

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



Submitted by:

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Introduction:

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

The findings are based on visits conducted by the PRC-IEG team, comprising Dr. Rahul Kumar and Mr. Adarsh Gupta, to various public healthcare facilities govern by Kolkata Municipal Corporation (KMC), including UCHC Khidirpur; UPHC 5; UPHC 31; UPHC 51; UPHC 82; UAAM 3; UAAM 9; UAAM 24; and UAAM 139. The team held meetings with the Chief Municipal Health Officer (CMHO), nodal programme officers, Medical Officer-in-Charge (MOIC), facility staff (MOs, CHOs, ANMs, etc.), community health care providers (ASHAs, Anganwadi workers, etc.), and other supporting staff. These interactions aimed to evaluate the strengths and weaknesses of the facilities in terms of service delivery.

Major Observations of the District:

HR & Infrastructure: The district has an adequate number of Medical Officers at the visited facilities. However, upgrading CHC Khidirpur to an FRU by deploying specialists can enhance service delivery. Some facilities require additional paramedical staff to meet operational needs. While UAAMs are adequately staffed, additional ASHAs are needed per population norms. can further improve healthcare services.

Overall, the visited facilities have good infrastructure, but optimizing workforce distribution and specialist availability can further improve healthcare services.

AAM Services: Unlike other states, Health & Wellness Centres (HWCs) in West Bengal have not been rebranded as Ayushman Arogya Mandirs (AAM). All UPHCs have been converted into AAM; however, only a few CPHC packages are fully operational. Additionally, UAAMs, funded by the 15th Finance Commission, provide only OPD and outreach services, limiting their comprehensive healthcare delivery potential.

NCD Screening: NCD screening is operational across all healthcare levels, with dedicated clinics at UCHCs and UPHCs. UPHCs primarily focus on hypertension and diabetes. While UAAMs perform well in NCD screening, they lack facilities for VIA-based cervical cancer screening. Strengthening infrastructure and staff training is essential for comprehensive NCD care.

National Health Programmes: The implementation of NHM programs is robust, with nearly all programs functional in the district. Under the 15th Finance Commission, the Kolkata Municipal Corporation (KMC) manages the construction and staffing of UAAMs, ensuring continued service delivery.

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. Diagnostic services at UCHC are well-equipped, whereas UPHCs and UAAMs offer only basic diagnostic services, highlighting the need for enhanced testing facilities.

Delivery Care Services: No delivery facilities are available at UCHCs, UPHCs, or UAAMs in Kolkata district. All delivery cases, whether normal or C-section, are referred to medical colleges. Strengthening maternal care at secondary-level facilities could help reduce this burden.

Fund Utilization: Most facilities effectively utilize over 90% of allocated funds. However, delays in fund disbursement have been reported, impacting operational efficiency. Timely release of funds is essential to ensure uninterrupted healthcare services.

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

and needs improvement through better documentation and systematic record management.

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

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

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

Community Interaction: Community feedback indicates a mixed response regarding public health facilities. People from higher financial backgrounds prefer private healthcare, while those from lower financial strata primarily rely on public health facilities in Kolkata. Alcohol use is more prevalent in lower-income groups. For major ailments, people depend on medical colleges, as UCHC Khidirpur is the only secondary-level facility, but it lacks delivery services, limiting access to maternal healthcare.

FACILITY WISE OBSERVATIONS

UCHC Khidirpur:

CHC Khidirpur, a 30-bedded Non-FRU urban CHC, handles a daily OPD load of 150–200 patients and offers OPD, IPD, emergency, and diagnostic services. It has an MoU with IIHMS Medical College for specialized OPD services in medicine, orthopaedics, paediatrics, ENT, and dental care. Equipped with a well-functioning lab, X-ray, USG, and OT facilities, its USG services remain underutilized due to the absence of an OBGY specialist certified under the PCPNDT Act. With an anaesthetist already posted, upgrading this facility to an FRU CHC can significantly reduce the burden on tertiary hospitals.

UPHC 5, 31 & 51:

All three UPHCs handle around 100 OPD patients daily, offering OPD services, family planning, and limited kit-based diagnostic tests. Each facility also has a Vector-Borne Disease Control team to manage malaria and dengue outbreaks in the city. However, the absence of Jan Arogya Samiti (JAS) affects fund utilization, and delays in NHM untied funds further hinder operations. Timely

fund allocation and alternative financial mechanisms are needed to ensure smooth facility functioning and service delivery.

UPHC 82:

UPHC 82, an NQAS & Kayakalp-certified facility, handles a high OPD load of 250–300 patients daily. Strategically located in the city centre, it offers OPD, basic diagnostics, and family planning services. The facility has well-maintained infrastructure and an ultrasound machine procured through CSR funding, which remains unused due to the lack of provision at the PHC level. Since the facility operates as a polyclinic in the evening, special provisions should be explored to utilize the USG machine effectively, enhancing diagnostic capabilities.

UAAM 3, 9 24 & 139:

In West Bengal, none of the Health & Wellness Centers (HWCs) have been rebranded as Ayushman Arogya Mandirs (AAMs). Urban AAMs (UAAMs) are funded by the 15th Finance Commission and governed by Kolkata Municipal Corporation (KMC). These facilities provide only OPD and outreach services with limited kit-based diagnostic tests. Additionally, Jan Arogya Samiti (JAS) is not available across these facilities, and the united fund of ₹4,000 per month is insufficient and often delayed, affecting service delivery. Strengthening financial support and timely fund disbursement are essential for improving service efficiency.

RECOMMENDATIONS

Strengthening of UCHC Khidirpur: UCHC Khidirpur is the only CHC in Kolkata district. Given its existing infrastructure and available facilities, it has the potential to be upgraded into a CHC FRU or even a Sub-District Hospital (SDH). This upgrade would enhance maternal and emergency care services, reduce patient load at tertiary hospitals, and ensure better utilization of resources like the OT and diagnostic facilities.

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.

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

KOLKATA WEST BENGAL

hampers infrastructure maintenance, and affects the smooth implementation of programs. Timely disbursement of funds is crucial to ensure uninterrupted service delivery.

Addressing Encroachment at Health Facilities:

Encroachment issues were observed at UPHC 51 and UAAM 139, where a food cart was operating within the facility premises, and a restaurant had extended up to the facility stairs, causing inconvenience to staff and patients. Despite complaints, no action was taken due to political interference. A structured mechanism, including coordination with municipal authorities, legal action against encroachers, and a dedicated grievance redressal system, is needed to safeguard healthcare spaces.

Addressing Delay in NHM Fund:

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



KOLKATA WEST BENGAL



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

Urban/ Rural: Urban

Date of Visit: 30/01/25

General Information	
Name of facility visited	UCHC Khidirpur
Facility Type	<input type="checkbox"/> CHC <input checked="" type="checkbox"/> U-CHC
FRU	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: SSHM Distance: 4 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 10:00 a.m. – 4:00 p.m.	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (JIHMS)	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Very good	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available	Observation

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

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

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

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)				6	5
	Specialists	Medicine			0	0
		Ob-Gyn			0	0
Pediatrician				0	0	

	Anesthetist				
	Dentist				
	SNs/ GNMs			9	6
	LTs			6	2
	Pharmacist			2	1
	Dental Assistant/ Hygienist			1	0
	Hospital/ Facility Manager				
	EmOC trained doctor				
	LSAS trained doctor				
	Others				

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

	LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		
D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed	
	If yes, total number of drugs in EDL _____ 310 _____ EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____ 114 _____		
17. Implementation of DVDMS or similar supply chain management system	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If other, which one State Specific System (SMIS)_	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Hydrocort	As reported, check DVDMS,
	2	Rantac	E-aushadhi, etc.
	3	Promethazine	
	4		
	5		
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported	

	In last 6 months, how many times there was a shortage 0	Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> In-house tests 	Timing: 9 a.m. - 3 p.m. Total number of tests available against Essential Diagnostic tests list for CHC ___33___	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider 0	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported

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

<p>27. Status of JSY payments</p>	<p>Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Average delay: (Average for how many days/patients):</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month: <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p>	<p>Verify from JSY status report</p>
<p>28. Availability of JSSK entitlements</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>	<p>As reported/As Displayed in Maternity Ward</p>
<p>29. PMSMA services provided on 9th of every month</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are</p>	<p>PMSMA Register/High Risk Pregnancy Register, Staff review</p>

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

39. Number of sterilizations performed in last one month	NIL.	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)____ _____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	GOOD (REGULARLY)	Observation/ FP records and registers
43. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input checked="" 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 type="checkbox"/> Yes/ <input checked="" 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		
	b. Diabetes		
	c. Oral Cancer		
	d. Breast Cancer		
	e. Cervical Cancer		
48. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported, Observation	
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _	DBT/Nikshay Report	
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	DBT/Nikshay Report	
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months _____	DBT/Nikshay Report	

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

	<p>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>						
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year:</p> <p>Fund utilized last year:</p>	Facility FM R					
	Fund in prev. FY						
	<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</td> <td style="text-align: center;">500000</td> <td style="text-align: center;">100</td> </tr> </tbody> </table>		Received	Utilized	% Utilization	500000	500000
	Received	Utilized	% Utilization				
	500000	500000	100				
<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>	RKS Register						
<p>Reasons for underutilization of fund (if any)</p> <p>JAS not formed due to ward elections haven't been done in Jamshedpur</p>	Staff review						
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the					

	MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)		RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre 108 <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 0 Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number:295 Types of cases referred out: OBGY, ENT, Heart, etc	Referral Out register

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

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

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

Urban /Rural: Urban

Date of Visit: 31/1/25

A. General Information	
1. State	West Bengal
2. District Name	Kolkata
3. Block/Taluka Name	Borough 1
4. Name of Facility	UPHC-5
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1116685221
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9 am- 2pm
9. Month & Year of operationalization of AAM	29-02-2020
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	R G Kar Medical College
13. Distance of next referral facility (in Km)	0.5 km.
14. If UPHC functions as a Polyclinic (Yes/No)	Yes
15. If Yes, please take note of available specialist services at the Polyclinic	OBGY, Medicine & Eye

A.1 Demographic Details	
1. Number of Villages/Wards	1
2. No. of Households	5799
3. Total catchment Population	8582
4. Population who are 30 years of age and above	

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

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

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

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

*Desirable

For PHC sub centre-Co-located

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	Trained in Elderly & Palliative Care (Y/N)	Trained in Trauma & Emergency care (Y/N)
MO (MBBS)	Y	Y	Y	N	Y	Y
Staff Nurse	Y	Y	Y	N	Y	Y
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	<ul style="list-style-type: none"> ✓ ANC/ PNC ✓ Neonatal and infant healthcare services ✓ Childhood and Adolescent healthcare services ✓ Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<ul style="list-style-type: none"> ✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ✓ TB ✓ Leprosy ✓ Acute simple illnesses
Non-Communicable Diseases	<p>Screening and management of common NCDs (DM, HTN)</p> <ul style="list-style-type: none"> ✓ Screening of common cancers – Oral ✓ Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix

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

F. Availability of Essential medicines				
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	172 <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	73		
3	Availability of medicines for priority conditions	<ul style="list-style-type: none"> ✓ Tuberculosis ✓ Diabetes ✓ Hypertension ✓ Fever 		
4	Medicine categories with shortfall/stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <ul style="list-style-type: none"> ✓ Oral Contraceptives ✓ Analgesics / NSAIDs) ✓ Anti-pyretic </td> <td style="width: 50%;"> <ul style="list-style-type: none"> ✓ Anti-tuberculosis ✓ Anti-fungal ✓ Anti-malarial </td> </tr> </table>	<ul style="list-style-type: none"> ✓ Oral Contraceptives ✓ Analgesics / NSAIDs) ✓ Anti-pyretic 	<ul style="list-style-type: none"> ✓ Anti-tuberculosis ✓ Anti-fungal ✓ Anti-malarial
<ul style="list-style-type: none"> ✓ Oral Contraceptives ✓ Analgesics / NSAIDs) ✓ Anti-pyretic 	<ul style="list-style-type: none"> ✓ Anti-tuberculosis ✓ Anti-fungal ✓ Anti-malarial 			

		<input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input checked="" 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 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 type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input checked="" type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	24
4	Number of tests Provided through In House Mode	24

5	Number of tests Provided through Hub & Spoke (Public Health System)	NA
6	Number of tests Provided through Hub & Spoke- PPP Model	02
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	24 hrs
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		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any Swasthya Ingit (WB Govt.)
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	High Fever, Ortho, pediatrics, OBGY EYE, ENT etc.
Total teleconsultations in the last 01 month	208

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

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

(Infrastructure, painting, lab maintainance etc.)	30000	30000	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p>		

	<input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	4783
2	No. of PW registered for ANC	9
3	No. of PW received 4 or more ANC check-ups	3
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	16
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	9
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	37
	No. of TB patients diagnosed out of the presumptive patients referred	0
	No. of TB patients taking treatment in the AAM	-
12	Community Based Screening for NCDs	

	% of target population administered CBAC		2.15%	
	% of target population with score below 4		1%	
	% of target population with score 4 and above		1.15%	
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	2396	1210	1009
	Diabetes	846	707	605
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	2396	05	05
	Breast Cancer*	1226	03	03
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	✓ Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	✓ Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	✓ Yes <input type="checkbox"/> No
4	Is the facility participating in Kayakalp?	✓ Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2019 & 2020 1 st in District, 2021 3 rd in District 2022 1 st in District, 2023 2 nd in District 2024 Commendation Award
6	Patient Rights	✓ Display of citizen's charter ✓ Display of IEC materials ✓ Provision for ensuring privacy

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	17/12/2024
2	Facility aggregate score using ODK Took kit	40.86%

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other

Annexure- List of equipment

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

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

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

Urban /Rural: Urban

Date of Visit: 31/1/25

A. General Information	
1. State	West Bengal
2. District Name	Kolkata
3. Block/Taluka Name	KMC/BR-iii
4. Name of Facility	UPHC-31
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1116761360
7. No. of days in a week facility is operational	6 days
8. OPD Timings	8 am- 4pm
9. Month & Year of operationalization of AAM	2015 building become functional
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	R G Kar Medical College
13. Distance of next referral facility (in Km)	5 kms.
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	1
2. No. of Households	9563
3. Total catchment Population	38250
4. Population who are 30 years of age and above	14153

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

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

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

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

*Desirable

For PHC sub centre-Co-located

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	Trained in Elderly & Palliative Care (Y/N)	Trained in Trauma & Emergency care (Y/N)
MO (MBBS)	Y	Y	Y	Y	Y	Y
Staff Nurse	Y	Y	Y	Y	Y	Y
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	<ul style="list-style-type: none"> ✓ ANC/ PNC ✓ Neonatal and infant healthcare services ✓ Childhood and Adolescent healthcare services ✓ Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<ul style="list-style-type: none"> ✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ✓ TB ✓ Leprosy ✓ Acute simple illnesses
Non-Communicable Diseases	<p>Screening and management of common NCDs (DM, HTN)</p> <ul style="list-style-type: none"> ✓ Screening of common cancers – Oral ✓ Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix ✓ Screening and management of mental health ailments

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

F. Availability of Essential medicines			
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	173 <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>	
2	Total number of medicines available at AAM-PHC/UPHC	49	
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 type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	34
4	Number of tests Provided through In House Mode	34

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

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Joint pain, Skin related problem, Heart Problem etc.
Total teleconsultations in the last 01 month	189

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

Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Minutes of meeting maintained	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> National NCD Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Nikshay	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Specify others, if any:			
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"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
NHM Fund/untied funds utilized during last year:			

(Infrastructure, painting, lab maintainance etc.)	60000	60000	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p>		

	<input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	3654
2	No. of PW registered for ANC	23
3	No. of PW received 4 or more ANC check-ups	9
4	Total number of institutional deliveries	14
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	9
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	33
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 (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	25
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	51
	No. of TB patients diagnosed out of the presumptive patients referred	04
	No. of TB patients taking treatment in the AAM	4
12	Community Based Screening for NCDs	

	% of target population administered CBAC		14152	
	% of target population with score below 4		24.80%	
	% of target population with score 4 and above		75.19%	
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	2916	1626	1626
	Diabetes	2916	990	990
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	2916	-	-
	Breast Cancer*	1344	-	-
	Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2022 2 nd in District 2023 3 rd in District 2024 5 th in District
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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	16/12/2024
2	Facility aggregate score using ODK Took kit	49.1%

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	✓		✓	
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine				
13	Mobile Spotlight				
14	Manual Vacuum Aspirator				
15	Weighing Scale	✓		✓	
16	Baby Weighing Scale	✓		✓	
17	Infantometer		✓		
18	Ophthalmoscope		✓		
19	Fully Loaded Dental Chair Electrically Operated		✓		
20	Dental Chair-Basic		✓		
21	Oxygen Hood Neonatal		✓		
22	ILR With Voltage Stabilizer-Small		✓		
23	Deep Freezer-Small		✓		
24	ILR With Voltage Stabilizer-Large		✓		
25	Deep Freezer-Small-Large				

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

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

Urban /Rural: Urban

Date of Visit: 30/1/25

A. General Information	
1. State	West Bengal
2. District Name	Kolkata
3. Block/Taluka Name	Borough - VI
4. Name of Facility	UPHC-51
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1116763135
7. No. of days in a week facility is operational	6 days
8. OPD Timings	8 am- 2 pm
9. Month & Year of operationalization of AAM	-
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	NRS Medical College & Hospital
13. Distance of next referral facility (in Km)	1.5 km.
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	1
2. No. of Households	4709
3. Total catchment Population	13265
4. Population who are 30 years of age and above	8888

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

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

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	172 <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	53	
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 checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input checked="" type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	33
4	Number of tests Provided through In House Mode	31

5	Number of tests Provided through Hub & Spoke (Public Health System)	2
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input 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 type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any Swasthya Ingit (WB Govt.)
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	High Fever, Loose motion, OBGY, ENT etc.
Total teleconsultations in the last 01 month	29

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

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

(Infrastructure, painting, lab maintainance etc.)	25000	25000	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p>		

	<input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	4822
2	No. of PW registered for ANC	7
3	No. of PW received 4 or more ANC check-ups	7
4	Total number of institutional deliveries	13
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	-
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	7
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	5
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	31
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	22
	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		7%	
	% of target population with score below 4		52.25%	
	% of target population with score 4 and above		47.75%	
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	2286	133	210
	Diabetes	2025	48	189
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	108	1	1
	Breast Cancer*	28	1	1
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2023-24 Commendation Award (77.10%)
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	17/12/2024
2	Facility aggregate score using ODK Took kit	44.22%

Remarks & Observations

Infrastructure

HRH
IEC
Expanded service Packages
IT System
Any Other

Annexure- List of equipment

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

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

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

Urban /Rural: Urban

Date of Visit: 30/1/25

A. General Information	
1. State	West Bengal
2. District Name	Kolkata
3. Block/Taluka Name	Borough - IX
4. Name of Facility	UPHC-82
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1116766617
7. No. of days in a week facility is operational	6 days
8. OPD Timings	8 am- 4 pm
9. Month & Year of operationalization of AAM	29-02-2020
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	IPGME&R and SSKM Hospital
13. Distance of next referral facility (in Km)	3 km.
14. If UPHC functions as a Polyclinic (Yes/No)	Yes
15. If Yes, please take note of available specialist services at the Polyclinic	Cardiology, ENT, Pediatric, Dermatology, OBGY

A.1 Demographic Details	
1. Number of Villages/Wards	1
2. No. of Households	9761
3. Total catchment Population	38067
4. Population who are 30 years of age and above	14085

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

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

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

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

*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	N	Y
Family Planning	Y	Y	Y	Y
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Y	Y	Y	Y
NCD	Y	Y	Y	Y
Others (Specify)				

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	Y	Y	Y	N	Y	Y

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

E.2 Availability of Expanded Packages of Services						
Service Packages	Services Available		Drugs available		Diagnostics & consumables available	
Ophthalmic care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" 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. Availability of Essential medicines			
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	172 <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	70	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial

		<input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(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	32
4	Number of tests Provided through In House Mode	32

5	Number of tests Provided through Hub & Spoke (Public Health System)	Hub 4 Spoke 40
6	Number of tests Provided through Hub & Spoke- PPP Model	02
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	BIO - RAD D10 Analyser

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Specify, if any Swasthya Ingit (WB Govt.)
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	High Fever, Ortho, pediatrics, OBGY EYE, ENT etc.
Total teleconsultations in the last 01 month	366

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

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

(Infrastructure, painting, lab maintainance etc.)	91000	91000	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p>		

	<input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	13987
2	No. of PW registered for ANC	24
3	No. of PW received 4 or more ANC check-ups	31
4	Total number of institutional deliveries	0
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	45
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	42
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	851
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	105
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	Nil
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	205
	No. of TB patients diagnosed out of the presumptive patients referred	13
	No. of TB patients taking treatment in the AAM	26
12	Community Based Screening for NCDs	

	% of target population administered CBAC		3700	
	% of target population with score below 4		32%	
	% of target population with score 4 and above		5%	
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	12728	894	5082
	Diabetes	12728	787	2648
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	12728	372	
	Breast Cancer*	12728	Nil	
	Cervical Cancer*	0	0	

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	✓ Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	✓ Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	✓ Yes <input type="checkbox"/> No
4	Is the facility participating in Kayakalp?	✓ Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2022-23 winner (99.17%) 2023-24 Commendation Award
6	Patient Rights	<ul style="list-style-type: none"> ✓ Display of citizen's charter ✓ Display of IEC materials ✓ Provision for ensuring privacy ✓ Respectful Maternity Care being practiced

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	16/12/2024
2	Facility aggregate score using ODK Took kit	51.53%

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other

Annexure- List of equipment

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

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

Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 31/1/25

A. General Information	
1. State	West Bengal
2. District Name	Kolkata
3. Ward Name	3
4. Name of Facility	UHWC - 3
5. Type of Facility	Satellite Center
6. NIN of the facility	1126416351
7. No. of days in a week the facility is operational	6 days
8. OPD Timing	8 am- 2 pm
9. Month & Year of UAAM operationalization	2 years 1 month
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	UPHC – 3, R G Kar Medical College
12. Distance of next referral facility (Km)	2 kms

A.1 Demographic Details	
1. Number of Wards	0
2. No. of Households	
3. Total catchment Population	15000
4. Population who are 30 years of age and above	

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

3.	Availability of boundary wall	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour, logo</i>)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	OPD room	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Day Care Beds available (<i>Norm – 2</i>)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Availability of furniture	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Table	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Chairs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Almirah/Rack	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Laboratory	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Availability of Running Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Power back up	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Availability of Safe drinking Water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
22.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

*Desirable amenities

C. Human Resource Availability						
S. N	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	Medical Officer (MBBS)	1			1	1
2	Staff Nurse	1			0	0
3	MPW (Male)	1			0	0
4	Sanitary Staff*	1			2	2
5	Security Staff**	1			6	6
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)		0		0	

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

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

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

F. Availability of Essential medicines	
1	Number of medicines at UAAM as per State Essential Medicine List (EML) <i>Reference link for national EML:</i> https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf
	105 <i>(Total medicines at UAAM as per national EML is 105)</i>
2	Total number of medicines available at the UAAM
	17
3	Availability of medicines for priority conditions
	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes

		<input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input 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 hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input type="checkbox"/> In-house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode)

		<input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	0
4	Number of tests Provided through In House Mode	0
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment (days)	NA
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	None

H. Availability of IT Equipment & Teleconsultation services

Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> UPHC - Polyclinic <input type="checkbox"/> DH

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

I. Wellness Activities

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

J. Governance

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

K. Reporting

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

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

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
United Fund utilized during last year 4000 per month but irregular			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	N/A	N/A	Funded by 15 th FC
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 type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
Status of JSY Payments <i>(Payments done through CHC Gamharia)</i>	Payment done till: Average Delay in Payment (days): Reasons for delay, if any
Availability of JSSK entitlements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home)

	<input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits		5036	
2	No. of PW registered for ANC		0	
3	No. of PW received 4 or more ANC check-ups		0	
4	Total number of institutional deliveries		0	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified		0	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine		0	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine		0	
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month		120	
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months		0	
8	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	306		
	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
9	Community Based Screening for NCDs			
	% of target population administered CBAC		NA	
	% of target population with score below 4		NA	
	% of target population with score 4 and above		NA	
10	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	4200	2051	
	Diabetes	4340	2067	
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up

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

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score	
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input 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 checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	17/12/24
2	Facility aggregate score using ODK Took kit	14.62%

Remarks & Observations

Infrastructure
HRH
IEC
Expanded service Packages

IT System
Any Other

Annexure- List of essential equipment

S.No	Equipment	Available	Not available	Functional	Non 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-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 31/1/25

A. General Information	
1. State	West Bengal
2. District Name	Kolkata
3. Ward Name	9
4. Name of Facility	UHWC - 9
5. Type of Facility	Satellite Center
6. NIN of the facility	1126381555
7. No. of days in a week the facility is operational	6 days
8. OPD Timing	10:30 am- 5:00 pm
9. Month & Year of UAAM operationalization	1 Year 7 Month
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	UPHC - 9
12. Distance of next referral facility (Km)	500 mtrs

A.1 Demographic Details	
1. Number of Wards	01
2. No. of Households	NA
3. Total catchment Population	NA
4. Population who are 30 years of age and above	NA

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

4.	External branding as per CPHC guidelines (<i>colour, logo</i>)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
6.	Day Care Beds available (<i>Norm – 2</i>)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Availability of furniture Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
9.	Laboratory	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Availability of Running Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Power back up	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17.	Availability of Safe drinking Water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
22.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

*Desirable amenities

C. Human Resource Availability						
S. N	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	Medical Officer (MBBS)	1			1	1
2	Staff Nurse	1			1	1
3	MPW (Male)	1			0	0
4	Sanitary Staff*	1			1	1
5	Security Staff**	1			4	4
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)					

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

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/No)	Trained in ENT care (Yes/No)	Trained in oral care (Yes/No)	Trained in MNS (Yes/No)	Trained in Elderly & Palliative Care (Yes/No)	Trained in Trauma & Emergency care (Yes/No)
MO (MBBS)	No	No	No	No	No	No
Staff Nurse	No	No	No	No	No	No
MPW (F) / (M)						
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 checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

F. Availability of Essential medicines	
1	Number of medicines at UAAM as per State Essential Medicine List (EML) <i>Reference link for national EML:</i> https://nhsrindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf
	105 <i>(Total medicines at UAAM as per national EML is 105)</i>
2	Total number of medicines available at the UAAM
	44

3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
4	Medicine categories with shortfall/stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <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="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <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 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 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 hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)			
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)		
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks		
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input type="checkbox"/> In-house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	7 <i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	0
4	Number of tests Provided through In House Mode	0
5	Number of tests Provided through Hub & Spoke (Public Health System)	35
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 (days)	-
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	-

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

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

I. Wellness Activities

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

J. Governance

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

K. Reporting

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

<input type="checkbox"/> National NCD Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specify others:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
United Fund utilized during last year 4000 per month but irregular	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	N/A	N/A	Funded by 15th FC
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

	<input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
--	---

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

1	Total number of outpatient department visits	1058 (Oct to Dec 2024)		
2	No. of PW registered for ANC	0		
3	No. of PW received 4 or more ANC check-ups	0		
4	Total number of institutional deliveries	0		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	0		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0		
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	7		
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	0		
8	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	Sputum test 78		
	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
9	Community Based Screening for NCDs			
	% of target population administered CBAC	NA		
	% of target population with score below 4	NA		
	% of target population with score 4 and above	NA		
10	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	1672	946	

	Diabetes	1752	804	
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	566	0	0
	Breast Cancer*	307	0	0
	Cervical Cancer*	0	0	0

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

		✓ 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	✓ Adherence to SOPs for clinical management of conditions ✓ 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	23/12/24
2	Facility aggregate score using ODK Took kit	16.15%

Remarks & Observations

Infrastructure
HRH
IEC

Expanded service Packages
IT System
Any Other

Annexure- List of essential equipment

S.No	Equipment	Available	Not available	Functional	Non 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-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 31/1/25

A. General Information	
1. State	West Bengal
2. District Name	Kolkata
3. Ward Name	46
4. Name of Facility	UHWC - 24
5. Type of Facility	Satellite Center
6. NIN of the facility	1132171644
7. No. of days in a week the facility is operational	6 days
8. OPD Timing	10:30 am- 5:00 pm
9. Month & Year of UAAM operationalization	
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	UPHC - 46
12. Distance of next referral facility (Km)	750 mtrs

A.1 Demographic Details	
1. Number of Wards	01
2. No. of Households	
3. Total catchment Population	12547
4. Population who are 30 years of age and above	

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

3.	Availability of boundary wall	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour, logo</i>)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.	OPD room	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Examination table with privacy curtain/ screen	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.	Day Care Beds available (<i>Norm – 2</i>)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Availability of furniture		
	Table	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Chairs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Almirah/Rack	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Laboratory	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12.	Separate functional toilets for males and females	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13.	Availability of Running Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Power back up	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
22.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

*Desirable amenities

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

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

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/No)	Trained in ENT care (Yes/No)	Trained in oral care (Yes/No)	Trained in MNS (Yes/No)	Trained in Elderly & Palliative Care (Yes/No)	Trained in Trauma & Emergency care (Yes/No)
MO (MBBS)	yes	No	No	Yes	No	No
Staff Nurse	No	No	No	No	No	No
MPW (F) / (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 checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix

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

F. Availability of Essential medicines	
1	Number of medicines at UAAM as per State Essential Medicine List (EML) <i>Reference link for national EML:</i> https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf 105 <i>(Total medicines at UAAM as per national EML is 105)</i>
2	Total number of medicines available at the UAAM 75
3	Availability of medicines for priority conditions <input type="checkbox"/> Tuberculosis

		<input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever
4	Medicine categories with shortfall/stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy
		<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral 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 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 type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

G.1 Availability of Diagnostic Services

1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In-house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment (days)	
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	

H. Availability of IT Equipment & Teleconsultation services

Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specify Hub for teleconsultation:	<input type="checkbox"/> UPHC - Polyclinic

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

I. Wellness Activities

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

J. Governance

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

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
United Fund utilized during last year	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	N/A	N/A	Funded by 15th FC
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	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 <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
Status of JSY Payments <i>(Payments done through CHC Gamharia)</i>	Payment done till: Average Delay in Payment (days): Reasons for delay, if any
Availability of JSSK entitlements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services

	<input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
--	---

M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits	0		
2	No. of PW registered for ANC	0		
3	No. of PW received 4 or more ANC check-ups	0		
4	Total number of institutional deliveries	0		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	0		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0		
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	0		
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	0		
8	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	NA		
	No. of TB patients diagnosed out of the presumptive patients referred	NA		
	No. of TB patients taking treatment in the AAM	NA		
9	Community Based Screening for NCDs			
	% of target population administered CBAC	NA		
	% of target population with score below 4	NA		
	% of target population with score 4 and above	NA		
10	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	3350	2850	2850
	Diabetes	2132	3031	3013

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

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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	18 th December
2	Facility aggregate score using ODK Took kit	37.86%

Remarks & Observations

Infrastructure
HRH
IEC

Expanded service Packages
IT System
Any Other

Annexure- List of essential equipment

S.No	Equipment	Available	Not available	Functional	Non 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-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 30/1/25

A. General Information	
1. State	West Bengal
2. District Name	Kolkata
3. Ward Name	139
4. Name of Facility	UHWC - 139
5. Type of Facility	Satellite Center
6. NIN of the facility	1126416179
7. No. of days in a week the facility is operational	6 days
8. OPD Timing	8:00 am- 4:00 pm
9. Month & Year of UAAM operationalization	2024
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	Garden Reach Super Specialty Hospital
12. Distance of next referral facility (Km)	4 kms

A.1 Demographic Details	
1. Number of Wards	01
2. No. of Households	NA
3. Total catchment Population	15000
4. Population who are 30 years of age and above	NA

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

4.	External branding as per CPHC guidelines (<i>colour, logo</i>)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
6.	Day Care Beds available (<i>Norm – 2</i>)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8.	Availability of furniture Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
9.	Laboratory	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Availability of Running Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Power back up	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Provision of BMW management	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20.	Colour coded waste bins	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
22.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

*Desirable amenities

C. Human Resource Availability						
S. N	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	Medical Officer (MBBS)	1			1	1
2	Staff Nurse	1			1	1
3	MPW (Male)	1			0	0
4	Sanitary Staff*	1				1
5	Security Staff**	1				1
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)					

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

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/No)	Trained in ENT care (Yes/No)	Trained in oral care (Yes/No)	Trained in MNS (Yes/No)	Trained in Elderly & Palliative Care (Yes/No)	Trained in Trauma & Emergency care (Yes/No)
MO (MBBS)	No	No	No	No	No	No
Staff Nurse	No	No	No	No	No	No
MPW (F) / (M)						
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 checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	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 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

F. Availability of Essential medicines		
1	Number of medicines at UAAM as per State Essential Medicine List (EML) <i>Reference link for national EML:</i> https://nhsrindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf	105 <i>(Total medicines at UAAM as per national EML is 105)</i>
2	Total number of medicines available at the UAAM	48
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes

		<input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input 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 checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> 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 type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input type="checkbox"/> In-house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode)

		<input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	7 <i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	0
4	Number of tests Provided through In House Mode	0
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 (days)	-
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	-

H. Availability of IT Equipment & Teleconsultation services

Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> UPHC - Polyclinic <input type="checkbox"/> DH

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

I. Wellness Activities

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

J. Governance

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

K. Reporting

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

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

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
United Fund utilized during last year 4000 per month but irregular	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	N/A	N/A	Funded by 15 th FC
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		

	<p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Status of JSY Payments</p> <p><i>(Payments done through CHC Gamharia)</i></p>	<p>Payment done till:</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<p>Availability of JSSK entitlements</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p>

	<input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits		4286	
2	No. of PW registered for ANC		0	
3	No. of PW received 4 or more ANC check-ups		0	
4	Total number of institutional deliveries		0	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified		0	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine		0	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine		0	
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month		0	
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months		0	
8	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		
9	Community Based Screening for NCDs			
	% of target population administered CBAC	NA		
	% of target population with score below 4	NA		
	% of target population with score 4 and above	NA		
10	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	3347	2002	2002
	Diabetes	3347	1500	1500
	NCDs	Screened	Referred	Follow-up

	<i>(No. of individuals in Last 6 Months)</i>			
	Oral Cancer*	0	0	0
	Breast Cancer*	0	0	0
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score	
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity Care being practiced <input 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 type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	07/12/25
2	Facility aggregate score using ODK Took kit	12.56%

Remarks & Observations

Infrastructure
HRH
IEC

Expanded service Packages
IT System
Any Other

Annexure- List of essential equipment

S.No	Equipment	Available	Not available	Functional	Non 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				