation
3. Number of functional in-patient beds	_239_ No of ICU Beds available: 10	As reported/Hospital Citizen Charter Board
4. List of Services available	OPD, IPD, ICU, Emergency, SNCU, NRC, PHDC, Drug Store, CT- SCAN, X-Ray, USG, ECG, Dialysis, Blood Bank, Laboratory	As reported/Hospital Citizen Charter Board

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

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	<p>If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal)</p> <p>If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input type="checkbox"/> Single general OT <input type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input type="checkbox"/> Obstetrics & Gynecology OT <input type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: <u>60</u> No. of blood transfusions done in last month: <u>285</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 type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input checked="" 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: 30 MBPS <u> </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)	0	0	0	0
Specialists	Medicine	3	3	0	0
	Ob-Gyn	3	3	0	0
	Pediatrician	3	3	0	0
	Anesthetist	2	2	0	0
	Surgeon	2	2	0	0
	Ophthalmologist	4	4	0	0
	Orthopedic	1	1	1	1
	Radiologist	2	2	0	0
	Pathologist	0	0	0	0
	Others	11	11	0	0
	Dentist	0	0	2	2
	Staff Nurses/ GNMs	25	25	41	41
	LTs	2	2	0	0
	Pharmacist	7	7	0	0
	Dental Technician/ Hygienist	0	0	0	0
	Hospital/ Facility Manager	0	0	0	0
	EmOC trained doctor	0	0	0	0
	LSAS trained doctor	0	0	0	0
	Others (ANM)	2	2	6	6

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: Yes <ul style="list-style-type: none"> Facility score: 92 Award received: Yes 2023-24 and 2022-23 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> Assessment done: Internal Internal/State Facility score: Certification Status: 	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/ <input checked="" type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/> No Operation Theatre: 	LaQshya Assessment Report – check score Verify certificate if awarded

	<ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No 																
D. DRUGS & DIAGNOSTICS																	
16. Availability of list of essential medicines (EML)/ drugs (EDL) https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • If yes, total number of drugs in EDL_ 272_____ • 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) 249_____ 	Verify EDL Displayed															
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____	Observation, Check software															
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">1</td><td style="width: 60%;"></td><td style="width: 20%;"></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> </table>	1			2			3			4			5			As reported, check DVDMS, E-aushadhi, etc.
1																	
2																	
3																	
4																	
5																	
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____	As reported Stock/Indent register															
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported															
• In-house tests	Timing: 08:30 AM to 08:30 PM Total number of tests available against Essential Diagnostic tests list for DH __50_____ (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house															
• Outsourced/ PPP	Timing: 08:30 AM to 08:00 PM Total number of tests provided by PPP provider : __47_____ Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP															

		provider agency
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: B Type Portable 2 Nos Aflenger-525 01 No. Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. CT scan services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input checked="" type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan):	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 Total number of tests performed: Jan 2025 _65_____	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 <input checked="" type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<input type="radio"/> Previous year _2023-24 4641____ <input type="radio"/> Current FY 2024-25 4926____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records

<p>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-guidlines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)</p>	<p>No</p>	<p>As reported</p>
<p>27. Average downtime of equipment (days)</p> <p>Details of equipment are nonfunctional for more than 7 days</p>	<p>No</p>	<p>As reported</p>
<p>28. Availability of delivery services</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	<p>As reported</p>
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Number of normal deliveries performed in last month: <u>258</u></p> <p>No. of C-sections performed in last month: <u>92</u></p>	<p>Verify C-section records from Maternity OT registers</p>
<ul style="list-style-type: none"> Comment on the condition of: 	<p>Labour room: Good OT: Good</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	<p>Observation</p>
<p>29. Status of JSY payments</p>	<p>Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay in payment to beneficiaries: (Average for how many days/beneficiary)</p> <p>Payment done till: Feb 2025</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p>
<p>30. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p>	<p>As reported/As Displayed in Maternity Ward</p>

	<input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
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 06 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: 0 Current year: 3	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	Previous year: Current year:	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 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	931	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	331	Verify BF records

41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input checked="" type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant	Observation
42. Number of sterilizations performed in last one month	PPS 27 Nos in January 2025	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 checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Most common methods are CC, OCP, Antara	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? _____ 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		3091	643	643
b. Diabetes		3091	374	374
c. Oral Cancer		486	0	0
d. Breast Cancer		325	0	0
e. Cervical Cancer		-	-	-
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) 3623__			DBT/Nikshay Report
	<ul style="list-style-type: none"> • If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 			DBT/Nikshay Report
	<ul style="list-style-type: none"> • Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No • Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months 2742 			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: 80%			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 			Respective records

	<ul style="list-style-type: none"> • TB Notification Registers: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No 										
54. How much fund was received and utilized by the facility under NHM? NHM Untied fund 2023-24: 10 lakh Utilised all fund NHM Fund 2024-25: Only untied fund 10 Lakh received	<p>Fund Received last year: 15212424/- Fund utilized last year: 15212424/-</p> <table border="1"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization				Facility FMR
Fund in prev. FY											
Received	Utilized	% Utilization									
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: No RKS Fund	RKS Register									
	Reasons for underutilization of fund (if any)	Staff review									
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> • HMIS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated • MCTS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated • IHIP: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated • HWC Portal: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated • Nikshay Portal: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated 	Check respective portals at the facility wrt last entries									
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Every month. 12 th Feb, 2025	RKS Register Verified									
57. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input 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? 	Number: 84 Types of cases referred in: Gynae, Surgery, Female Medicine	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: 165 Types of cases referred out: Gynae, Casualty, Surgery, Female Medicine, Male Medicine	Out-referral register

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

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

TB cases present in 549 cases. No fileria cases and no kalazar cases. Malaria cases found in some areas and also dengue cases were 2-3 cases.

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

Urban/ Rural: **RURAL**

Date of Visit: **06-03-2025**

General Information	
Name of facility visited	M.G. MODEL HOSPITAL BARAIGRAM
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: KARIMGANJ CIVIL HOSPITAL Distance: 24 KMS

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 08:30 AM to 1:30 PM	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building	Comments: Good, but need for renovation work	Observation
Please comment on the condition and tick the appropriate box	<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 <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	Observation
4. Number of functional in-patient beds	6 nos.	As reported/Hospital Citizen Charter Board
5. List of Services available	OPD, IPD, EMERGENCY, NCD, LABORATORY, REFERRAL	As reported/Hospital Citizen Charter Board

A. INFRASTRUCTURE				Means of Verification
Indicator	INFRASTRUCTURE			
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	N	
	2	O&G	N	
	3	Pediatric	N	
	4	General Surgery	N	
	5	Anesthesiology	N	
	6	Ophthalmology	N	
	7	Dental	N	
	8	Imaging Services (X-ray)	N	
	9	Imaging Services (USG)	N	
10	Newborn Stabilization Unit	Y		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available			As reported
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:			As reported
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Observation: Verify if triage area is marked
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultations per day for the last month If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input type="checkbox"/> No			Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input type="checkbox"/> Minor OT <input checked="" type="checkbox"/> Yes			Observation Ensure signage and protocol displays
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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Yes Deep Burial pit: <input checked="" type="checkbox"/> Yes Incinerator: <input checked="" type="checkbox"/> No Using Common Bio Medical Treatment plant: <input checked="" type="checkbox"/> Yes Managed through outsourced agency: <input checked="" type="checkbox"/> No 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: 	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)	7	2	2	2	
	Specialists					
	Medicine	0	0	0	0	
	Ob-Gyn	0	0	0	0	
	Pediatrician	0	0	0	0	
	Anesthetist	0	0	0	0	
	Dentist	1	0	0	0	
	SNs/ GNMs	6	3	5	5	
	LTs	1	1	0	0	
	Pharmacist	1	0	1	1	
	Dental Assistant/ Hygienist	0	0	0	0	
	Hospital/ Facility Manager	0	0	0	0	
	EmOC trained doctor	0	0	0	0	
	LSAS trained doctor	0	0	0	0	
	Others	0	0	0	0	

C. QUALITY PROGRAMMES	Means of verification
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13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Award received: Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded										
14. NQAS not initiated	Assessment done: Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded										
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	LaQshya Assessment Report – check score Verify certificate if awarded										
D. DRUGS AND DIAGNOSTICS												
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL __272 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) _267	Verify EDL Displayed										
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	Observation, Check software										
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1</td><td style="width: 50px;"></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1		2		3		4		5		As reported, check DVDMS, E-aushadhi, etc.
1												
2												
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 _____	As reported Stock/Indent register										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;										
• In-house tests	Timing: 8.30am to 1.30pm Total number of tests available against Essential Diagnostic tests list for CHC __16	Obtain the complete list of diagnostic tests performed in-house										
• Outsourced/ PPP N/A	Timing:	Obtain the complete list of diagnostic tests										

	Total number of tests Provided by PPP Provider _____	outsourced/done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	N/A	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
• If the facility is designated as FRU, whether C-sections are performed	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: <u>111</u> No. of C-sections performed in last month: <u>0</u>	Verify C-section records from Maternity OT registers
• Comment on condition of:	Labour room: good OT: N/A Functional New-born care corner (functional radiant warmer with neonatal 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) Payment done till: Payment done till: Jan'25 Current month <input type="checkbox"/> Last month : <input checked="" type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/> Reasons for delay: some beneficiaries not submitted their Bank details	Verify from JSY status report (few nos backlog due to Bank Account of Beneficiaries were dormant etc.)
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 type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	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 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: 0	Maternal Deaths Records/Review

35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register		
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Observation Staff review		
37. Number of newborns immunized with birth dose at the facility in last 3 months	488	Immunisation Register		
38. Newborns breastfed within one hour of birth during last month	106	Verify BF records		
39. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist		
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received		
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)Asha worker	As reported		
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Satisfactory , as per FPLMIS	Observation/ FP records and registers		
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software		
44. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register		
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD			
		Screened	Confirmed	NCD Register
	a. Hypertension	1263	87	maintained
	b. Diabetes	1263	37	
	c. Oral Cancer	0	0	
d. Breast Cancer	0	0		

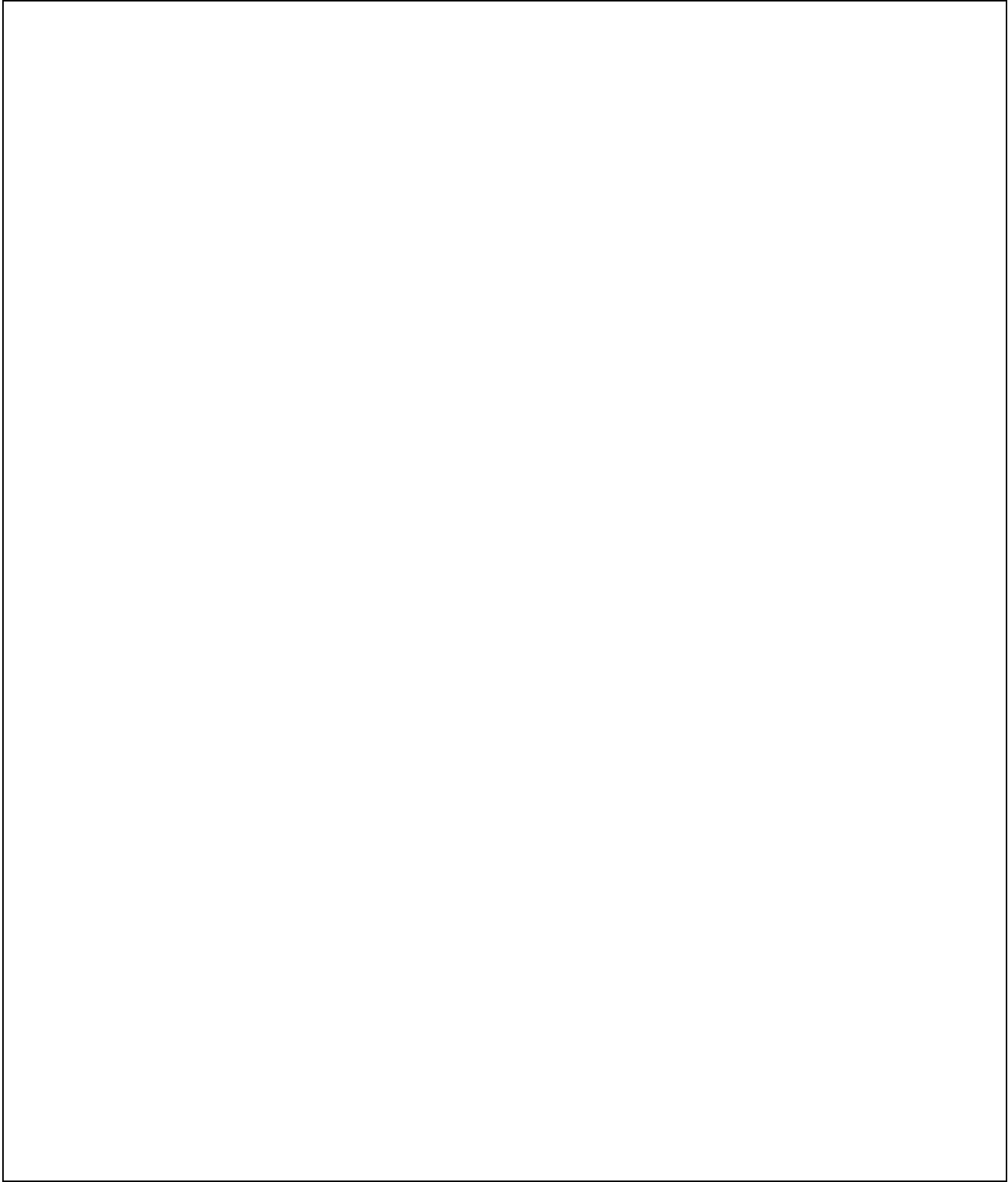
	e. Cervical Cancer	0	0
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records	
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" 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) 7% (148 nos)	DBT/Nikshay Report	
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report	
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months <u>1%</u>	DBT/Nikshay Report	
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported	
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report	
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 100%	DBT/Nikshay Report	
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months:0 Out of those, how many are having Gr. II deformity:0 Frequency of Community Surveillance: 6 months.	Facility Register/Records for leprosy	
F. RECORDS, FINANCE, OTHERS			
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Respective records	

	Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No							
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 166396.00 Fund utilized last year: 166396.00	Facility FMR						
	Fund in prev. FY							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;">500000.00</td> <td style="text-align: center;">500000</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>	Received	Utilized	% Utilization	500000.00	500000	100%	
	Received	Utilized	% Utilization					
500000.00	500000	100%						
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Temporary Staff Honorarium, Cleaning & consumables, small instruments & equipments etc.	RKS Register							
	Reasons for underutilization of fund (if any)N/A	Staff review						
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the facility wrt last entries						
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	3 months	RKS Register						
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported						
	Comment (if any):							
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 43 Types of cases referred in: ANC HRPW, NCD, suspected TB cases	Referral-in register						
• How many cases from the CHC were referred to the DH last month?	Number: 59 Types of cases referred out: Obs Complication, newborn baby,emergency, RTA	Referral Out register						

Key challenges observed in the facility and the root causes

Challenge	Root causes
a)	
b)	
c)	
d)	
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: **07-03-2025**

General Information	
Name of facility visited	Srigouri CHC
Facility Type ✓	<input type="checkbox"/> ✓CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input type="checkbox"/> ✓Yes <input type="checkbox"/> No
Next Referral Point	Facility: Karimganj Civil Hospital Distance:31 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.

G. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
56. OPD Timing	As reported/Hospital Citizen Charter Board 8:30 AM to 1:30 PM	As reported/Hospital Citizen Charter Board
57. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
58. Condition of infrastructure/ building	Comments: Old Building	Observation
Please comment on the condition and tick the appropriate box	<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 <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	Observation
59. Number of functional in-patient beds	28	As reported/Hospital Citizen Charter Board
60. List of Services available	16	As reported/Hospital Citizen Charter Board

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

G. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	<ul style="list-style-type: none"> No. of blood transfusions done in last month: _____ 	
64. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
65. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> <input checked="" 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 type="checkbox"/> Other System, if any: (Specify) _____	Observation
66. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _____ Average _____	As reported

H. Human Resources				As reported	
67. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual	
		Sanctioned	Available	Sanctioned	Available
	MO (MBBS)	6	6	0	0
	Specialists				
	Medicine	0	0	0	0
	Ob-Gyn	0	0	0	0
	Pediatrixian	0	0	0	0
	Anesthetist	0	0	0	0
	Dentist	0	0	0	0
	SNs/ GNMs	7	3	4	4
	LTs	1	1	0	0
	Pharmacist	1	1	1	1
	Dental Assistant/ Hygienist	0	0	0	0
	Hospital/ Facility Manager	0	0	0	0
	EmOC trained doctor	0	0	0	0
	LSAS trained doctor	0	0	0	0
	Others				

I. QUALITY PROGRAMMES		Means of verification
68. Kayakalp	Initiated: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Facility score: 88.43 Award received: Yes <input checked="" type="checkbox"/> Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
69. NQAS	Assessment done: No Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
70. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No	LaQshya Assessment Report – check score Verify certificate if awarded
J. DRUGS AND DIAGNOSTICS		
71. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed
	If yes, total number of drugs in EDL __272__ 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) __0__	
72. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	Observation, Check software
73. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	As reported,
	2	check DVDMS,
	3	E-aushadhi, etc.
	4	

	5		
74. Availability of Essential Consumables:	<input type="checkbox"/> <input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage_____	As reported Stock/Indent register	
75. Availability of essential diagnostics	<input type="checkbox"/> <input checked="" type="checkbox"/> In-house <input type="checkbox"/> <input checked="" type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;	
• In-house tests	Timing: Total number of tests available against Essential Diagnostic tests list for CHC _____39_____	Obtain the complete list of diagnostic tests performed in-house	
• Outsourced/ PPP	Timing: 08:30 AM to 1:30 PM Total number of tests Provided by PPP Provider _____47_____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode	
76. X-ray services is available	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> No	Observation	
77. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Free for all	As reported	
78. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> <input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported	
79. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))		As reported	

80. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
K. KEY NATIONAL HEALTH PROGRAMMES		
81. Availability of delivery services	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: ___124 (JAN-2025)___ 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: Fair OT: Fair Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
82. Status of JSY payments	Payment is up to date: <input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: (Average for how many days/patients) Payment done till: Feb-24 Payment done till: Feb-24 Current month <input type="checkbox"/> 146 Last month <input type="checkbox"/> 153 Last 3 Months <input type="checkbox"/> 544 Last 6 Months <input type="checkbox"/> 1471 Reasons for delay: Beneficiary bank Passbook	Verify from JSY status report
83. Availability of JSSK entitlements	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided	As reported/As Displayed in Maternity Ward

	<input type="checkbox"/> <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> <input checked="" type="checkbox"/> Free diet <input type="checkbox"/> <input checked="" type="checkbox"/> Free drugs and consumables <input type="checkbox"/> <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> <input checked="" type="checkbox"/> No user charges	
84. PMSMA services provided on 9 th of every month Along with E-PMSMA on 19 th of every month	<input type="checkbox"/> <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
85. Line listing of high-risk pregnancies	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
86. Practice related to Respectful Maternity Care	<input type="checkbox"/> <input checked="" type="checkbox"/> Privacy maintained during examination ensured <input type="checkbox"/> <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input type="checkbox"/> <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input type="checkbox"/> <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
87. Whether facility have registers for entering births and deaths	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
88. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
89. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
90. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
91. Availability of vaccines and hub cutter	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review

92. Number of newborns immunized with birth dose at the facility in last 3 months	394	Immunisation Register		
93. Newborns breastfed within one hour of birth during last month	397	Verify BF records		
94. Number of sterilizations performed in last one month	18	FP Sterilizations register Verify if fixed days of sterilization exist		
95. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received		
96. Who counsels on FP services?	Counsellor <input type="checkbox"/> <input checked="" type="checkbox"/> Staff Nurse <input type="checkbox"/> <input checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported		
97. Please comment on utilization of other FP services including Condoms, OCPs, Antra		Observation/ FP records and registers		
98. FPLMIS has been implemented	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software		
99. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ____RBSK UNIT_____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register		
100. Whether facility has functional NCD clinic	<input type="checkbox"/> <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? ____Every day(excluding Sunday)_____ days (Mention number of days)	Check NCD register		
101. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
102. Number of individuals screened for the following in last 6 months:	NCD			
		Screened	Confirmed	NCD Register
	f. Hypertension	3240	414	
g. Diabetes	3240	110		

	h. Oral Cancer	0	0	
	i. Breast Cancer	0	0	
	j. Cervical Cancer	0	0	
103. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Verify from IDSP reporting records	
104. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> <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) __893__		DBT/Nikshay Report	
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/> Yes/ <input type="checkbox"/> No		DBT/Nikshay Report	
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months __60 % __		DBT/Nikshay Report	
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> <input type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> <input type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		As reported	
	Are all TB patients tested for HIV? <input type="checkbox"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		DBT/Nikshay Report	

	Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:	DBT/Nikshay Report 100 %	
105. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:	Facility Register/Records for leprosy	
L. RECORDS, FINANCE, OTHERS			
106. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Respective records	
107. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 25.085.012/- Fund utilized last year: 25.085.012/-	Facility FMR	
	Fund in prev. FY		
	ed	Utilized	% Utilization
		25085012	100
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register 1. Consumable, POL, Medical Equipment cost, Oxygen refilling, Misc,	

	Reasons for underutilization of fund (if any)	Staff review
108. Status of data entry in (match with physical records)	HMIS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the facility wrt last entries
109. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Jan-2025	RKS Register
110. Availability of ambulance services in the area	<input type="checkbox"/> <input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 18 Types of cases referred in: ANC & Anemia Cases	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 60 Types of cases referred out: ANC & New born Baby, General patient	Referral Out register

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

g)	
h)	
i)	
j)	

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



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

Urban /Rural: RURAL

Date of Visit: 06-03-2025

A. General Information	
1. State	ASSAM
2. District Name	SRIBHUMI
3. Block/Taluka Name	NILAMBAZAR
4. Name of Facility	NILAMBZAR PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	6581268841
7. No. of days in a week facility is operational	07
8. OPD Timings	08:30 AM TO 01:30 PM
9. Month & Year of operationalization of AAM	1965
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 FacilityName	SRIBHUMI CIVIL HOSPITAL
13. Distance of next referral facility (in Km)	14 KM
14. If UPHC functions as a Polyclinic (Yes/No)	NA
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	07
2. No. of Households	2230
3. Total catchment Population	1089
4. Population who are 30 years of age and above	3629

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

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

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

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

For PHC sub centre-Co-located

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

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
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
	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral

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

F. Availability of Essential medicines			
1	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://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</i>	165	<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	137	
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 checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input 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	15
4	Number of tests Provided through In House Mode	15
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days(<i>List of equipment is provided as annexure for reference</i>)	

G.2 Diagnostic Tests Available

1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	Rk3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
21.	Jap47nise encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD

	<input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

I. Wellness Activities			
Wellness sessions being held periodically		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Availability of a trained instructor for wellness session		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
J. Governance			
Constitution of Jan ArogyaSamiti		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic JAS meetings in the last 6 months		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Minutes of meeting maintained		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic VHND sessions undertaken		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> IHIP		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> HMIS		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FPLMIS		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> DVDMS		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nikshay		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
	Rs.1.75,000	Rs.1.75,000	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify; <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year) Till Feb' 10th 2025</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any: i. Beneficiary not having bank Account ii. Some bank A/C viz Airtel Payment Bank fino payments bank not approved in PFMS</p>		
Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <p>If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input 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</p>		

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	16852
2	No. of PW registered for ANC	62
3	No. of PW received 4 or more ANC check-ups	61

4	Total number of institutional deliveries	373																													
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	2																													
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	121																													
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	96																													
8	Number of cases referred from Sub centre AAM (From all sub-centre –AAM under PHC) to PHC AAM during last month	-																													
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0																													
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																													
11	TB patients undergoing treatment																														
	Indicators	Current year																													
	No. of presumptive TB patients identified	36																													
	No. of TB patients diagnosed out of the presumptive patients referred	0																													
	No. of TB patients taking treatment in the AAM	6																													
12	<table border="1"> <tr> <td>% of target population administered CBAC</td> <td></td> </tr> <tr> <td>% of target population with score below 4</td> <td></td> </tr> <tr> <td>% of target population with score 4 and above</td> <td></td> </tr> </table>		% of target population administered CBAC		% of target population with score below 4		% of target population with score 4 and above																								
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Cervical Cancer*	0	0	0																												

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

5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	10-06-2024
2	Facility aggregate score using ODK Took kit	61.25%

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	YES			
2	Laryngoscope	NO			
3	Radiant Warmer	YES			
4	Pulse Oximeter-Finger Tip	YES			
5	Pulse Oximeter-Table Top	YES			
6	Labor Bed	YES			
7	Foetal Doppler	YES			
8	Phototherapy Unit	NO			
9	Shoulder Wheel	NO			
10	Shoulder Pulley	NO			
11	Shoulder Abduction Ladder	NO			
12	Suction Machine	YES			
13	Mobile Spotlight	YES			
14	Manual Vacuum Aspirator	YES			

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
45	Walking Aid for Training/ Reciprocal Walker	NO			

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

Urban /Rural: RURAL

Date of Visit: _____

A. General Information	
16. State	ASSAM
17. District Name	SRIBHUMI
18. Block/Taluka Name	NILAMBAZAR
19. Name of Facility	KALIGANJ MPHC
20. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	2678823721
22. No. of days in a week facility is operational	07
23. OPD Timings	08:30 AM TO 01:30 PM
24. Month & Year of operationalization of AAM	1958
25. Details of co-location, if any (If any co-located SHC)	
26. Accessible from nearest road head (Yes/No)	YES
27. Next Referral FacilityName	SRIBHUMI CIVIL HOSPITAL
28. Distance of next referral facility (in Km)	13 KM
29. If UPHC functions as a Polyclinic (Yes/No)	NA
30. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
5. Number of Villages/Wards	03
6. No. of Households	501
7. Total catchment Population	3202
8. Population who are 30 years of age and above	1184

B. Physical Infrastructure																	
Infrastructure Status and details		Availability															
25.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
26.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>S.no</th> <th>Building</th> <th>√ Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td></td> </tr> <tr> <td>D</td> <td>Rented etc</td> <td></td> </tr> </tbody> </table>	S.no	Building	√ Mark	A	Other Govt.		B	Panchayat Bhawan		C	Urban Local Body		D	Rented etc	
S.no	Building	√ Mark															
A	Other Govt.																
B	Panchayat Bhawan																
C	Urban Local Body																
D	Rented etc																
27.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
28.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
29.	If yes, Number of functional IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
30.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
31.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
32.	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															
33.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
34.	Availability of furniture:	Table <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chairs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Almirah/Shelf <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
35.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
36.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
37.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
38.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
39.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
40.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
41.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
42.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
43.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
44.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
45.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
46.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
47.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
48.	<i>Residential Quarters available for Staff</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															

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

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

Non-Communicable Diseases	<input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments
----------------------------------	---

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

F. Availability of Essential medicines			
1	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://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</i>	165 <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	130	
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-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input 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	29
4	Number of tests Provided through In House Mode	29
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

G.2 Diagnostic Tests Available		
23.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
28.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
33.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
37.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
39.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
40.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41.	Rk3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
42.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
43.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
44.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

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

Fund utilization NHM Fund/untied fundsutilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	Rs.1.75,000	Rs.1.75,000	100%
	Is untied fund being spent on following activities?		
<p>Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify; <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Status of JSY Payments			
<p>Payment done till (month/ year) Till Feb'10th 2025</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any: i. Beneficiary not having bank Account ii. Some bank A/C viz Airtel Payment Bank fino payments bank not approved in PFMS</p>			
Availability of JSSK entitlements			
<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <p>If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges</p>			

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	12592
2	No. of PW registered for ANC	16

3	No. of PW received 4 or more ANC check-ups	16																													
4	Total number of institutional deliveries	298																													
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	2																													
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	23																													
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	-																													
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0																													
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																													
11	TB patients undergoing treatment																														
	Indicators	Current year																													
	No. of presumptive TB patients identified	43																													
	No. of TB patients diagnosed out of the presumptive patients referred	7																													
	No. of TB patients taking treatment in the AAM	7																													
12	<table border="1"> <tr> <td>% of target population administered CBAC</td> <td></td> </tr> <tr> <td>% of target population with score below 4</td> <td></td> </tr> <tr> <td>% of target population with score 4 and above</td> <td></td> </tr> </table>		% of target population administered CBAC		% of target population with score below 4		% of target population with score 4 and above																								
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	Community Based Screening for NCDs																														
13	<table border="1"> <thead> <tr> <th>NCDs <i>(No. of individuals in Last 6Months)</i></th> <th>Screened</th> <th>Treated</th> <th>Follow-up</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>44</td> <td>44</td> <td>9</td> </tr> <tr> <td>Diabetes</td> <td>67</td> <td>67</td> <td>22</td> </tr> <tr> <th>NCDs <i>(No. of individuals in Last 6 Months)</i></th> <th>Screened</th> <th>Referred</th> <th>Follow-up</th> </tr> <tr> <td>Oral Cancer*</td> <td>35</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Cancer*</td> <td>27</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Cancer*</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>			NCDs <i>(No. of individuals in Last 6Months)</i>	Screened	Treated	Follow-up	Hypertension	44	44	9	Diabetes	67	67	22	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up	Oral Cancer*	35	0	0	Breast Cancer*	27	0	0	Cervical Cancer*	0	0	0
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Breast Cancer*	27	0	0																												
Cervical Cancer*	0	0	0																												

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

5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	10-06-2024
2	Facility aggregate score using ODK Took kit	

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		2	
2	Laryngoscope				
3	Radiant Warmer	1		1	
4	Pulse Oximeter-Finger Tip	1		1	
5	Pulse Oximeter-Table Top				
6	Labor Bed	2		2	
7	Foetal Doppler	1		1	
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine	1		1	
13	Mobile Spotlight				
14	Manual Vacuum Aspirator	1		1	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
15	Weighing Scale				
16	Baby Weighing Scale	1		1	
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	3		1	2
23	Deep Freezer-Small	2		2	
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs	97		72	25
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser	1		1	
29	Binocular Microscope	1		1	
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	1		1	
33	Haemoglobinometer	1			1
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type	3		1	2
37	BP Apparatus- Aneroid	1		1	
38	BP Apparatus-Digital				
39	Stethoscope	2		2	
40	Thermometer	1		1	
41	Examination Table	3		3	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle				
43	Exerciser Couch/Table				
44	Finger Exerciser Web				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
45	Walking Aid for Training/ Reciprocal Walker				

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

Urban /Rural: Rural

Date of Visit: 07-03-2025

A. General Information	
31. State	ASSAM
32. District Name	SRIBHUMI (Karimganj)
33. Block/Taluka Name	KACHUADAM
34. Name of Facility	MAHAKAL TC (PHC)
35. Type of Facility	<input type="checkbox"/> UPHC-AAM <input checked="" type="checkbox"/> PHC-AAM
36. NIN of the facility	8235278762
37. No. of days in a week facility is operational	6 DAYS
38. OPD Timings	8:30 AM TO 2:00 PM
39. Month & Year of operationalization of AAM	
40. Details of co-location, if any <i>(If any co-located SHC)</i>	Near BDO Office, Badarpur
41. Accessible from nearest road head (Yes/No)	YES
42. Next Referral Facility Name	SRIGOURI CHC
43. Distance of next referral facility (in Km)	4 KM
44. If UPHC functions as a Polyclinic (Yes/No)	NO
45. If Yes, please take note of available specialist services at the Polyclinic	-

A.1 Demographic Details	
9. Number of Villages/Wards	4
10. No. of Households	1396
11. Total catchment Population	3338

12. Population who are 30 years of age and above	546
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B. Physical Infrastructure		
Infrastructure Status and details		Availability
49.	Availability of Govt owned Building	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
50.	If there is no government-owned Building, specify building type	S.no Building √ Mark
		A Other Govt. <input type="checkbox"/>
		B Panchayat Bhawan <input type="checkbox"/>
		C Urban Local Body <input type="checkbox"/>
		D Rented etc <input type="checkbox"/>
51.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
52.	Availability of IPD Beds	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
53.	If yes, Number of functional IPD Beds	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
54.	Availability of boundary Wall	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
56.	OPD room Examination table with privacy curtains/screen	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57.	Waiting area with sitting arrangements for patients/ attendants	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58.	Availability of furniture:	Table <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Chairs <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Almirah/Shelf <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No
59.	Laboratory	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
60.	Pharmacy /Drug store	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
61.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
62.	Separate functional toilets for males and females	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63.	Availability of Running Water	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
65.	Electricity connection	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
66.	Power back up	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
67.	Safe drinking Water for staff and patients	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
68.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
69.	Provision of BMW management	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
70.	Colour coded waste bins	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

71.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
72.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input 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
35.	Medical Officer (MBBS)	1	1	1	0	0
36.	AYUSH MO*	1	1	0	0	0
37.	Dentist*	1	1	0	0	0
38.	Staff Nurse	2	1	0	1	1
39.	Pharmacist	1	1	1	0	0
40.	Laboratory Technician	1	0	0	1	0
41.	ANM/MPW (F)#	1	0	0	1	1
42.	MPW (M)	1	1	0	0	0
43.	Lady Health Visitor	1	1	0	0	0
44.	Dresser	1	1	0	0	0
45.	Accountant	1	0	0	1	1
46.	Data entry operator	1	1	0	0	0
47.	Sanitation staff	1	0	0	1	1
48.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	0	0	0	4	4
49.	ASHA Facilitator (If any, only for Rural areas)	0	0	0	4	4

50.	Others (Specify)	0	0	0	0	0
51.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

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

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
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
	Screening and management of common NCDs (DM, HTN)

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

F. Availability of Essential medicines			
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p style="text-align: center;">126</p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>		
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p style="text-align: center;">104</p>		
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever</p>		
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics </td> <td style="vertical-align: top;"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive		

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input 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	50
4	Number of tests Provided through In House Mode	50
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		
45.	Haemoglobin	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
48.	Urine Microscopy	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49.	24 – hours urinary protein	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
50.	Stool for ova and cyst	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
51.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
52.	MP Slide method	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
53.	Malaria Rapid test	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
54.	RPR/VDRL test for syphilis	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
55.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
56.	Hepatitis B surface antigen test	<input type="checkbox"/> Yes <input type="checkbox"/> No
57.	Sputum for AFB # - Microscopy	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58.	Typhoid test (IgM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
59.	Blood Sugar	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
60.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
61.	Bleeding time and clotting time	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
62.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
63.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
64.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
65.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
66.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone

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

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

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

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

L. Finance			
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Fund utilization			
NHM Fund/untied funds utilized during last year: 2023-24 Untied Fund:- NHM Fund :-	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	1,69,071.00	1,75,000.00	104%
	4,00,020.00	4,00,020.00	100%
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify; <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Status of JSY Payments	Payment done till (<input checked="" type="checkbox"/> month/ year) Average Delay in Payment (days): 10 Days Reasons for delay, if any:- Delivery patients account details not given that day.		
Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges		

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M. Service delivery Output Indicators (Data of previous quarter)									
1	Total number of outpatient department visits	2822							
2	No. of PW registered for ANC	13							
3	No. of PW received 4 or more ANC check-ups	12							
4	Total number of institutional deliveries	7							
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	20							
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	20							
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	26							
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	1							
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	6							
11	TB patients undergoing treatment								
	Indicators	Current year							
	No. of presumptive TB patients identified	0							
	No. of TB patients diagnosed out of the presumptive patients referred	0							
	No. of TB patients taking treatment in the AAM	0							
12	<table border="1"> <tr> <td>% of target population administered CBAC</td> <td></td> </tr> <tr> <td>% of target population with score below 4</td> <td></td> </tr> <tr> <td>% of target population with score 4 and above</td> <td></td> </tr> </table>			% of target population administered CBAC		% of target population with score below 4		% of target population with score 4 and above	
% of target population administered CBAC									
% of target population with score below 4									
% of target population with score 4 and above									
	Community Based Screening for NCDs								
13	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up					
	Hypertension	1050	150	136					
	Diabetes	1050	136	120					
	NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up					
	Oral Cancer*	1050							
	Breast Cancer*	600							
	Cervical Cancer*	0	0	0					

N. Implementation of NQAS Quality Assurance and Patient Safety	
1	Has there been an internal assessment for NQAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	71.20%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	29.05.2024
2	Facility aggregate score using ODK Took kit	41.1%

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	✓		✓	

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

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

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

Urban /Rural: Rural

Date of Visit:07-03-2025

A. General Information	
46. State	ASSAM
47. District Name	SRIBHUMI (KARIMGANJ)
48. Block/Taluka Name	KACHUADAM
49. Name of Facility	BHANGA SD AAM
50. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
51. NIN of the facility	2315362521
52. No. of days in a week facility is operational	7 DAYS
53. OPD Timings	8-30 A.M TO 1-30 P.M.
54. Month & Year of operationalization of AAM	DECEMBER 2023
55. Details of co-location, if any <i>(If any co-located SHC)</i>	Bhanga Sub Center
56. Accessible from nearest road head (Yes/No)	YES
57. Next Referral Facility Name	SRIGOURI CHC
58. Distance of next referral facility (in Km)	6 K.M.
59. If UPHC functions as a Polyclinic (Yes/No)	NO
60. If Yes, please take note of available specialist services at the Polyclinic	N/A

A.1 Demographic Details	
13. Number of Villages/Wards	4
14. No. of Households	807
15. Total catchment Population	5049
16. Population who are 30 years of age and above	1696

B. Physical Infrastructure

Infrastructure Status and details		Availability																
73.	Availability of Govt owned Building	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
74.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>S.no</th> <th>Building</th> <th>√ Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td></td> </tr> <tr> <td>D</td> <td>Rented etc</td> <td></td> </tr> </tbody> </table>	S.no	Building	√ Mark	A	Other Govt.		B	Panchayat Bhawan		C	Urban Local Body		D	Rented etc		
S.no	Building	√ Mark																
A	Other Govt.																	
B	Panchayat Bhawan																	
C	Urban Local Body																	
D	Rented etc																	
75.	Is the facility functional 24 x 7?	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
76.	Availability of IPD Beds	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
77.	If yes, Number of functional IPD Beds	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
78.	Availability of boundary Wall	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
79.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
80.	OPD room Examination table with privacy curtains/screen	<input type="checkbox"/> √Yes <input type="checkbox"/> No	<input type="checkbox"/> √Yes <input type="checkbox"/> No															
81.	Waiting area with sitting arrangements for patients/ attendants	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
82.	Availability of furniture:	Table <input type="checkbox"/> √Yes <input type="checkbox"/> No Chairs <input type="checkbox"/> √Yes <input type="checkbox"/> No Almirah/Shelf <input type="checkbox"/> √Yes <input type="checkbox"/> No No																
83.	Laboratory	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
84.	Pharmacy /Drug store	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
85.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
86.	Separate functional toilets for males and females	<input type="checkbox"/> √ Yes <input type="checkbox"/> No																
87.	Availability of Running Water	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
88.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> √ Yes <input type="checkbox"/> No																
89.	Electricity connection	<input type="checkbox"/> √ Yes <input type="checkbox"/> No																
90.	Power back up	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
91.	Safe drinking Water for staff and patients	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
92.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
93.	Provision of BMW management	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
94.	Colour coded waste bins	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
95.	Bio-medical waste disposal mechanism in place	<input type="checkbox"/> √Yes <input type="checkbox"/> No																
96.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> √Yes <input type="checkbox"/> No																

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
52.	Medical Officer (MBBS)	1	1	1	1	1
53.	AYUSH MO*	1	0	0	1	1
54.	Dentist*	1	0	0	0	0
55.	Staff Nurse	2	0	0	2	2
56.	Pharmacist	1	1	1	0	0
57.	Laboratory Technician	1	0	0	1	1
58.	ANM/MPW (F)#	1	0	0	0	0
59.	MPW (M)	1	0	0	0	0
60.	Lady Health Visitor	1	0	0	0	0
61.	Dresser	1	0	0	0	0
62.	Accountant	1	0	0	1	1
63.	Data entry operator	1	0	0	0	0
64.	Sanitation staff	1	0	0	0	0
65.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	0	0	0	4	4
66.	ASHA Facilitator (If any, only for Rural areas)	0	0	0	0	0
67.	Others (Specify)	0	0	0	0	0
68.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

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

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

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

	<input type="checkbox"/> <input checked="" type="checkbox"/> Screening and management of mental health ailments
--	---

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

F. Availability of Essential medicines			
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p> <p style="text-align: center;">172</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 style="text-align: center;">125</p>		
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fever</p>		
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy </td> <td style="vertical-align: top;"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)		
5	<p>What is the indenting cycle that is followed at the facility?</p> <p><input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Monthly</p>		

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	18 (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	18
4	Number of tests Provided through In House Mode	18
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	10
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>)	NIL

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

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

H. Availability of IT Equipment & Teleconsultation services

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

Total teleconsultations in the last 01 month	
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I. Wellness Activities			
Wellness sessions being held periodically	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
J. Governance			
Constitution of Jan Arogya Samiti	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Minutes of meeting maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Periodic VHND sessions undertaken	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Other Sources	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fund utilization NHM Fund/untied funds utilized during last year: (2023-24)	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	1,75000/-	1,75000/-	100%
	Is untied fund being spent on following activities? Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

	<p>If yes, specify;</p> <p><input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Status of JSY Payments	<p>Payment done till (month/ year) : Feb' 2025 (2024-25)</p> <p>Average Delay in Payment (days): 3(three) days</p> <p>Reasons for delay, if any(Due to non -submission of Account details by beneficiaries')</p>
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) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input 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</p>

M. Service delivery Output Indicators (Data of previous quarter)(Oct'24 –Dec'24) 2024-25		
1	Total number of outpatient department visits	5504
2	No. of PW registered for ANC	-
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	96
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	40
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	-
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	-
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	108

9	Number of cases referred from PHC AAM to CHC or higher centre during last month	1	
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	0	
	No. of TB patients diagnosed out of the presumptive patients referred	0	
	No. of TB patients taking treatment in the AAM	0	
12	Community Based Screening for NCDs		
	% of target population administered CBAC	100%	
	% of target population with score below 4	1%	
	% of target population with score 4 and above	99%	
13	NCDs (No. of individuals in Last 6 Months) (Aug '24- Jan '25)		
	Screened	Treated	Follow-up
	Hypertension	691	121
	Diabetes	691	96
	Screened	Referred	Follow-up
	Oral Cancer*	691	0
	Breast Cancer*	366	0
	Cervical Cancer*	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> √ Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> √ Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Commendation, 72%
6	Patient Rights	<input checked="" type="checkbox"/> √ Display of citizen's charter <input checked="" type="checkbox"/> √ Display of IEC materials <input checked="" type="checkbox"/> √ Provision for ensuring privacy <input checked="" type="checkbox"/> √ Respectful Maternity Care being practiced <input checked="" type="checkbox"/> √ All services provided free of cost <input checked="" type="checkbox"/> √ Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> √ Maintenance and upkeep of facility ensured

		<input type="checkbox"/> ✓ Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> ✓ Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> ✓ Adherence to biomedical waste management <input type="checkbox"/> ✓ Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> ✓ Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> ✓ Adherence to SOPs for clinical management of conditions <input type="checkbox"/> ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> ✓ Provision for collecting patient feedback <input type="checkbox"/> ✓ Availability of Grievance Redressal Mechanisms <input type="checkbox"/> ✓ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	07-06-2024
2	Facility aggregate score using ODK Took kit	50.93

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		✓		

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

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

Date of Visit:06-03-2025

A. General Information	
1. State	Assam
2. District Name	Sribhumi(Karimganj)
3. Block/Taluka Name	Nilambazar
4. Name of Facility	Singaria
5. Type of Facility	AAM
6. NIN of the facility	8288565473
7. No. of days in a week facility is operational	06
8. OPD Timings	8:00am-2:00pm
9. Month & Year of AAM operationalization	08-2019
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Nilambazar BPHC
12. Distance of next referral facility (Km)	06km

A.1 Demographic Details	
1. Number of Villages	05
2. No. of Households	1080
3. Total catchment Population	6760
4. Population who are 30 years of age and above	2501

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

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

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		1	1		
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			6	6
4	Any other (If yes, specify)					

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/ No)	Trained in ENT care (Yes/ No)	Trained in oral care (Yes/ No)	Trained in MNS (Yes/ No)	Trained in Elderly & Palliative care (Yes/ No)	Trained in Trauma & Emergency care (Yes/ No)
CHO	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW (F)	Yes	Yes	Yes	Yes	Yes	Yes
MPW (M)	Yes	Yes	Yes	Yes	Yes	Yes
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"> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p> <ul style="list-style-type: none"> <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 <p>Non-Communicable Diseases</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

F. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	33 (Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC	96		
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input 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)
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)		
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)		

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

G. Essential diagnostics

Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14
Total number of diagnostic tests available at AAM-SC	08
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 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

H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH

	<input checked="" type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Viral common disease, ENT consultation and skin disease
Total Teleconsultations in the last 01 month	51

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

J. Finance			
Renumeration & Incentives Timely disbursement of incentives to ASHAs Timely disbursement of remuneration to CHOs Timely disbursement of remuneration to AAM-SC team (other than CHO) Disbursement of performance-based incentives to CHO Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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
	195000	195000	100%

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

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

L. Wellness Activities

Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
Number of Wellness sessions conducted in Last month	11

ASHA Functionality

Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes
Number of Village Health & Sanitation days conducted in last 6 months	30

M. Service delivery Output Indicators (Data of previous quarter)

1	Total number of outpatient department visits	2166
2	No. of PW registered for ANC	30
3	No. of PW received 4 or more ANC check-ups	29
4	Total number of institutional deliveries	09
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	5

6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	44		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	36		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	19		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	71		
	No. of TB patients diagnosed out of the presumptive patients referred	00		
	No. of TB patients taking treatment in the AAM	00		
10	Community Based Screening for NCDs: % of target population administered CBAC:37% % of target population with score below 4:40% % of target population with score 4 and above:60%			
11	NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up
	Hypertension	923	37	25
	Diabetes	923	23	15
	Oral Cancer	923	00	00
	Breast Cancer	475	00	00
	Cervical Cancer	00	00	00

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	Yes
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	85.6% winner
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured

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

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	12-12-24
2	Facility aggregate score using ODK Took kit	76%

Remarks & Observations

<p>Infrastructure</p> <p>Good</p>
<p>HRH</p>
<p>IEC. Iec are displayed properly</p>

Expanded service Packages Expanded package service are provided smoothly
IT System Need improvement in it system
Any Other

Appendix-List of equipment

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

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

Date of Visit:07-03-2025

A. General Information	
1. State	ASSAM
2. District Name	SRIBHUMI
3. Block/Taluka Name	BADARPUR BLOCK
4. Name of Facility	CHARGULA AAM
5. Type of Facility	AAM SC
6. NIN of the facility	1633252521
7. No. of days in a week facility is operational	6DAYS
8. OPD Timings	8-30.A.M. to 1-30 P.M.
9. Month & Year of AAM operationalization	JAN 2021
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	BHANGA SD
12. Distance of next referral facility (Km)	7.5 K.M.

A.1 Demographic Details	
17. Number of Villages	3
18. No. of Households	588
19. Total catchment Population	2231
20. Population who are 30 years of age and above	867√

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

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

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

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

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	NO	yes	yes
ANM/ MPW (F)	NO	NO	NO	NO	NO	NO
MPW (M)	NO	NO	NO	NO	NO	NO
ASHA	NO	NO	NO	NO	NO	NO

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

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

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

F. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC			
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> √ Diabetes <input type="checkbox"/> √Hypertension <input type="checkbox"/> √ Fever		
Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy </td> <td style="vertical-align: top;"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
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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 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	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	8
Mode of diagnostic services	<input type="checkbox"/> In-house <input checked="" 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 type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Linked Hub for Teleconsultation	<input type="checkbox"/> v PHC <input type="checkbox"/> v CHC <input type="checkbox"/> v DH <input type="checkbox"/> v Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> v e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> v Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	OPHTHALMIC,DENTAL,FUNGAL INFECTION ETC
Total Teleconsultations in the last 01 month	56

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

J. Finance			
Remuneration & Incentives			
Timely disbursement of incentives to ASHAs	<input type="checkbox"/> vYes	<input type="checkbox"/> No	
Timely disbursement of remuneration to CHOs	<input type="checkbox"/> vYes	<input type="checkbox"/> No	
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input type="checkbox"/> vYes	<input type="checkbox"/> No	
Disbursement of performance-based incentives to CHO	<input type="checkbox"/> v Yes	<input type="checkbox"/> No	
Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> v Yes	<input type="checkbox"/> No	
Facility funds			
Timely disbursement of untied funds	<input type="checkbox"/> vYes	<input type="checkbox"/> No	
Fund flow through other sources	<input type="checkbox"/> vYes	<input type="checkbox"/> No	
Specify any other fund source:			
Fund utilization			
% NHM Fund utilized last year: 2023-24	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure

	1,25,500/-	1,25,500/-	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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms			
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
L. Wellness Activities			
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...10.....		
ASHA Functionality			
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	12		
M. Service delivery Output Indicators (Data of previous quarter)(Sept24 to Dec24)			
1	Total number of outpatient department visits	1499	
2	No. of PW registered for ANC	16	
3	No. of PW received 4 or more ANC check-ups	22	
4	Total number of institutional deliveries	0	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	8	

6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	23		
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	96		
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: 38.86% % of target population with score below 4: 21% % of target population with score 4 and above:17.86			
11	NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up
	Hypertension	423	26	21
	Diabetes	423	17	14
	Oral Cancer	423	0	0
	Breast Cancer	225	0	0
	Cervical Cancer	-	-	-

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

		<input type="checkbox"/> ✓Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> ✓Maintenance and upkeep of facility ensured <input type="checkbox"/> ✓ Maintenance of clinical records <input type="checkbox"/> ✓Data management using digital technology <input type="checkbox"/> ✓Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> ✓ Adherence to biomedical waste management <input type="checkbox"/> ✓Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> ✓ Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> ✓ Adherence to SOPs for clinical management of conditions <input type="checkbox"/> ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> ✓ Provision for collecting patient feedback <input type="checkbox"/> ✓ Availability of Grievance Redressal Mechanisms <input type="checkbox"/> ✓ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	12/06/2024
2	Facility aggregate score using ODK Took kit	46.53

Remarks & Observations

Remarks & Observations
Infrastructure

HRH
IEC
Expanded service Packages
IT System
Any Other

Appendix-List of equipment

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

Field Monitoring Format-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)**Date of Visit: 06-03-2025**

A. General Information	
13. State	Assam
14. District Name	Sribhumi (Karimganj)
15. Block/Taluka Name	Nilambazar
16. Name of Facility	Keoutkuna AAM
17. Type of Facility	AAM-SHC
18. NIN of the facility	4878731522
19. No. of days in a week facility is operational	06
20. OPD Timings	8:00am-2:00pm
21. Month & Year of AAM operationalization	08-2019
22. Accessible from nearest road head (Yes/No)	Yes
23. Next Referral Facility	Nilambazar BPHC
24. Distance of next referral facility (Km)	05km

A.1 Demographic Details	
5. Number of Villages	07
6. No. of Households	1755
7. Total catchment Population	13020
8. Population who are 30 years of age and above	4880

B. Physical Infrastructure	
Infrastructure Status and details	Availability
22. Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes
23. If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
24. Availability of boundary Wall	No
25. External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes
26. OPD room	<input checked="" type="checkbox"/> Yes
Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes
27. Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes
28. Availability of furniture:	
Table	<input checked="" type="checkbox"/> Yes
Chairs	<input checked="" type="checkbox"/> Yes
Almirah/Rack	<input checked="" type="checkbox"/> Yes
29. Laboratory	<input checked="" type="checkbox"/> Yes
30. Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes
31. Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes
32. Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes
33. Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes
34. Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes
35. Electricity connection	<input checked="" type="checkbox"/> Yes
36. Power back up	<input checked="" type="checkbox"/> Yes
37. Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes
38. Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes
39. Provision of BMW management	<input checked="" type="checkbox"/> Yes
40. Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes
41. 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
42. Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> No

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

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		1	1		
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			6	6
4	Any other (If yes, specify)					

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

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

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p> <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 <p>Non-Communicable Diseases</p> <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix

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

Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines		
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	33 (Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	96	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input 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	
G. Essential diagnostics		

Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14
Total number of diagnostic tests available at AAM-SC	08
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input checked="" type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation

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

Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Viral common disease, ENT consultation and skin disease
Total Teleconsultations in the last 01 month	51

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

K. Finance			
Renumeration & Incentives Timely disbursement of incentives to ASHAs Timely disbursement of remuneration to CHOs Timely disbursement of remuneration to AAM-SC team (other than CHO) Disbursement of performance-based incentives to CHO Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fundsource:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Fund utilization % NHM Fund utilized last year: 2023-24	Funds received (Amt in Rs.) 95000	Expenditure (Amt in Rs.) 95000	% Expenditure 100%
Is untied fund being spent on following activities	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

	If yes, specify <input checked="" type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input 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) Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
L. Wellness Activities	
Wellness sessions being held periodically Availability of a trained instructor for wellness session Health Days are celebrated as per the Wellness Activity Calendar Number of Wellness sessions conducted in Last month	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO 12
ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes
Number of Village Health & Sanitation days conducted in last 6 months	30

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1763
2	No. of PW registered for ANC	65
3	No. of PW received 4 or more ANC check-ups	61
4	Total number of institutional deliveries	13
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	7
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	98
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	99
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	340																							
	No. of TB patients diagnosed out of the presumptive patients referred	00																							
	No. of TB patients taking treatment in the AAM	00																							
10	Community Based Screening for NCDs: % of target population administered CBAC:37% % of target population with score below 4:40% % of target population with score 4 and above:60%																								
11	NCDs <i>(No. of individuals in last 6 Months)</i>	<table border="1"> <thead> <tr> <th>Screened</th> <th>Referred</th> <th>Followed-up</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>1300</td> <td>76</td> <td>75</td> </tr> <tr> <td>Diabetes</td> <td>1300</td> <td>50</td> <td>47</td> </tr> <tr> <td>Oral Cancer</td> <td>1300</td> <td>00</td> <td>00</td> </tr> <tr> <td>Breast Cancer</td> <td>680</td> <td>00</td> <td>00</td> </tr> <tr> <td>Cervical Cancer</td> <td>00</td> <td>00</td> <td>00</td> </tr> </tbody> </table>	Screened	Referred	Followed-up	Hypertension	1300	76	75	Diabetes	1300	50	47	Oral Cancer	1300	00	00	Breast Cancer	680	00	00	Cervical Cancer	00	00	00
Screened	Referred	Followed-up																							
Hypertension	1300	76	75																						
Diabetes	1300	50	47																						
Oral Cancer	1300	00	00																						
Breast Cancer	680	00	00																						
Cervical Cancer	00	00	00																						

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	Yes
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	74% commendation
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	12-12-24
2	Facility aggregate score using ODK Took kit	76%

Remarks & Observations

Infrastructure Good
HRH
IEC. Iec are displayed properly
Expanded service Packages Expanded package service are provided smoothly
IT System Need improvement in it system

Any Other

Appendix-List of equipment

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

Field Monitoring Format-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)**Date of Visit: 07-03-2025**

A. General Information	
13. State	ASSAM
14. District Name	SRIBHUMI
15. Block/Taluka Name	KACHUADAM
16. Name of Facility	DUTTAPUR AAM
17. Type of Facility	AAM
18. NIN of the facility	7738753354
19. No. of days in a week facility is operational	6 DAYS
20. OPD Timings	8:30 AM TO 2:00 PM
21. Month & Year of AAM operationalization	
22. Accessible from nearest road head (Yes/No)	YES
23. Next Referral Facility	MAHAKAL T.C (PHC)
24. Distance of next referral facility (Km)	6 KM

A.1 Demographic Details	
21. Number of Villages	4
22. No. of Households	1721
23. Total catchment Population	6533
24. Population who are 30 years of age and above	2417

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

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

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

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases			
Services	CHO (Yes/ No)	MPW (F) / (M) (Yes/ No)	ASHA (Yes/ No)
Maternal Health (ANC/PNC Care)	YES	YES	YES

Child Health (New Born Care/ HBNC/HBYC)	YES	YES	YES
Family Planning	YES	YES	YES
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	YES	YES	YES
NCD	YES	YES	YES

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/ No)	Trained in ENT care (Yes/ No)	Trained in oral care (Yes/ No)	Trained in MNS (Yes/ No)	Trained in Elderly & Palliative care (Yes/ No)	Trained in Trauma & Emergency care (Yes/ No)
CHO	YES	YES	YES	YES	YES	YES
ANM/ MPW (F)	YES	YES	YES	YES	YES	YES
MPW (M)	YES	YES	YES	YES	YES	YES
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"> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> <input checked="" type="checkbox"/> TB <input type="checkbox"/> <input checked="" type="checkbox"/> Leprosy <input type="checkbox"/> <input checked="" type="checkbox"/> Acute simple illnesses <p>Non-Communicable Diseases</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> <input checked="" type="checkbox"/> Screening of common cancers – Oral

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

F. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC	33		
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins </td> </tr> </table>	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins
<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins		

	<input type="checkbox"/> <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> <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 type="checkbox"/> <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"/> <input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?		<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management		<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

G. Essential diagnostics

Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDL is 14)	
Total number of diagnostic tests available at AAM-SC	7	
Mode of diagnostic services	<input type="checkbox"/> <input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of diagnostic testing aids/ equipment	<input type="checkbox"/> <input checked="" type="checkbox"/> Rapid diagnostic testing kits <input type="checkbox"/> <input checked="" type="checkbox"/> Sphygmomanometer <input type="checkbox"/> <input checked="" type="checkbox"/> Glucometer <input type="checkbox"/> <input checked="" type="checkbox"/> Haemoglobinometer <input type="checkbox"/> <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> <input checked="" type="checkbox"/> Urine dipstick <input type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/> No	

H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> <input checked="" type="checkbox"/> Laptop
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	<input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> <input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> <input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	ACIDITY
Total Teleconsultations in the last 01 month	52

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

K. Finance	
Remuneration & Incentives	
Timely disbursement of incentives to ASHAs	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of remuneration to CHOs	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Disbursement of performance-based incentives to CHO Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
L. Wellness Activities			
Wellness sessions being held periodically Availability of a trained instructor for wellness session Health Days are celebrated as per the Wellness Activity Calendar Number of Wellness sessions conducted in Last month	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ...11.....		
ASHA Functionality			
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		

Number of Village Health & Sanitation days conducted in last 6 months		24	
M. Service delivery Output Indicators (Data of previous quarter)			
1	Total number of outpatient department visits	2258	
2	No. of PW registered for ANC	29	
3	No. of PW received 4 or more ANC check-ups	33	
4	Total number of institutional deliveries	18	
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	27	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	27	
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	70	
9	TB patients undergoing treatment		
	Indicators	Current year	
	No. of presumptive TB patients identified	5	
	No. of TB patients diagnosed out of the presumptive patients referred	5	
	No. of TB patients taking treatment in the AAM	5	
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:		37% 10% 15%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred
	Hypertension	1300	77
	Diabetes	1300	50
	Oral Cancer	1300	0
	Breast Cancer	1300	0
	Cervical Cancer	0	0
		0	0

N. Implementation of NQAS Quality Assurance and Patient Safety	
1	Has there been an internal assessment for NQAS? <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS? <input type="checkbox"/> <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	78%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	12.06.2024
2	Facility aggregate score using ODK Took kit	58.85%

Remarks & Observations
Infrastructure
HRH
IEC
Expanded service Packages
IT System
Any Other

Appendix-List of equipment

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

11	Stadiometer	Available		Available	
12	Tuning fork	Available		Available	

<p><i>visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.,) Reasons, thereof.</i></p>		<p>AYUSH practitioners.</p>	
		<p>Self (home remedies)</p>	

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

<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>What are the health services being provided there?</i></p>	<p>May use local terms as recognized by the community</p> <p>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</p> <p>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</p> <p>Probes-RCH, NCD, Communicable diseases, expanded packages)</p>	<p>ASHA ANM</p> <p>3 Months Full Time Greater than one year</p> <p>Yes, Palliative case visit, Teleconsultation, IEC, Family Planning, and Outreach Immunization.</p>
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Topic: Accessibility to primary healthcare services

<p><i>How do you access the facility from your residence?</i></p>	<p><i>Probes: Walk to the facility</i> <i>Use public transport</i> <i>Use personal transport</i></p>	<p>All</p>
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p>Barriers may include: Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</p>	<ul style="list-style-type: none"> • Geographical barriers • structural barriers within the facility or its premises • √ financial barriers • √ socio-cultural barriers • Others, (please specify):.....

<p><i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/ visits?</i></p>	<p>Yes</p>	<ul style="list-style-type: none"> • Lack of balanced diet • Lack of knowledge • Low economy • Less participation
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Topic: Availability of primary health care infrastructure and services

<p><i>What are your opinions on the building in which the primary healthcare facility is functioning?</i></p> <p><i>What more needs to be added to improve the treatment-seeking experience in this place?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Condition of the building - Maintenance - Dedicated space for waiting and examination - Adequate seating arrangement - Functional toilet - Potable and drinking water - Power supply 	<p>Infrastructure and services</p>	<p>Response</p>
		<p><i>Condition of the building</i></p>	<p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad</p>
		<p><i>Maintenance</i></p>	<p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad</p>
		<p><i>Dedicated space for waiting and examination</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p><i>Adequate seating arrangement</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p><i>Functional toilet</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p><i>Potable/ drinking water</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p><i>Power supply</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>When you visit the facility, are the staff available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p>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</p> <p>Yes</p>	

<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe <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 <i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>No refer to PHC lab, DH lab, testing lab</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: <i>Adequate skills and knowledge</i></p>	<p>Yes</p>
<p><i>Do you feel that the primary healthcare facility uses <u>innovative methods or technology</u> for delivering healthcare?</i></p> <p><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</i></p>	<p>Innovative may include <i>painless, time-saving or cost-saving methods or technology</i></p> <p>Alternate phrasing: <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></i></p>	<p>Yes</p> <p>No</p>

<p><i>any services that would cost you, due to which you tend to avoid those services?</i></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 healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>	<p><i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe: To share some insights</i></p>	<p>Flood Cyclone Rainy Season</p> <p>Yes by Rapid response team</p> <p>Yes</p>
<p>Topic: Community's involvement / participation</p>		
<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p>	<p><i>Probes</i></p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalentents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<ul style="list-style-type: none"> • Yoga • IEC Activities • Club meetings • JAS <p>Social media message sharing Gathering Community</p>

<i>Please mention the activity and your contribution</i>		
Topic: Unmet Needs		
<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>Participating locals for Health Awareness</p> <p>CHC, PHC, Private facilities</p> <p>Yes</p>
Topic: Quality of Care provided through the primary healthcare facility		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?</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 - Effectiveness of medicines dispensed at the facility 	<p>Good</p> <p>Not more than 5-10 mins</p> <p>Good</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>

<p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>		
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Summary:

Key Challenges Observed	Root Cause

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