

A Field Monitoring Report of the Key Components of the National Health Mission Morigaon District, Assam



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INTRODUCTION

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

The report is prepared on the basis of visits to the following public health care facilities visited by the PRC-IEG Team: Ms Purva Bhalla and Dr. William Joe. The facilities which team visited are DH Morigaon, CHC Nakhola, CHC Bhurbandha, PHC Kapahera, PHC Charaibhai, PHC Jhargaon, PHC Dharamtul, AAM Sitajakhala, AAM Santipur, AAM Bahakabari and UAAM Babheti. Meetings were held with the Chief District Medical Officer (CDMO) and the nodal programme officers, the Medical Officer-in-Charge (MOIC), facility (MOs, ANMs, etc.) and community level health care providers (ASHAs, Anganwadi workers etc.) and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning.

KEY OBSERVATION: DISTRICT

Facility HR and Infrastructure: The availability of HR, including Medical Officers, CHOs, nurses, and support staff, is generally adequate across health facilities, but there is a shortage of specialists at the CHC level, impacting C-section services. CHO incentives are pending, and some lack laptops/tablets. Primary healthcare infrastructure is sufficient, but CHCs need upgrades for delivery care. RKS funds support maintenance and HR hiring. Greater focus is needed on quality accreditation (NQAS, Laqshya), and older facilities require renovation.

AAM Services: Most PHCs and SHCs operate as AAM centers with trained staff, focusing on NCDs. Eye and oral care need strengthening, while mental health, substance abuse, and geriatric care require more attention. Wellness sessions, including yoga conducted weekly need better community engagement. CHOs should enhance outreach through VHNDs.

Drugs and Diagnostics: Drugs are adequate per EDL, but some, like anti-filarial, anti-leprosy, and antidotes, are case-specific. Hypolipidemic drugs and most multivitamins are limited. NCD diagnostics are available, with automated analyzers in model hospitals. TSH tests are arranged via Krsnaa Diagnostics. X-ray and USG access is limited due to equipment.

Delivery Care Services: Deliveries are mainly at CHCs and DHs, with Block PHCs handling more than other PHCs. Mini PHCs and SHCs see minimal deliveries as most opt for higher facilities. Over 90% receive JSY incentives, with few DBT issues. JSSK services include a nutrition kit (Samaahar) and ₹700 DBT for drop-back. C-sections are available at DHs.

Untied Funds Utilization: NHM untied funds are fully utilized in FY 2023-24, approved by JAS/RKS. JAS meetings are frequent, while RKS faces scheduling issues. Funds cover staff, maintenance, POL, emergency needs, and stationery. OPD fees support JAS/RKS, and some facilities earn Kayakalp awards.

Data Portal and Reporting: Facilities use digital portals for reporting, including AAM, NCD, IHIP, HMIS, Nikshay, FPLMIS, and DVDMS. CHOs recently receive DVDMS access, while Nikshay is managed by TB control teams. TB campaign data is reported via Nikshay. Slow portal speeds, especially NCD, affect reporting. Multiple NCD data sources cause variations. HMIS reporting at PHCs and SHCs remains paper-based.

Teleconsultation: Teleconsultation is active, with CHOs using e-Sanjeevani via smartphones due to limited device availability. Consultations cover common ailments, with CHOs ensuring treatment and follow-ups. Frequency varies due to doctor availability, scheduling issues, and patient perception.

Quality Assurance Program: Health facilities operate in old structures, limiting upgrades per IPHS norms. Most score low on the IPHS assessment but gain recognition under Kayakalp. LaQshya certification for labor rooms and NQAS accreditation remain pending, with only a few SHCs certified. CHCs struggle with LaQshya due to low delivery volumes.

Family Planning Services: Assam's low fertility rate reflects a preference for smaller families. Family planning services are available, with OCPs and condoms widely used, while Antara uptake remains low due to side effect concerns. PPIUCD services are provided at delivery facilities, while CAC services are limited to DH. Contraceptives are also distributed at weekly VHND sessions.

Community Interaction: Community members now prefer public healthcare over informal practitioners, seeking treatment at AAM Bahakabari and DH Morigaon. They access services for NCDs, common ailments, and emergencies like burns and snake bites. No NCD cases are reported during interaction. Expanding diagnostics, ultrasound, and telemedicine can improve care.

KEY OBSERVATION: FACILITY

STHG Civil Hospital Morigaon: The facility is well-equipped with essential amenities, accessible infrastructure, and a complete power backup. It has undergone major renovation and offers specialized services with a functional OT and blood bank. Staff is adequate. There is no District Early Intervention Centre in DH. LaQshya certification is pending for the Labour Room and OT. Recent shortages of priority drugs and essential consumables have been reported.

Community Health Centre Nakhola: The facility building is in good condition. CHC does not offer C-section services due to shortage of specialists. There is no functional OT or blood storage unit. The NQAS and LaQshya assessment has not been conducted. Rapid diagnostic kits are in sufficient supply, but CBC analyser has been non-functional for more than seven days. The provision of specialized medical services is hindered by the absence of specialized doctors, limiting the range of treatments available to patients.

Community Health Centre Bhurbandha: The facility is designated as a Designated Microscopy Centre (DMC). X-ray machine has been available since 2013, it has not yet been installed. Anti-TB drugs are available, and patients are currently undergoing treatment. CBNAAT/TruNat testing for drug resistance is not available. A sample transport mechanism is in place for TB testing within the public sector. No teleconsultation services are running and the operation theater (OT) is non-functional. The facility received the Kayakalp Award in 2023-24, though it has not undergone an NQAS assessment. There is a shortage of specialist healthcare professionals, with dependency on district hospital (DH) deputation for critical expertise.

Primary Health Centre Kapahera: The facility is secured with a boundary wall and CPHC branding. It has a functional lab, pharmacy, and wellness space for yoga. Separate toilets are available, and IEC materials on key health services are displayed. A citizen charter, grievance redressal, and referral details are provided.

Primary Health Centre Charaibhai: The facility has one MO, three Staff Nurses, one Pharmacist, one LT, one ANM, one Accountant, ten ASHAs, and one ASHA Facilitator. Due to a non-functional ambulance, the driver manages the registration counter. MO and Staff Nurses are trained in RMNCHA+ services, but MPWs lack training. Only Staff Nurse and ASHAs are trained in specialized CPHC areas. X-ray services are available, but the absence of a sample transport system hinders diagnostics.

Primary Health Centre Dharamtul: It is functional as a delivery point. In the facility laptop is available, it is old, and there is no provision for internet access; staff rely on their personal internet. Teleconsultation services are not operational at the facility. The PHC staff has not received specific training for the expanded packages.



STHG Civil Hospital Morigaon



CHC Nakhola



CHC Bhurbandha



PHC Dharamtul



PHC Jhargaon



PHC Charaibhai



PHC Kapahera



AAM Sitajkhala



AAM SC Santipur



UAAM Naabheti



AAM Bahakabari

Primary Health Centre Jhargaon: The facility has a laboratory, pharmacy, and wellness space, including yoga. Bio-medical waste management is in place, but separate toilets for males and females are unavailable. A TV/LED screen provides health education. Facility funds, including untied funds, are received and fully utilized, with expenditures matching allocations. Payments cover essential services such as electricity, drinking water, medicines, equipment, and support staff wages. The AAM-PHC has not yet undergone an internal assessment for NQAS certification at the state or national level but actively participates in the Kayakalp program.

Ayushman Arogya Mandir Sitajakhala: The facility has a functional laboratory but lacks a dedicated pharmacy or drug store. There is no designated space for wellness activities such as yoga sessions. The healthcare staff at the facility has received comprehensive training in both RMNCHA+ and communicable and non-communicable disease management. Teleconsultation arrangements have been made through the e-Sanjeevani OPD platform, linked to the District Hospital (DH).

Ayushman Arogya Mandir Santipur: The facility has limited IT infrastructure, with a laptop available but no government-funded internet connectivity. The facility is linked to a PHC for potential teleconsultation services through the e-Sanjeevani platform. Facility should improve documentation to participate in quality accreditation programmes such as NQAS and report the ODK toolkit score.

Ayushman Arogya Mandir Bahakabari: The staff is trained in RMNCHA, communicable and non-communicable diseases, with CHO, ANM, and ASHAs having received expanded CPHC training in eye care, ENT, oral health, mental health, elderly care, and emergency care. The facility has laptop, internet and a district hospital teleconsultation link, but no schedule is displayed, and no sessions were recorded last month. In terms of governance, the Jan Arogya Samiti (JAS) has been constituted, but details of its meetings are not specified.

Urban Ayushman Arogya Mandir Babheti: The facility operates in a rented building with structural limitations and is not a delivery point. It has power backup and proper biomedical waste management. Online reporting platforms are used, but teleconsultation is non-functional. Yoga sessions are led by the Medical Officer with online guidance. The JAS committee was formed in November 2024. CPHC training is incomplete, and information on consumables is lacking.

KEY RECOMMENDATIONS:

Infrastructure & Facility Upgrades: Ensure 24/7 water supply, disability-friendly infrastructure, and separate male/female toilets to enhance accessibility. Upgrade diagnostic services by making X-ray, USG, and TB sample transport fully functional. Establish a dedicated pharmacy and wellness space for yoga and health activities to promote holistic care. Strengthen biomedical waste management with proper disposal mechanisms to maintain hygiene and safety.

Human Resource Strengthening: Recruit specialist doctors, particularly for obstetrics, gynecology, and emergency care, to enhance service delivery. Provide structured training in expanded CPHC services for all staff, including MOs, ANMs, and MPWs, ensuring comprehensive healthcare coverage. Appoint a dedicated yoga instructor to conduct regular wellness activities for community well-being. Address staff shortages, especially in lab technicians and cleaning personnel, to improve facility operations and hygiene.

Service Delivery Enhancement: Expand teleconsultation services with a structured schedule and upgraded IT infrastructure for better accessibility. Ensure a steady supply of essential medicines and consumables to improve treatment continuity. Strengthen NCD screening and follow-up, focusing on hypertension, diabetes, and cancer detection. Enhance maternity care by addressing C-section service gaps and ensuring comprehensive JSSK benefits for maternal and neonatal health.

Quality Assurance & Accreditation: Conduct NQAS and LaQshya assessments to enhance healthcare standards and service delivery. Address gaps in Kayakalp implementation to achieve higher scores and improve facility hygiene and maintenance. Implement a robust monitoring and feedback mechanism to ensure continuous quality improvement and accountability in healthcare services.

Governance & Financial Management: Ensure timely disbursement of performance-based incentives to motivate healthcare staff and enhance service delivery. Optimize the utilization of untied funds for infrastructure upgrades, medical investments, and staff payments to improve facility operations. Strengthen community engagement through regular JAS and VHSNC meetings, fostering better healthcare awareness and participation.

CHECKLISTS

Field Monitoring Format -District Hospital (DH)

Date of Visit: 11/02/2025

GENERAL INFORMATION	
Name of facility visited	STHG Civil Hospital Morigaon
Facility Type	DH
FRU	Yes
Accessible from nearest road head	Yes
Next Referral Point	Facility: GMCH Distance: 70KM

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response		Means of verification	
1. OPD Timing	8:00AM to 2:00PM		As reported/Hospital Citizen Charter Board	
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Old and New Buildings are Functioning		Observation	
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: Complete Hospital Last major renovation done in (Year): June 2023		Observation	
3. Number of functional in-patient beds	216 No of ICU Beds available: 15		As reported/Hospital Citizen Charter Board	
4. List of Services available	General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services		As reported/Hospital Citizen Charter Board	
• 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	Yes	
	2	O&G	Yes	
	3	Pediatric	Yes	
	4	General Surgery	Yes	
	5	Anesthesiology	Yes	
	6	Ophthalmology	Yes	
	7	Dental	Yes	
	8	Imaging Services (X – ray)	Yes	
	9	Imaging Services (USG)	Yes	
	10	District Early Intervention Centre (DEIC)	No	
11	Nutritional Rehabilitation Centre (NRC)	Yes		

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Yes	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	No	
	14	Neonatal Intensive Care Unit (NICU)	Yes	
	15	Pediatric Intensive Care Unit (PICU)	Yes	
	16	Labour Room Complex	Yes	
	17	ICU	Yes	
	18	Dialysis Unit	Yes	
	19	Emergency Care	Yes	
	20	Burn Unit	No	
	21	Teaching block (medical, nursing, paramedical)	Yes	
	22	Skill Lab	Yes	
5. Emergency	General emergency: Yes Facilities available for: 1. Triage: Yes 2. Resuscitation: Yes 3. Stabilization: Yes			As reported/Hospital Citizen Charter Board
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal) <u>STHG is a Teleconsultation Hub</u> If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): Yes			Tele-medicine records register/ e-sanjeevani portal
7. Operation Theatre available	Yes If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT			Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	Yes <ul style="list-style-type: none"> If yes, number of units of blood currently available: 49 as on 10/02/2025 No. of blood transfusions done in last month: 190(Jan, 2025) 			Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all			Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/>			Observation

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	Using Common Bio Medical Treatment plant: <input type="checkbox"/> <input checked="" type="checkbox"/> Managed through outsourced agency- Fresh Air Other System, if any: (Specify)	
11. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: Yes Internet connectivity: Yes Quality/strength of internet connection: Good	As reported

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual		
		Sanctioned	Available	Sanctioned	Available	
Contractual as per Summary Hospital Report	MO (MBBS)					
	Specialists	Medicine		01		
		Ob-Gyn		06		
		Pediatrician		01		
		Anesthetist		04		
		Surgeon		03		
		Ophthalmologist		01		
		Orthopedic		01		
		Radiologist		01		
		Pathologist		04		
	Others		17			
	Dentist		03			
	Staff Nurses/ GNMs		78			
	LTs		17			
	Pharmacist		06			
	Dental Technician/ Hygienist		0			
	Hospital/ Facility Manager		01			
	EmOC trained doctor		0			
LSAS trained doctor		0				
Others						

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: <ul style="list-style-type: none"> Facility score: 78% (23-24) Award received: 	Kayakalp Assessment report Verify certificate if awarded

14. NQAS	<ul style="list-style-type: none"> Assessment done: Internal/State Facility score: Certification Status: 	NQAS assessment report Verify certificate if awarded										
15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> ✓ LaQshya Certified - No ✓ If No, Assessment Done - No Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified - No ✓ If No, Assessment Done - Yes 	LaQshya Assessment Report – check score Verify certificate if awarded										
D. DRUGS & DIAGNOSTICS												
16. Availability of list of essential medicines (EML)/ drugs (EDL)	Yes											
https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<ul style="list-style-type: none"> If yes, total number of drugs in EDL- 272 EDL displayed in OPD Area: Yes No. of drugs available on the day of visit (out of the EDL): 252(enclosed) 	Verify EDL Displayed										
17. Implementation of DVDMS or similar supply chain management system	Yes If other, which one _____	Observation, Check software										
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr> <td>1</td> <td>Solbutamol Nebulizer Solution</td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td></td> </tr> </table>	1	Solbutamol Nebulizer Solution	2		3		4		5		As reported, check DVDMS, E-aushadhi, etc.
1	Solbutamol Nebulizer Solution											
2												
3												
4												
5												
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage: 3 Urine Bag, Foley's catheter, PoP	As reported Stock/Inventory register										
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported										
• In-house tests	Timing: 8:00AM to 2:00PM Total number of tests available against Essential Diagnostic tests list for DH_47_ (Take the list of tests available at DH) Enclosed	Obtain the complete list of diagnostic tests performed in-house										
• Outsourced/ PPP	Timing: 8:00AM to 2:00PM Total number of tests provided by PPP provider : 47 Take the list of tests available from PPP Provider agency Enclosed	Obtain the complete list of diagnostic tests outsourced										

		to PPP provider agency
21. X-ray services is available	Yes If Yes, type & nos. of functional X-ray machine is available in the hospital: 01 Is the X-ray machine AERB certified: Yes Under Process	Observation
22. CT scan services available	Yes If yes: PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): NIL	Observation Patient interviews
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficia <input checked="" type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	Yes	Observation
	<input type="checkbox"/> In-house Outsourced/ PPP Total number of tests performed: 6 Test / Person	Observation, Records
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service 	o Previous year 4080 o Current FY___ 3110 <i>*Calculate the approximate no. of patients provided dialysis per day 14</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)	NIL	As reported
27. Average downtime of equipment (days)	2-3 Days	As reported

Details of equipment are nonfunctional for more than 7 days		
28. Availability of delivery services	Yes	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<p>Yes</p> <p>Number of normal deliveries performed in last month: 399(Jan,25)</p> <p>No. of C-sections performed in last month: 258(Jan,25)</p>	<p>Verify C-section records from Maternity OT registers</p>
<ul style="list-style-type: none"> Comment on the condition of: 	<p>Labour room: Good</p> <p>OT:</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): Yes</p>	<p>Observation</p>
29. Status of JSY payments	<p>Payment is up to date: Yes</p> <p>Average delay in payment to beneficiaries: (Average for how many days/beneficiary)</p> <p>Payment done till:</p> <p>Current month</p> <p>Last month 726</p> <p>Last 3 Months 2169</p> <p>Last 6 Months 3920</p> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p>
30. Availability of JSSK entitlements	<p>Yes</p> <p>If yes, whether all entitlements being provided</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges 	<p>As reported/As Displayed in Maternity Ward</p>
31. PMSMA services provided on 9 th of every month	<p>Yes</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month: 03</p> <p>If No, reasons thereof:</p>	<p>PMSMA Register/High Risk Pregnancy Register, Staff review</p>
32. Line listing of high-risk pregnancies	Yes	Verify Register availability
33. Practice related to Respectful Maternity Care	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Privacy maintained during examination ensured 	<p>Observation, Patient review</p>

	<input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	
34. Whether facility have registers for entering births and deaths	Yes	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
37. If Comprehensive Abortion Care (CAC) services available	Yes	CAC register
38. Availability of vaccines and hub cutter	Yes Nurses/ ANM aware about open vial policy: Yes	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	1468	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	-	Verify BF records
41. Status of functionality of DEIC NO	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant	Observation
42. Number of sterilizations performed in last one month	PPIUCD-181 PPS-30	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	Yes	As reported, Verify training received
44. Who counsels on FP services?	<input checked="" type="checkbox"/> Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer	As reported
45. Please comment on utilization of other FP services including FP	YES	As reported/ob

	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:	DBT/Nikshay Report					
F. RECORDS, FINANCE, OTHERS							
53. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): Yes • TB Notification Registers: Yes • Malaria cases: Yes • Palliative cases: Yes • Cases related to Dengue and Chikungunya: Yes • Leprosy cases: Yes 	Respective records					
54. How much fund was received and utilized by the facility under NHM? 2023-24 = 10 Lakhs = 100% 2024-25 = 5 Lakhs	Fund Received last year: Fund utilized last year:	Facility FMR					
	Fund in prev. FY						
	<table border="1"> <thead> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>20589822</td> <td>20568422</td> <td>99%</td> </tr> </tbody> </table>	Received	Utilized	% Utilization	20589822	20568422	99%
	Received	Utilized	% Utilization				
20589822	20568422	99%					
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Preventive Mechanism, bed painting, drinking water	RKS Register						
	Reasons for underutilization of fund (if any)	Staff review					
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> • HMIS: Updated • RCH2.OMCTS: Updated • IHIP: Updated • HWC Portal: Not updated • Nikshay Portal: Updated 	Check respective portals at the facility wrt last entries					
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	3-4 times a year	RKS Register					
57. Availability of ambulance services in the area	<input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported					
	Comment (if any):						
• How many cases were referred here in the last month?	Number: 83 Types of cases referred in: Delivery, RTA	Referral-in register					
• How many cases were referred out last month?	Number: 122 Types of cases referred out: CVD, RTA,	Out-referral register					

Key challenges observed in the facility and the root causes

Challenge	Root causes
a) Limited specialist services	Specialists do not take up the posting.

b) Shortage of some drugs	Timely indenting is necessary. At the same time buffer stock and inventory management should be practiced by the pharmacists.
c) Cleanliness of the premises and controlling mosquitoes and other insects	The facility is functioning from an old building and finds difficult to maintain cleanliness with available resources.

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

The DH operates from 8:00 AM to 2:00 PM and comprises both old and new buildings, ensuring seamless functionality. The facility is well-equipped with essential amenities, including a 24/7 running water supply, accessible infrastructure for the elderly and differently-abled, clean gender-segregated toilets, a drinking water facility, a well-furnished OPD waiting area, an ASHA rest room, and a properly organized drug storeroom. A complete power backup system supports the hospital, which underwent major renovation in June 2023.

The hospital has 216 functional in-patient beds, including 15 ICU beds, and offers a range of specialized services such as General Medicine, Pediatrics, Obstetrics & Gynecology, Surgery, Anesthesiology, Ophthalmology, Dental care, and Imaging services (X-ray & USG). Additionally, it houses facilities like an SNCU, NICU, PICU, Labour Room Complex, ICU, Dialysis Unit, Emergency Care, and a Teaching Block with a Skill Lab. However, it lacks a District Early Intervention Centre, a Comprehensive Lactation Management Unit, and a Burn Unit.

The hospital serves as a hub for teleconsultation and provides emergency care, including triage, resuscitation, and stabilization services. A fully functional Operation Theatre is available, along with a blood bank that currently holds 49 units of blood (as of February 10, 2025) and performed 190 transfusions in January 2025. Blood is provided free of charge for BPL patients, elderly individuals, and JSSK beneficiaries. Biomedical waste is managed through an outsourced agency. IT services include desktop/laptop availability with good internet connectivity, ensuring efficient digital operations.

The hospital has a well-structured human resource setup, comprising both regular and contractual staff across various medical specialties. Among specialists, the facility includes professionals in Medicine (1), Obstetrics & Gynecology (6), Pediatrics (1), Anesthesiology (4), Surgery (3), Ophthalmology (1), Orthopedics (1), Radiology (1), and Pathology (4), along with 17 specialists in other fields. The hospital has three dentists and 78 staff nurses/GNMs to support patient care. The laboratory services are managed by 17 lab technicians, while six pharmacists ensure proper medication dispensing. The administrative team includes a hospital/facility manager. There is currently no sanctioned position for a dental technician/hygienist, and there are no EmOC or LSAS trained doctors available.

The hospital has implemented various quality and patient safety initiatives to enhance healthcare services. Under the Kayakalp program, the facility has been assessed and achieved a score of 78% for the year 2023-24, reflecting its commitment to cleanliness and hygiene standards. Internal assessment for National Quality Assurance Standards (NQAS) has been conducted, ensuring compliance with essential quality parameters. The facility has not yet received LaQshya certification for its Labour Room or Operation Theatre, and no assessments have been conducted in this regard. Continuous efforts are needed to improve quality standards and achieve national-level certifications for better maternal and neonatal care.

The hospital maintains a well-structured drug and diagnostic system to ensure effective patient care. A total of 272 essential drugs are listed in the Essential Drug List (EDL), with 252 drugs available on the day of the visit. The EDL is displayed in the OPD area, and a Drug and Vaccine Distribution Management System (DVDMS) or a similar supply chain management system is in place. There has been a shortage of five priority drugs, including Salbutamol Nebulizer Solution, in the last 30 days. There is a minimal shortage of essential consumables such as urine bags, Foley's catheters, and PoP have been reported three times in the last six months.

In diagnostics, the facility provides 47 essential in-house tests and an additional 47 tests through PPP (Public-Private Partnership) providers by Krsnaa Diagnostics Lab. X-ray services are available with one functional X-ray machine, which is currently under process for AERB certification. CT scan services are accessible through a PPP model, with no out-of-pocket expenses for patients. All diagnostic services, including lab tests, X-rays, and ultrasounds, are free for all patients. The hospital ensures a sufficient supply of testing kits and rapid diagnostic kits, reinforcing its commitment to quality healthcare.

The hospital effectively implements key national health programs, including the PM-National Dialysis Program, serving 3110 patients this year with free dialysis services. There is no shortage of major equipment, and the average downtime is 2-3 days. Delivery services, including C-sections, are available, with 399 normal deliveries and 258 C-sections performed last month. JSY payments are up to date, and JSSK entitlements, including free services, are provided. PMSMA services are conducted monthly, identifying three high-risk pregnancies last month. Comprehensive Abortion Care, immunization, FP services, and sterilizations (PPIUCD-181, PPS-30) are available. The hospital has a functional NCD clinic operating six days a week, with trained providers in cancer services. In the last six months, 2463 individuals were screened for hypertension (562 confirmed), 2414 for diabetes (307 confirmed), and 6 for oral cancer (0 confirmed), while screenings for breast and cervical cancer were not conducted.

The hospital maintains comprehensive records on malaria, palliative care, dengue, chikungunya, and leprosy cases. Under the National Health Mission (NHM), the facility received ₹10 lakhs in 2023-24, achieving 100% utilization, while ₹5 lakhs have been allocated for 2024-25. In the previous financial year, the facility received ₹2,05,89,822, with a 99% utilization rate. Data entry for HMIS, RCH2.O MCTS, and IHIP is updated, ensuring accurate reporting. Regular RKS meetings are conducted, with minutes available for verification. Ambulance services with a centralized call center are operational, handling 83 incoming and 122 outgoing referrals last month, ensuring efficient patient transportation and emergency care.

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

Urban/ Rural: **Rural**

Date of Visit: **12-02-2025**

General Information	
Name of facility visited	Bhurbandha MG Model Hospital
Facility Type	CHC
FRU	No
Accessible from nearest road head	Yes
Next Referral Point	Facility: STHG Civil Hospital Distance: 11 Km

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

A. INFRASTRUCTURE				Means of Verification
Indicator	INFRASTRUCTURE			
1. OPD Timing	As reported/Hospital Citizen Charter Board 08:30 am to 01:30 pm			As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	No			Observation
3. Condition of infrastructure/building Please comment on the condition and tick the appropriate box	Comments: Good			Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: Complete Hospital			Observation
4. Number of functional in-patient beds	15 beds			As reported/Hospital Citizen Charter Board
5. List of Services available	<ul style="list-style-type: none"> • OPD • Delivery • NCD 			As reported/Hospital Citizen Charter Board
• 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	Yes	
	2	O&G		
	3	Pediatric		
	4	General Surgery		
	5	Anesthesiology		
	6	Ophthalmology		
	7	Dental	No	

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
X-ray machine is available but not installed and no technician attached to DH.	8	Imaging Services (X – ray)	No		
	9	Imaging Services (USG)	No		
	10	Newborn Stabilization Unit	One unit		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available			As reported	
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:			As reported Only on 9th of every month for PMSMA	
<ul style="list-style-type: none"> Emergency 	General emergency: Yes Facilities available for: 1. Triage: No 2. Resuscitation: Yes 3. Stabilization: Yes			Observation: Verify if triage area is marked	
6. Tele-medicine/Consultation services available	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	No If yes, Major OT <input type="checkbox"/> Minor OT <input type="checkbox"/>			Observation Ensure signage and protocol displays	
8. Availability of functional Blood Storage Unit	No <ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ 			Blood Storage Unit records, Register	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			Blood Storage Unit records, Register	
10. Biomedical waste management practices	<input checked="" type="checkbox"/> Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: Incinerator: <input type="checkbox"/> <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant: Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)			Observation	
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: Yes Internet connectivity: Yes Quality/strength of internet connection: Good			As reported	
B. Human Resources				As reported	
12. Details of HR available in the	HR	Regular	Contractual		

A. INFRASTRUCTURE					Means of Verification		
Indicator	INFRASTRUCTURE						
facility (Sanctioned and In-place) Dental No sanction post?		Sanctioned	Available	Sanctioned	Available		
	MO (MBBS) 1 year CRP	0	0	1	3		
	Specialists	Medicine Senior Medical officer	5	4	0	0	
		Ob-Gyn Senior Medical officer	2	1	0	0	
		Pediatrician					
		Anesthetist					
	Dentist	0	0	0	0		
	SNs/ GNMs	06	06	04	04		
	LTs	02	01	0	0		
	Pharmacist	01	01	0	0		
	Dental Assistant/ Hygienist	No	No	No	No		
	Hospital/ Facility Manager	No	No	No	No		
	EmOC trained doctor	No	No	No	No		
	LSAS trained doctor	No	No	No	No		
Others	No	No	No	No			

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp 91% Feb 2024	Initiated: Yes Facility score: Award received: Winner <input type="checkbox"/> <input checked="" type="checkbox"/> Commendation	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - No If No, Assessment Done - No Operation Theatre: LaQshya Certified - No	LaQshya Assessment Report – check score Verify certificate if awarded

	If No, Assessment Done - No	
D. DRUGS AND DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Verify EDL Displayed
	If yes, total number of drugs in EDL <u>272 (190)</u> EDL displayed in OPD Area: Yes No. of drugs available on the day of visit (out of the EDL) 190	
17. Implementation of DVDMS or similar supply chain management system	Yes	Observation, Check software
	If other, which one	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any NA	1	As reported,
	2	check DVDMS,
	3	E-aushadhi, etc.
	4	
	5	
19. Availability of Essential Consumables: Syringe	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported Stock/Indent register
	In last 6 months, how many times there was a shortage 6 times	
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	As reported;
	<input checked="" type="checkbox"/> Both/ Mixed	
• In-house tests	Timing: 08:30 am – 01:30 pm Total number of tests available against Essential Diagnostic tests list for CHC <u>56</u>	Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing: 08:30 am – 01:30 pm Total number of tests Provided by PPP Provider <u>12</u>	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: Yes	Observation

22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf)	CBNAAT	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	No	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	Yes	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	No Number of normal deliveries performed in last month: 30 No. of C-sections performed in last month: 0	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: Not functional No surgeon specialists 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): Yes	Observation
27. Status of JSY payments	Payment is up to date: No Average delay: (Average for how many days/patients) Payment done till: Current month Last month 25 Last 3 Months 80 Last 6 Months 143 Reasons for delay: Documents are not submitted	Verify from JSY status report
28. Availability of JSSK entitlements	Yes If yes, whether all entitlements being provided	As reported/As Displayed in Maternity Ward

	<input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	
29. PMSMA services provided on 9 th of every month	Yes If yes, how many high risks pregnancies are identified on 9 th for previous month If no, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	Yes	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input 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	Yes	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	No	CAC register
36. Availability of vaccines and hub cutter	Yes Nurses/ ANM aware about open vial policy: Yes	Observation Staff review

37. Number of newborns immunized with birth dose at the facility in last 3 months	BCG = 81 BOPV = 91 HM = 91	Immunisation Register		
38. Newborns breastfed within one hour of birth during last month	30 out of 30 have birth	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	Yes	As reported, Verify training received		
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> <input checked="" type="checkbox"/> Staff Nurse Medical Officer <input type="checkbox"/> Others (Specify) ANM	As reported		
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra 100 per dose Antra incentive Removals high for PPIUCD Antra high in demand	Condom Antra Mala	Observation/ FP records and registers		
43. FPLMIS has been implemented	Yes	Check software		
44. Availability of functional Adolescent Friendly Health Clinic	No If yes, who provides counselling to adolescents: Separate male and female counselors available: No	Observation, check AFHC register		
45. Whether facility has functional NCD clinic	Yes 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?	No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	247 2	627	
	b. Diabetes	247 2	218	
	c. Oral Cancer	-	-	
	d. Breast Cancer	-	-	
	e. Cervical Cancer	-	-	

48. Whether reporting weekly(daily) data in P, S and L form under IDSP	Yes	Verify from IDSP reporting records
49. Status of TB elimination programme DOTS STS- Moni Kumar	Facility is designated as Designated Microscopy Centre (DMC): Yes	As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 0.77%	DBT/Nikshay Report
	If anti-TB drugs available at the facility: Yes If yes, are there any patients currently taking anti-TB drugs from the facility: Yes	DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months CBNAAT/TruNat not available	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? Yes Investigations within public sector for other tests? No Outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? Yes Are all TB patients tested for Diabetes Mellitus: Yes	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:	DBT/Nikshay Report
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 03 Out of those, how many are having Gr. II deformity: 02 Frequency of Community Surveillance: 02	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive	Respective records

	and drug resistant cases): Yes TB Notification Registers: Yes Malaria cases: No Palliative cases: No Cases related to Dengue and Chikungunya: No Leprosy cases: Yes	
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Rs.4,99,00.00	Facility FMR
	Fund utilized last year: Rs.5,00,00.00	
	Fund in prev. FY	
	Utilized	% Utilized
	4,98,500	100%
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register
	Reasons for underutilization of fund (if any)	Staff review
53. Status of data entry in (match with physical records)	HMIS: Updated MCTS: Updated IHIP: Updated HWC Portal: Updated Nikshay Portal: Updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	02 11 2024	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 0 Types of cases referred in:	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 26 Types of cases referred out: Delivery=4 Child=1 Others=21	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) HR Specialists	DH-Deputed
b) Drugs-HR mismatch	
c) Gynae support for Delivery care Emergency/Trauma	
d) Medicolegal Stock register updated	
e) TB diagnostic services are weak	DMC is done but non-availability of TRUNAAT and LTs
f) NQAS not yet initiated	Model hospitals are not participating in the NQAS initiative as it may require considerable preparation support through quality managers.

Remarks & Observations (Write in Bullets within 100-300 words)
<p>The facility operates its OPD from 8:30 AM to 1:30 PM, catering to 90-100 patients daily. It provides 24/7 delivery services, conducting 30-40 deliveries per month. An ASHA waiting room is available, along with both an inverter and a generator. An X-ray machine has been available since 2013, it has not yet been installed. No teleconsultation services are running, and the operation theater (OT) is non-functional.</p> <p>In terms of quality assurance, the facility received the Kayakalp Award with a 91% score in 2023-24, though it has not undergone an NQAS assessment. Family planning services include PPIUCD, IUCD, condoms, ANTARA, and Mala, with ANTARA being the most accepted in the community. However, there is no Adolescent Friendly Health Clinic (AFHC). A Rashtriya Bal Swasthya Karyakram (RBSK) team is available at the facility. Over the last three months, 81 newborns received the BCG vaccine, 91 received BOPV, and 91 received HM. All 30 newborns delivered in the last month were breastfed within one hour of birth.</p> <p>Regarding the TB elimination program, the facility is designated as a Designated Microscopy Centre (DMC), with 0.77% of OPD patients tested for TB in the last six months. Anti-TB drugs are available, and patients are currently undergoing treatment. However, CBNAAT/TruNat testing for drug resistance is not available. A sample transport mechanism is in place for TB testing within the public sector. In the leprosy eradication program, three new cases were detected in the past year, with two presenting Grade II deformities. Community surveillance is conducted twice a year. The facility reports data weekly or daily in P, S, and L forms under IDSP.</p> <p>The facility faces several key challenges impacting its healthcare services. There is a shortage of specialist healthcare professionals, with dependency on district hospital (DH) deputation for critical expertise. A mismatch between drug availability and human resources affects the efficient delivery of medical services. In maternity and gynecological care, as well as emergency and trauma services, gaps in specialist support hinder effective patient management. Medicolegal procedures also require attention, particularly in maintaining an updated stock register to ensure accountability and streamlined operations.</p>

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

Urban/ Rural: **Rural**

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

General Information	
Name of facility visited	MGMH, Nakhola
Facility Type	CHC
FRU	No
Accessible from nearest road head	Yes
Next Referral Point	Facility: STHG Civil Hospital Distance: 23 Km

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

A. INFRASTRUCTURE			Means of Verification		
Indicator	INFRASTRUCTURE				
1. OPD Timing	As reported/Hospital Citizen Charter Board 8:00 am to 1:30pm Monday-Saturday 24*7 Services		As reported/Hospital Citizen Charter Board		
2. Whether the facility is functioning in PPP mode	Yes		Observation		
3. Condition of infrastructure/building Please comment on the condition and tick the appropriate box	Comments: Building condition is good.		Observation		
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: Complete Hospital		Observation		
4. Number of functional in-patient beds	10		As reported/Hospital Citizen Charter Board		
5. List of Services available	17		As reported/Hospital Citizen Charter Board		
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Sl.	Service	Y/N	As	reported/Hospital Citizen Charter Board
	1	Medicine	No		
	2	O&G	No		
	3	Pediatric	No		
	4	General Surgery	No		
	5	Anesthesiology	No		
	6	Ophthalmology	No		
7	Dental	Yes			

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	8	Imaging Services (X-ray)	No		
	9	Imaging Services (USG)	No		
	10	Newborn Stabilization Unit	2		
<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 type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: Dental			As reported	
<ul style="list-style-type: none"> Emergency 	General emergency: Yes Facilities available for: 1. Triage: Yes 2. Resuscitation: Yes 3. Stabilization: Yes			Observation: Verify if triage area is marked	
6. Tele-medicine/Consultation services available	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 Not Functional	No If yes, Major OT <input type="checkbox"/> Minor OT <input type="checkbox"/>			Observation Ensure signage and protocol displays	
8. Availability of functional Blood Storage Unit	No <ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: 			Blood Storage Unit records, Register	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all			Blood Storage Unit records, Register	
10. Biomedical waste management practices	<input checked="" type="checkbox"/> Sharp pit <input checked="" type="checkbox"/> Deep Burial pit Incinerator: <input type="checkbox"/> <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant <input checked="" type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify) Fresh air service available			Observation	
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: Yes Internet connectivity: Yes Quality/strength of internet connection: <u>4-5 MBPS</u>			As reported	

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		7	7		
	Specialists	Medicine				
		Ob-Gyn				
		Pediatrician	1	1		
		Anesthetist				
	Dentist			1	1	
	SNs/ GNMs		6		2	
	LTs		1			
	Pharmacist		2		1	
	Dental Assistant/ Hygienist					
	Hospital/ Facility Manager					
	EmOC trained doctor					
	LSAS trained doctor					
	Physiotherapist		1	1		

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp 2022-2023 78% 10/Feb/2025- Assessment	Initiated: Yes Facility score: Award received: Winner <input type="checkbox"/> <input checked="" type="checkbox"/> Commendation	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: No Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - No If No, Assessment Done - No Operation Theatre: NO LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS AND DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	Yes	Verify EDL Displayed
	If yes, total number of drugs in EDL <u>190</u>	

	EDL displayed in OPD Area: Yes No. of drugs available on the day of visit (out of the EDL) <u>189</u>		
17. Implementation of DVDMS or similar supply chain management system	Yes If other, which one _____	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Ibuprofen	As reported,
	2	Cetirizine syrup	check DVDMS,
	3		E-aushadhi, etc.
	4		
	5		
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage _____	As reported Stock/Indent register	
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported;	
• In-house tests	Timing: 8:00am – 1:30pm Total number of tests available against Essential Diagnostic tests list for CHC <u>39</u>	Obtain the complete list of diagnostic tests performed in-house	
• Outsourced/ PPP Krisna Lab 47 Tests offered by THS	Timing: 8:30 am – 1:30 pm Total number of tests Provided by PPP Provider <u>47</u>	Obtain the complete list of diagnostic tests outsourced/done in PPP mode	
21. X-ray services is available	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 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	As reported	

	Shortage <input type="checkbox"/> Acute shortage	
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf)	CBC	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	Nixov	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	Yes	As reported
• If the facility is designated as FRU, whether C-sections are performed	No Number of normal deliveries performed in last month: <u>22</u> No. of C-sections performed in last month:	Verify C-section records from Maternity OT registers
• Comment on condition of:	Labour room: Good OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): Yes	Observation
27. Status of JSY payments	Payment is up to date: Yes Average delay: (Average for how many days/patients) 4-5 days Payment done till: Payment done till: Current month: 0 Last month Rs 19600(14 JSY beneficiaries) Last 3 Months Rs. 138600 (99 JSY beneficiaries) Last 6 Months Rs. 210000(150 JSY beneficiaries) Reasons for delay: Insufficient document submission	Verify from JSY status report
28. Availability of JSSK entitlements	Yes If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal	As reported/As Displayed in Maternity Ward

	<p>delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	
29. PMSMA services provided on 9 th of every month	<p>Yes</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month: 0</p> <p>If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	Yes	Verify Register availability
31. Practice related to Respectful Maternity Care	<p><input checked="" type="checkbox"/> Privacy maintained during examination ensured</p> <p><input checked="" type="checkbox"/> Birth attendant allowed in Labour room</p> <p><input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian</p> <p><input checked="" type="checkbox"/> Safe care environment maintained</p>	Observation, Patient review
32. Whether facility have registers for entering births and deaths	Yes	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: 11</p> <p>Current year: 7</p>	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	Yes	CAC register
36. Availability of vaccines and hub cutter	<p>Yes</p> <p>Nurses/ ANM aware about open vial policy:</p> <p>Yes</p>	Observation Staff review

37. Number of newborns immunized with birth dose at the facility in last 3 months	79	Immunisation Register		
38. Newborns breastfed within one hour of birth during last month	25	Verify BF records		
39. Number of sterilizations performed in last one month	2	FP Sterilizations register Verify if fixed days of sterilization exist		
40. Availability of trained provider for IUCD/ PPIUCD	Yes	As reported, Verify training received		
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer Others (Specify)_____	As reported		
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra FP services are accepted well when counseled.	PPIUCD, IUCD, Antara, Condom	Observation/ FP records and registers		
43. FPLMIS has been implemented	Yes	Check software		
44. Availability of functional Adolescent Friendly Health Clinic	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	Yes 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?	Yes			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	f. Hypertension	512	38	
	g. Diabetes	512	25	
	h. Oral Cancer	512	-	
	i. Breast Cancer			
	j. Cervical Cancer			
48. Whether reporting weekly data in P, S and L form under IDSP	Yes	Verify from IDSP reporting records		

49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): Yes	As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 0.21%	DBT/Nikshay Report
	If anti-TB drugs available at the facility: Yes If yes, are there any patients currently taking anti-TB drugs from the facility: Yes	DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months 0	DBT/Nikshay Report No PR Case
	Is there a sample transport mechanism in place for: No Investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? Yes Are all TB patients tested for Diabetes Mellitus: Yes	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 100%	DBT/Nikshay Report
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 2 Out of those, how many are having Gr. II deformity: 2 Frequency of Community Surveillance: Monthly	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): Yes TB Notification Registers: Yes	Respective records

	Malaria cases: Yes Palliative cases: No Cases related to Dengue and Chikungunya: Yes Leprosy cases: Yes	
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Rs. 2174148/- Fund utilized last year: Rs. 2163036/-	Facility FMR
	Fund in prev. FY	
	Utilized % U	
	99%	
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Infrastrcuture	RKS Register
	Reasons for underutilization of fund (if any)	Staff review
53. Status of data entry in (match with physical records)	HMIS: Updated MCTS: Updated IHIP: Updated HWC Portal: Updated Nikshay Portal: Updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Monthly	RKS Register
55. Availability of ambulance services in the area Non-functional	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 0 Types of cases referred in:	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 68 Types of cases referred out: 25 RTA- 6 General- 25 Delivery- 12	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) 24*7 running water is maintaining through extra water pump.	Boring water pump not working.
b) Maintaining proper cleanliness in hospital.	Non availability of regular cleaner.

c) Providing specialized services to patient.	Non- availability of specialized doctor.
d) Providing proper diagnostic services.	Due to less number of lab tech available.

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

The facility operates from 8:00 AM to 1:30 PM, Monday to Saturday, with 24/7 emergency services. It is not functioning under the Public-Private Partnership (PPP) model. The building is in good condition, though key infrastructure elements such as 24/7 running water, geriatric and disability-friendly features, clean and separate male and female toilets, drinking water facilities, an adequate OPD waiting area, an ASHA rest room, and a well-equipped drug storeroom need assessment. The facility has 10 functional in-patient beds and offers general OPD services along with specialized dental care and a Newborn Stabilization Unit. However, other specialized services, including medicine, obstetrics & gynecology, pediatrics, general surgery, anesthesiology, ophthalmology, and imaging (X-ray and USG), are unavailable. The only specialist available 24/7 is in dental care. Emergency services are provided, covering triage, resuscitation, and stabilization. The availability of telemedicine or consultation services is uncertain, and the facility does not function as a hub for other health centers. There is no operational operation theatre or blood storage unit. Biomedical waste management is handled through various disposal methods, and fresh air services are available. The IT infrastructure includes desktop/laptop facilities and internet connectivity with a speed of 4-5 Mbps.

The facility has initiated the Kayakalp program, achieving a score of 78% for the year 2022-2023, with an upcoming assessment scheduled for February 10, 2025. However, it has not received commendation yet. The National Quality Assurance Standards (NQAS) assessment has not been conducted. The LaQshya certification for both the labour room and the operation theatre is absent, and no assessment has been carried out for the same.

The facility maintains an Essential Drug List (EDL) with 190 medicines, of which 189 were available on the day of the visit. The EDL is displayed in the OPD area, and the facility has implemented the Drug and Vaccine Distribution Management System (DVDMS) for supply chain management. However, there has been a shortage of priority drugs, including Ibuprofen and Cetirizine syrup, in the last 30 days. Essential consumables are reported to be in sufficient supply. The facility provides in-house diagnostic services from 8:00 AM to 1:30 PM, offering 39 essential tests, while 47 tests are outsourced through Krsnaa Lab, available from 8:30 AM to 1:30 PM. X-ray services are not available in the facility. Rapid diagnostic kits are reported to be in sufficient supply, but some major equipment, including CBC analyzers, has been non-functional for more than seven days, with Nixov identified as a specific case of downtime.

The facility provides delivery services, but as it is not a designated First Referral Unit (FRU), C-sections are not performed. The labour room is in good condition, and a functional newborn care corner is available. Janani Suraksha Yojana (JSY) payments are up to date, with an average delay of 4-5 days due to insufficient document submission. Over the last six months, Rs. 2,10,000 has been disbursed to 150 beneficiaries. Janani Shishu Suraksha Karyakram (JSSK) entitlements, including free delivery services, drugs, diagnostics, and transport, are available. PMSMA services are conducted on the 9th of every month, and high-risk pregnancies are systematically listed. Respectful Maternity Care practices, such as privacy maintenance and informed consent, are ensured. The facility maintains birth and death registers, with zero maternal deaths reported

in the last year. However, child deaths have reduced from 11 in the previous year to 7 this year. Comprehensive Abortion Care (CAC) services, vaccines, and hub cutters are available, and staff are trained in the open vial policy. In the last three months, 79 newborns received birth dose immunization, while 25 were breastfed within the first hour of birth. Family planning services, including IUCD and PPIUCD insertions, are well-utilized, with counseling provided by nurses and medical officers. The Family Planning Logistics Management Information System (FPLMIS) is implemented. Non-Communicable Disease (NCD) clinic is functional, there is no operational Adolescent Friendly Health Clinic. Cancer service providers are trained, and in the last six months, 512 individuals were screened for hypertension, diabetes, and oral cancer, with 38 cases of hypertension and 25 cases of diabetes confirmed. The facility reports weekly data under the Integrated Disease Surveillance Programme (IDSP). A Designated Microscopy Centre (DMC) for TB elimination, it tested 0.21% of OPD cases for TB via microscopy in the past six months, and all TB patients were screened for HIV and diabetes. While anti-TB drugs are available, no patients were tested for drug resistance through CBNAAT/TruNat, and there is no sample transport mechanism. However, 100% of TB patients received Direct Benefit Transfers under the Nikshay Poshan Yojana. The leprosy eradication program detected two new cases in the last 12 months, both with Grade II deformities, with community surveillance conducted monthly.

The facility maintains comprehensive records for TB treatment (both drug-sensitive and drug-resistant cases), TB notification, malaria, dengue, chikungunya, and leprosy cases. Under the National Health Mission (NHM), the facility received Rs. 21,74,148 in the previous financial year, with a utilization rate of 99%, amounting to Rs. 21,63,036. Data entry for key health information systems, including HMIS, MCTS, IHIP, the HWC Portal, and the Nikshay Portal, is updated as per physical records. Rogi Kalyan Samiti (RKS) meetings are conducted monthly, with minutes duly recorded. In terms of ambulance services, the CHC has its own ambulance, but it is currently non-functional. Ambulance services are also available through a centralized call center. Last month, 25 cases were referred to the District Hospital, including 6 cases of road traffic accidents (RTA), 25 general cases, and 12 delivery-related cases.

The facility faces several key challenges impacting its efficiency and service delivery. The continuous availability of running water is dependent on an additional water pump, as the main boring water pump is non-functional. Maintaining cleanliness within the hospital remains a concern due to the unavailability of a regular cleaner. The provision of specialized medical services is hindered by the absence of specialized doctors, limiting the range of treatments available to patients. Proper diagnostic services are affected by a shortage of laboratory technicians, resulting in constraints in conducting essential medical tests. Addressing these root causes is crucial to improving overall healthcare quality at the facility.

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

Urban /Rural: **Rural**

Date of Visit: **12/02/2025**

A. General Information	
1. State	Assam
2. District Name	Morigaon
3. Block/Taluka Name	Bhurbhandha
4. Name of Facility	Kapahera SHC
5. Type of Facility	PHC-AAM
6. NIN of the facility	6443664450
7. No. of days in a week facility is operational	6 days
8. OPD Timings	8:00 am- 1:30 pm
9. Month & Year of operationalization of AAM	1954
10. Details of co-location, if any (If any co-located SHC)	No
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	STHG CIVIL
13. Distance of next referral facility (in Km)	19 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	No

A.1 Demographic Details	
1. Number of Villages/Wards	06
2. No. of Households	1402
3. Total catchment Population	6083
4. Population who are 30 years of age and above	2250

B. Physical Infrastructure																		
Infrastructure Status and details		Availability																
1.	Availability of Govt owned Building	Yes																
2.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>S.no</th> <th>Building</th> <th>√ Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td></td> </tr> <tr> <td>D</td> <td>Rented etc</td> <td></td> </tr> </tbody> </table>	S.no	Building	√ Mark	A	Other Govt.		B	Panchayat Bhawan		C	Urban Local Body		D	Rented etc		
S.no	Building	√ Mark																
A	Other Govt.																	
B	Panchayat Bhawan																	
C	Urban Local Body																	
D	Rented etc																	
3.	Is the facility functional 24 x 7?	No																
4.	Availability of IPD Beds	No																
5.	If yes, Number of functional IPD Beds	No																
6.	Availability of boundary Wall	Yes																
7.	External branding as per CPHC guidelines (Colour & Logo)	Yes																
8.	OPD room	Yes																
	Examination table with privacy curtains/screen	Yes																
9.	Waiting area with sitting arrangements for patients/ attendants	Yes																

10.	Availability of furniture:	Table Yes Chairs Yes Almirah/Shelf Yes
11.	Laboratory	Yes
12.	Pharmacy /Drug store	Yes
13.	Space/ room identified for Wellness activities including Yoga sessions	Yes
14.	Separate functional toilets for males and females	Yes
15.	Availability of Running Water	Yes
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	Yes
17.	Electricity connection	Yes
18.	Power back up	Yes
19.	Safe drinking Water for staff and patients	Yes
20.	Functional Handwashing corner (designated) with running water and soap	Yes
21.	Provision of BMW management	Yes
22.	Colour coded waste bins	Yes
23.	Bio-medical waste disposal mechanism in place	Yes
24.	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	Yes

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	1	1	0	0
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	1	1	0	0
6.	Laboratory Technician	1	0	0	1	1
7.	ANM/MPW (F)#	1	1	1	1	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	1	1
12.	Data entry operator	1	0	0	0	0
13.	Sanitation staff	1	0	0	2	2
14.	ASHA	10	0	0	10	10

	(Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)					
15.	ASHA Facilitator (If any, only for Rural areas)	1	0	0	1	1
16.	Others (Specify)		3	3		
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)	Yes	Yes	No	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	No	Yes
Family Planning	Yes	Yes	No	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	No	Yes
NCD	Yes	Yes	No	Yes
Others (Specify)	Yes	Yes	No	Yes

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> 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 and management of mental health ailments

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	Yes	Yes	Yes
Basic ear, nose, throat (ENT) care services	Yes	Yes	Yes
Oral health care services	Yes	Yes	Yes
Elderly and Palliative care services	Yes	Yes	Yes
Screening & management of mental health ailments	Yes	Yes	Yes
Emergency Medical Services	Yes	Yes	Yes

F. Availability of Essential medicines				
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	172 (Total number of medicines at AAM-PHC/UPHC as per National EML -172)		
2	Total number of medicines available at AAM-PHC/UPHC	120		
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
4	Medicine categories with shortfall/stockouts on the day of assessment	<table border="0"> <tr> <td> <input type="checkbox"/> Oral Contraceptives <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 checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy </td> <td> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)			
5	What is the indenting cycle that is followed at the facility?	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> As required		
6	What is the lead time for supply of drugs which are indented? (record in days)	1-2 Weeks		
7	Is buffer stock for drugs maintained?	Yes		
8	DVDMS or any other software is being used for stock management	Yes		

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	In house lab
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	35
3	Number of tests available at AAM-PHC/UPHC	35

4	Number of tests Provided through In House Mode	35
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	NA
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes
9	User fee charged for diagnostics	Yes
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>)	1 Microscope

G.2 Diagnostic Tests Available

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

H. Availability of IT Equipment & Teleconsultation services

Infrastructure: Availability	<input checked="" type="checkbox"/> Laptop
Infrastructure: Functionality	<input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any E Sanjivani HWC

Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	-
Total teleconsultations in the last 01 month	-

I. Wellness Activities			
Wellness sessions being held periodically	Yes		
Availability of a trained instructor for wellness session	Yes		
Health Days are celebrated as per the Wellness Activity Calendar	Yes		
Health Days are celebrated as per the Wellness Activity Calendar	Yes		
J. Governance			
Constitution of Jan Arogya Samiti	Yes		
Periodic JAS meetings in the last 6 months	Yes		
Minutes of meeting maintained	Yes		
Periodic VHND sessions undertaken	Yes		
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	Yes		
<input type="checkbox"/> National NCD Portal/App	Yes		
<input type="checkbox"/> IHIP	Yes		
<input type="checkbox"/> HMIS	Yes		
<input type="checkbox"/> FPLMIS	Yes		
<input type="checkbox"/> DVDMS	Yes		
<input type="checkbox"/> Nikshay	Yes		
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	Yes	No
	AAM-PHC Team (Team Based Incentives)	No	No
Facility funds	Fund Source		Timely disbursement
	Untied		Yes
	Other Sources		Yes
Fund utilization	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	NHM Fund/untied funds utilized during last year:		
	SNA- 473304/-	SNA – 473304/-	100%
	JAS- 175000/-	JAS – 175000/-	100%
	CPHC- 200000/-	CPHC – 200000/-	100%
Is untied fund being spent on following activities? Maintenance and medical investment	Regular payment of Bills: Yes If yes, specify; <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet		

	Regular purchase: Yes <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: Yes
Status of JSY Payments	Average Delay in Payment (days): 7 days max Reasons for delay, if any Bank Details not submitted
Availability of JSSK entitlements Delivery oct1 April to Dec 3	<input checked="" type="checkbox"/> Yes If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges

M. Service delivery Output Indicators (Data of previous quarter) Oct-Dec 24				
1	Total number of outpatient department visits			8766
2	No. of PW registered for ANC			79/42
3	No. of PW received 4 or more ANC check-ups			72/39
4	Total number of institutional deliveries			08
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			31/15
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			72/41
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			76/48
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month			18
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			94
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months			41
11	TB patients undergoing treatment			
	Indicators			Current year
	No. of presumptive TB patients identified			64
	No. of TB patients diagnosed out of the presumptive patients referred			0
	No. of TB patients taking treatment in the AAM			8
12	Community Based Screening for NCDs			
	% of target population administered CBAC			374/ 2250
	% of target population with score below 4			200
	% of target population with score 4 and above			174
13	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up
	Hypertension	1245	487	487
	Diabetes	1224	174	174
	NCDs	Screened	Referred	Follow-up

	(No. of individuals in Last 6 Months)			
	Oral Cancer*	1214	0	0
	Breast Cancer*	680	0	0
	Cervical Cancer*	3	0	3

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	Yes
2	Is the facility certified at the State-level for NQAS?	Yes
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	92.1%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	4 th June 2024
2	Facility aggregate score using ODK Took kit	44.05%

Remarks & Observations
The facility operates with an average daily OPD of 40 patients and is housed in a government-owned building. It is not functional 24x7 and does not have inpatient beds, it is well-equipped with essential infrastructure. The premises are secured with a boundary wall and feature external branding in compliance with CPHC guidelines. The OPD area includes examination tables with privacy curtains, a designated waiting area with seating arrangements, and necessary furniture

such as tables, chairs, and storage units. The facility has a functional laboratory, pharmacy, and a dedicated space for wellness activities, including yoga sessions. Separate functional toilets for males and females are available, along with essential amenities like running water, electricity, power backup, and safe drinking water for both staff and patients. Accessibility features such as ramps and wheelchairs cater to the needs of the elderly and differently-abled individuals. A designated handwashing corner with running water and soap ensures hygiene standards. Waste management is effectively implemented through color-coded bins and a structured biomedical waste disposal mechanism. Residential quarters for staff are available, though specific allocations are not detailed.

The facility ensures comprehensive IEC dissemination through the display of various signages and informational materials. The name of the facility is prominently displayed, along with IEC materials covering essential health services such as TB, family planning, RMNCHA, eye and oral care, and cancer awareness. Information on water, sanitation, and hygiene is made available, alongside posters related to biomedical waste management. The facility also features a citizen charter, grievance redressal mechanisms, and details on referral transport and the nearest referral facility.

The facility's staff has undergone extensive training in various healthcare services. Medical officers (MBBS), staff nurses, and ASHAs are trained in maternal health, child health, family planning, communicable diseases (such as TB, leprosy, malaria, dengue, and filariasis), and non-communicable diseases. The expanded Comprehensive Primary Healthcare (CPHC) training reveals gaps. Staff nurses and ASHAs are trained in specialized areas such as eye care, ENT care, oral care, mental health, elderly and palliative care, and trauma and emergency care, medical officers, ANMs, and male MPWs have not received training in these areas.

The facility offers a comprehensive range of healthcare services, including reproductive, maternal, neonatal, and child healthcare, along with family planning and contraceptive services. It provides care for communicable diseases such as vector-borne illnesses (malaria, dengue, filariasis, JE), tuberculosis, and acute simple illnesses. Non-communicable disease (NCD) screening and management are available for diabetes, hypertension, and common cancers (oral and breast), as well as mental health ailments. The facility has also expanded its services to include ophthalmic, ENT, and oral healthcare, elderly and palliative care, mental health screening and management, and emergency medical services. Essential drugs, diagnostics, and consumables are available for all these expanded service packages, ensuring comprehensive patient care.

The facility maintains a stock of 120 essential medicines out of the 172 listed in the National Essential Medicines List (EML) for AAM-PHCs/UPHCs. The indenting cycle follows a monthly or as-required approach, with a lead time of 1-2 weeks for the supply of indented drugs. A buffer stock of medicines is maintained to ensure continuity of care, and the facility utilizes the Drug and Vaccine Distribution Management System (DVDMS) or other software for efficient stock management. The facility provides in-house diagnostic services, offering all 35 tests listed in the State Essential Diagnostic List. These tests are conducted within the facility without reliance on a Hub & Spoke model. X-ray services are not available. The facility experiences occasional

equipment downtime, with one microscope being non-functional for over seven days. Essential diagnostic tests such as hemoglobin, pregnancy tests, urine analysis, malaria detection (MP slide method), syphilis (RPR/VDRL), HIV, hepatitis B, and tuberculosis (sputum for AFB) are available, certain key tests, including blood sugar, dengue rapid test, malaria rapid test, HCV antibody test, and bleeding/clotting time, are not provided. Tests for endemic diseases like filariasis, Japanese encephalitis, and Kala Azar are unavailable.

The facility lacks essential IT infrastructure, as neither laptops nor functional internet connectivity are available. Teleconsultation services with higher healthcare centers such as PHCs, CHCs, DHs, or MCHs are not operational. While teleconsultation platforms like e-Sanjeevani.in, are identified, their implementation remains unclear. There is no prepared or displayed teleconsultation schedule at the facility, indicating a gap in digital healthcare accessibility.

The facility actively conducts wellness sessions with a trained instructor and celebrates Health Days as per the Wellness Activity Calendar. Governance measures are well-established, with the Jan Arogya Samiti (JAS) constituted, periodic meetings held, and minutes maintained. VHND sessions are conducted regularly. Reporting is efficiently managed through various online platforms, including the AAM Portal/App, National NCD Portal, IHIP, HMIS, FPLMIS, DVDMS, and Nikshay. Financially, untied and other facility funds are disbursed on time, and all allocated funds—SNA, JAS, and CPHC—have been fully utilized. Regular expenditures include electricity, drinking water, internet, medicines, consumables, and equipment, as well as payments for support and cleaning staff. There is an average delay of seven days in JSY payments due to incomplete bank details. JSSK entitlements, including free delivery services, drugs, diagnostics, referral transport, and exemption from user charges, are available to beneficiaries.

During the previous quarter (October-December), the facility recorded a total of 8,766 outpatient department visits. Maternal health services were provided to 79 pregnant women registered for ANC, with 72 receiving four or more ANC check-ups. Institutional deliveries stood at eight, and 31 high-risk pregnancies were identified, with 15 receiving appropriate treatment. Immunization efforts included 72 and 76 children under 24 months receiving the first and third doses of the Pentavalent vaccine, respectively. Referral services were actively utilized, with 18 cases referred from Sub-centres to the PHC, 94 cases referred from the PHC to higher centers, and 41 cases referred back to the PHC for follow-up. In tuberculosis care, 64 presumptive TB patients were identified, but no new cases were diagnosed; however, eight TB patients are currently undergoing treatment at the facility. Community-based screening (CBAC) was conducted for 374 individuals, with 174 scoring 4 or above, indicating potential risk. Hypertension screenings covered 1,245 individuals, with 487 receiving treatment and follow-up, while 1,224 individuals were screened for diabetes, with 174 undergoing treatment and follow-up. Cancer screenings included 1,214 individuals for oral cancer, 680 for breast cancer, and three for cervical cancer, though no new cases were referred, and only three cases required follow-up.

The facility has undertaken an internal assessment for NQAS and is certified at the state level, though national certification is yet to be achieved. It actively participates in the Kayakalp initiative, securing a commendable score of 92.1%. Patient rights are prioritized through the display of a citizen's charter and IEC materials, ensuring privacy, practicing respectful maternity

care, offering free services, and maintaining confidentiality. Support services include proper facility upkeep, clinical record maintenance, digital data management, and systematic inventory management of medicines and consumables. Strict infection control measures are followed, including biomedical waste management, adherence to disinfection and sterilization protocols, and ensuring personal protection practices. Clinical care quality is maintained through compliance with standard operating procedures and a structured referral mechanism for continuity of care. Quality management systems include provisions for patient feedback, grievance redressal mechanisms, and periodic quality assurance reviews. The facility's compliance with the Indian Public Health Standards (IPHS) is reflected in its aggregate score of 44.05% using the ODK toolkit, highlighting areas for further improvement in service delivery and infrastructure.

The facility operates within an infrastructure built in 1954, with an aging construction that includes a labor room. Human resource challenges are noted, as the Medical Officer in Charge (MOIC) is currently on medical leave. IEC materials are limited due to restricted district supply. Expanded service packages include DMS, TB sputum sample transport, and the availability of an NCD register, with NCD clinics conducted every Tuesday and Friday. In the facility certain anti-rabies treatments are unavailable. Regarding the IT system, a laptop is available under the DNDMS and NHM-BPMU programs. An audit is scheduled for the first week of January 2024. Other observations include the availability of infant drugs being inconsistent, and the nearest refinery is located 30 km away, requiring a travel time of approximately 40-45 minutes.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	1		1	
2	Laryngoscope	0	0	0	
3	Radiant Warmer	1		1	
4	Pulse Oximeter-Finger Tip	4		4	
5	Pulse Oximeter-Table Top	0	0	0	0
6	Labor Bed	1		1	
7	Foetal Doppler	0	0	0	0
8	Phototherapy Unit	0	0	0	0
9	Shoulder Wheel	0	0	0	0
10	Shoulder Pulley	0	0	0	0
11	Shoulder Abduction Ladder	0	0	0	0
12	Suction Machine	1		1	
13	Mobile Spotlight	1		1	
14	Manual Vacuum Aspirator	1		1	
15	Weighing Scale	4		4	
16	Baby Weighing Scale	2		2	
17	Infantometer	0	0	0	0
18	Ophthalmoscope	1		1	
19	Fully Loaded Dental Chair Electrically Operated	0	0	0	0
20	Dental Chair-Basic	0	0	0	0
21	Oxygen Hood Neonatal	0	0	0	0
22	ILR With Voltage Stabilizer- Small	0	0	0	0
23	Deep Freezer-Small	0	0	0	0
24	ILR With Voltage Stabilizer- Large	1		1	
25	Deep Freezer-Small-Large	1		1	
26	Vaccine Carrier with Ice Packs	48		48	
27	Cell Counter – 3 Part	1		1	
28	Semi-Automated Biochemistry Analyser	1		1	
29	Binocular Microscope	2		1	1
30	HbA1C Analyser	0	0	0	0
31	Turbidometer	0	0	0	0
32	Glucometer	2		2	
33	Haemoglobinometer	2		2	
34	ESR Analyzer	0	0	0	0
35	Electrolyte Analyzer	0	0	0	0
36	Oxygen Cylinder- B Type	2		2	
37	BP Apparatus- Aneroid	5		5	
38	BP Apparatus-Digital	2		2	
39	Stethoscope	4		4	
40	Thermometer	3		3	
41	Examination Table	1		1	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	0	0	0	0
43	Exerciser Couch/Table	0	0	0	0
44	Finger Exerciser Web	0	0	0	0
45	Walking Aid for Training/ Reciprocal Walker	0	0	0	0

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

Urban /Rural: **Rural**

Date of Visit: **13 / 02 / 2025**

A. General Information	
1. State	Assam
2. District Name	Morigaon
3. Block/Taluka Name	Jhargaon
4. Name of Facility	Jhargaon PHC
5. Type of Facility	PHC-AAM
6. NIN of the facility	5681853486
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	8:00 AM to 2 PM
9. Month & Year of operationalization of AAM	1985
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	STHG Civil Hospital, Morigaon
13. Distance of next referral facility (in Km)	27
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	18
2. No. of Households	3294
3. Total catchment Population	20590
4. Population who are 30 years of age and above	7618

B. Physical Infrastructure																		
Infrastructure Status and details		Availability																
1.	Availability of Govt owned Building	Yes																
2.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>S.no</th> <th>Building</th> <th>√ Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td></td> </tr> <tr> <td>D</td> <td>Rented etc</td> <td></td> </tr> </tbody> </table>	S.no	Building	√ Mark	A	Other Govt.		B	Panchayat Bhawan		C	Urban Local Body		D	Rented etc		
S.no	Building	√ Mark																
A	Other Govt.																	
B	Panchayat Bhawan																	
C	Urban Local Body																	
D	Rented etc																	
3.	Is the facility functional 24 x 7?	Yes																
4.	Availability of IPD Beds	No																
5.	If yes, Number of functional IPD Beds	Yes 9 Beds																
6.	Availability of boundary Wall	Yes																
7.	External branding as per CPHC guidelines (Colour & Logo)	Yes																
8.	OPD room	Yes																
	Examination table with privacy curtains/screen	Yes																
9.	Waiting area with sitting arrangements for patients/ attendants	Yes																

10.	Availability of furniture:	Table Yes Chairs Yes Almirah/Shelf Yes
11.	Laboratory	Yes
12.	Pharmacy /Drug store	Yes
13.	Space/ room identified for Wellness activities including Yoga sessions	Yes
14.	Separate functional toilets for males and females	No
15.	Availability of Running Water	Yes
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	Yes
17.	Electricity connection	Yes
18.	Power back up	Yes
19.	Safe drinking Water for staff and patients	Yes
20.	Functional Handwashing corner (designated) with running water and soap	Yes
21.	Provision of BMW management	Yes
22.	Colour coded waste bins	Yes
23.	Bio-medical waste disposal mechanism in place	Yes
24.	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	Yes

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	Yes
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	Yes
3	Display of IEC on water, sanitation & hygiene	Yes
4	IEC/Poster on BMW displayed at the facility.	Yes
5	Installation of TV/ LED screen in the waiting area for IEC display	Yes
6	Display of citizen charter	Yes
7	Information on grievance redressal displayed	Yes
8	Information on referral transport displayed	Yes
9	Information on nearest referral facility displayed	Yes

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	5	4		3
2.	AYUSH MO*	1				2
3.	Dentist*	1				
4.	Staff Nurse	2		1		4
5.	Pharmacist	1		1		
6.	Laboratory Technician	1		2		
7.	ANM/MPW (F)#	1		2		1
8.	MPW (M)	1		-		-
9.	Lady Health Visitor	1		1		
10.	Dresser	1				
11.	Accountant	1				
12.	Data entry operator	1				1
13.	Sanitation staff	1				
14.	ASHA					21

	(Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)					
15.	ASHA Facilitator (If any, only for Rural areas)					2
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)	Yes	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)				

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

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

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

F. Availability of Essential medicines			
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p>		
	<p>125</p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>		
2	<p>Total number of medicines available at AAM-PHC/UPHC</p>		
	<p>124</p>		
3	<p>Availability of medicines for priority conditions</p>		
	<p><input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever</p>		
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p>		
	<table border="0"> <tr> <td> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy </td> <td> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
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5	<p>What is the indenting cycle that is followed at the facility?</p>		
	<p><input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)</p>		
6	<p>What is the lead time for supply of drugs which are indented? (record in days)</p>		
	<p><input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks</p>		
7	<p>Is buffer stock for drugs maintained?</p>		
	<p>Yes</p>		
8	<p>DVDMS or any other software is being used for stock management</p>		
	<p>Yes</p>		

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	92 (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	92
4	Number of tests Provided through In House Mode	42
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes
9	User fee charged for diagnostics	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>)	No

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

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

I. Wellness Activities	
Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	No
Health Days are celebrated as per the Wellness Activity Calendar	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes

J. Governance	
Constitution of Jan Arogya Samiti	Yes
Periodic JAS meetings in the last 6 months	Yes
Minutes of meeting maintained	Yes
Periodic VHND sessions undertaken	Yes

K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	Yes
<input type="checkbox"/> National NCD Portal/App	Yes
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	Yes
<input type="checkbox"/> FPLMIS	Yes
<input type="checkbox"/> DVDMS	Yes
<input type="checkbox"/> Nikshay	Yes
Specify others, if any:	

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	Yes	Yes
	AAM-PHC Team (Team Based Incentives)	Yes	No

Facility funds	Fund Source		Timely disbursement
	Untied		Yes
	Other Sources		No
Fund utilization	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
NHM Fund/untied funds utilized during last year:	2,57,15,168'00	2,57,15,168'00	100%
	1,75,000	1,75,000	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: Yes</p> <p>If yes, specify; Electricity (Repair) Drinking Water <input type="checkbox"/> Internet</p> <p>Regular purchase: Yes Medicines Reagents/Consumables Equipment (BP, Theroscope)</p> <p>Payment of support/cleaning Staff: Yes</p>		
Status of JSY Payments	<p>Payment done till (month/ year) 31st January 2025 Average Delay in Payment (days): 15 Days</p> <p>Reasons for delay, if any Account details not submitted timely (problem for backlog)</p>		
Availability of JSSK entitlements	<p>Yes</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges</p>		
Inhouse Kitchen			

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	12771
2	No. of PW registered for ANC	55
3	No. of PW received 4 or more ANC check-ups	116
4	Total number of institutional deliveries	148
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	42
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	80
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	70
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	351

9	Number of cases referred from PHC AAM to CHC or higher centre during last month	161		
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	12		
11	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	574		
	No. of TB patients diagnosed out of the presumptive patients referred	68		
	No. of TB patients taking treatment in the AAM	65		
12	Community Based Screening for NCDs			
	% of target population administered CBAC	7454		
	% of target population with score below 4	2832		
	% of target population with score 4 and above			
13	NCDs (No. of individuals in Last 6 Months)			
		Screened	Treated	Follow-up
	Hypertension	361	46	46
	Diabetes	561	14	14
	NCDs (No. of individuals in Last 6 Months)			
		Screened	Referred	Follow-up
	Oral Cancer*	361	-	-
Breast Cancer*	217	-	-	
	Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	81.74 Commendation 2022 – 23 2023 – 24 84.61%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	29 / 05 / 2024
2	Facility aggregate score using ODK Took kit	65.19%

Remarks & Observations

The healthcare facility is well-equipped with essential infrastructure to ensure quality service delivery. It operates 24x7 with nine functional inpatient beds and is housed in a government-owned building with a secure boundary wall. The facility adheres to branding guidelines as per CPHC standards. It has a well-furnished OPD room with an examination table and privacy curtains, a designated waiting area with seating arrangements, and adequate furniture, including tables, chairs, and shelves.

Key medical amenities such as a laboratory, pharmacy, and a designated space for wellness activities, including yoga sessions, are available. Basic utilities like electricity, power backup, safe drinking water, and a functional handwashing corner with running water and soap are well-maintained. Provisions for bio-medical waste management, including color-coded waste bins and a proper disposal mechanism, are in place. The facility is equipped to support elderly and differently-abled individuals with ramps and wheelchairs. In the facility separate functional toilets for males and females are not available.

Information, Education, and Communication (IEC) materials are prominently displayed, covering various health services such as TB, RMNCHA, family planning, eye and oral care, and cancer awareness. IEC materials on water, sanitation, and hygiene are also in place, alongside posters related to bio-medical waste management. A TV/LED screen has been installed in the waiting area for educational displays. Key information on grievance redressal, referral transport, and the nearest referral facility is readily available for public awareness.

The healthcare facility has a diverse workforce, but there are gaps in staffing as per IPHS-2022 guidelines. In the facility 7 MO(MBBS), 2AYUSH MO, 5 Staff Nurse, 1 Pharmacist, 2 LT, 3 ANM, 1 LHV, 1 Data Entry Operator, 21 ASHAs and 2 ASHA Facilitator available in the PHC Jhargaon. The healthcare staff is well-trained in RMNCHA+, communicable and non-communicable diseases, and specialized CPHC services. Medical officers, staff nurses, and ASHAs have received training in maternal and child health, disease management, and emergency care, ensuring comprehensive service delivery.

The AAM-PHC/UPHC has 124 out of 172 essential medicines as per the National Essential Medicines List and 125 as per the State Essential Medicines List. Medicines for priority conditions such as tuberculosis, diabetes, hypertension, and fever are available. A buffer stock of drugs is maintained, and stock management is efficiently handled through DVDMS or other software. The AAM-PHC/UPHC offers diagnostic services through both in-house laboratories and outsourced partnerships. A total of 92 tests are available, with 42 provided through in-house facilities, ensuring accessible and efficient diagnostic support for patient care.

The AAM-PHC ensures timely and complete disbursement of salaries and team-based incentives. Facility funds, including untied funds, are received and fully utilized, with expenditures matching allocations. Payments cover essential services such as electricity, drinking water, medicines, equipment, and support staff wages. JSY payments are processed up to January 2025, with an average delay of 15 days due to account submission issues. JSSK entitlements, including free delivery services, diet, drugs, diagnostics, referral transport, and waiver of user charges, are available to beneficiaries.

The AAM-PHC has recorded 12,771 outpatient visits in the previous quarter, with 55 pregnant women registered for ANC and 116 receiving four or more check-ups. A total of 148 institutional deliveries were conducted, and 42 high-risk pregnancies received necessary treatment. Vaccination coverage included 80 children receiving the first dose and 70 receiving the third dose of the Pentavalent vaccine. Referral services were actively utilized, with 351 cases referred from sub-centres to the PHC, 161 cases referred to higher centres, and 12 cases followed up at the PHC. For TB management, 574 presumptive cases were identified, 68 diagnosed, and 65 are currently undergoing treatment. Community-based screening for NCDs covered 7,454 individuals, with 2,832 scoring below 4. Hypertension screening identified 361 individuals, with 46 receiving treatment and follow-up, while diabetes screening covered 561 individuals, with 14 receiving treatment and follow-up. Cancer screenings were also conducted, with 361 individuals screened for oral cancer and 217 for breast cancer.

The AAM-PHC has not yet undergone an internal assessment for NQAS certification at the state or national level but actively participates in the Kayakalp program, achieving commendation with a score of 81.74% in 2022-23 and 84.61% in 2023-24. The facility ensures patient rights through the display of citizen's charters and IEC materials, privacy provisions, respectful maternity care, free services, and confidentiality of patient information. Support services include systematic facility maintenance, clinical record management, digital data management, and efficient inventory control. Infection control measures strictly follow biomedical waste management protocols, disinfection and sterilization SOPs, and personal protection guidelines. Clinical care adheres to standard protocols, with a robust referral mechanism ensuring continuity of care. Quality management includes patient feedback collection, grievance redressal mechanisms, and periodic quality assurance reviews. An IPHS compliance assessment was conducted using the ODK toolkit on May 29, 2024.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Y		Y	
2	Laryngoscope				
3	Radiant Warmer	Y		Y	
4	Pulse Oximeter-Finger Tip	Y		Y	
5	Pulse Oximeter-Table Top	Y		Y	
6	Labor Bed	Y		Y	
7	Foetal Doppler				
8	Phototherapy Unit	Y		Y	
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine	Y		Y	
13	Mobile Spotlight	Y		Y	
14	Manual Vacuum Aspirator	Y		Y	
15	Weighing Scale	Y		Y	
16	Baby Weighing Scale	Y		Y	
17	Infantometer	Y		Y	
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal	Y		Y	
22	ILR With Voltage Stabilizer-Small	Y		Y	
23	Deep Freezer-Small	Y		Y	
24	ILR With Voltage Stabilizer-Large	Y		Y	
25	Deep Freezer-Small-Large	Y		Y	
26	Vaccine Carrier with Ice Packs	Y		Y	
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser	Y		Y	
29	Binocular Microscope	Y		Y	
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Y		Y	
33	Haemoglobinometer	Y		Y	
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type				
37	BP Apparatus- Aneroid	Y		Y	
38	BP Apparatus-Digital	Y		Y	
39	Stethoscope	Y		Y	
40	Thermometer	Y		Y	
41	Examination Table	Y		Y	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle				
43	Exerciser Couch/Table				
44	Finger Exerciser Web				
45	Walking Aid for Training/ Reciprocal Walker				

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

Urban /Rural: **Rural**

Date of Visit: **8 / 02 / 2025**

A. General Information	
1. State	Assam
2. District Name	Morigaon
3. Block/Taluka Name	Jhargaon
4. Name of Facility	Dharamtul SHC
5. Type of Facility	PHC-AAM
6. NIN of the facility	7424572746
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8:00 AM to 1.30 PM
9. Month & Year of operationalization of AAM	Dec 2024
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	STHG Civil Hospital
13. Distance of next referral facility (in Km)	11 KM
14. If UPHC functions as a Polyclinic (Yes/No)	-
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	31 Villages
2. No. of Households	6155
3. Total catchment Population	Sector Popn – 27818 (NSC Popn – 6071)
4. Population who are 30 years of age and above	2245

B. Physical Infrastructure																		
Infrastructure Status and details		Availability																
1.	Availability of Govt owned Building	Yes																
2.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>S.no</th> <th>Building</th> <th>√ Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td></td> </tr> <tr> <td>D</td> <td>Rented etc</td> <td></td> </tr> </tbody> </table>	S.no	Building	√ Mark	A	Other Govt.		B	Panchayat Bhawan		C	Urban Local Body		D	Rented etc		
S.no	Building	√ Mark																
A	Other Govt.																	
B	Panchayat Bhawan																	
C	Urban Local Body																	
D	Rented etc																	
3.	Is the facility functional 24 x 7?	Yes																
4.	Availability of IPD Beds	Yes																
5.	If yes, Number of functional IPD Beds	Yes																
6.	Availability of boundary Wall	Yes	Fencing															
7.	External branding as per CPHC guidelines (Colour & Logo)	Yes																
8.	OPD room	Yes																
	Examination table with privacy curtains/screen	Yes																
9.	Waiting area with sitting arrangements for patients/ attendants	Yes																

10.	Availability of furniture:	Table Yes Chairs Yes Almirah/Shelf Yes
11.	Laboratory	Yes
12.	Pharmacy /Drug store	Yes
13.	Space/ room identified for Wellness activities including Yoga sessions	Yes
14.	Separate functional toilets for males and females	Yes
15.	Availability of Running Water	Yes
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	Yes
17.	Electricity connection	Yes
18.	Power back up	Yes
19.	Safe drinking Water for staff and patients	Yes
20.	Functional Handwashing corner (designated) with running water and soap	Yes
21.	Provision of BMW management	Yes
22.	Colour coded waste bins	Yes
23.	Bio-medical waste disposal mechanism in place	Yes
24.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available</i>	Yes

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1		1		1
2.	AYUSH MO*	1		0		0
3.	Dentist*	1		0		0
4.	Staff Nurse	2				2
5.	Pharmacist	1		1		-
6.	Laboratory Technician	1		1		0
7.	ANM/MPW (F)#	1		1		
8.	MPW (M)	1		0		0
9.	Lady Health Visitor	1		0		0
10.	Dresser	1		0		0
11.	Accountant	1		0		1
12.	Data entry operator	1		0		0
13.	Sanitation staff	1		1		
14.	ASHA					28

	(Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)					
15.	ASHA Facilitator (If any, only for Rural areas)					2
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)	NO	NO	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	NO	NO	Yes	Yes
Family Planning	NO	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	NO	Yes	Yes	Yes
NCD	NO	Yes	Yes	Yes
Others (Specify)				

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)	NO	NO	NO	NO	NO	NO
Staff Nurse	NO	NO	NO	NO	NO	NO
ANM/ MPW-F	NO	NO	NO	NO	NO	NO
MPW- M	NO	NO	NO	NO	NO	NO
ASHA	NO	NO	NO	NO	NO	NO

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
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 <input checked="" type="checkbox"/> Screening and management of mental health ailments
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	Yes	No	Yes
Basic ear, nose, throat (ENT) care services	Yes	No	Yes
Oral health care services	Yes	No	No
Elderly and Palliative care services	Yes	No	No
Screening & management of mental health ailments	Yes	No	No
Emergency Medical Services	Yes	No	Yes

F. Availability of Essential medicines			
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	As per new EDL 2024 Total Drug 125 No Available 123 No <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	Available 123 No	
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 Anti - Rabies	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input 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 checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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?	Yes	
8	DVDMS or any other software is being used for stock management	Yes	

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	19 (Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	19
4	Number of tests Provided through In House Mode	19
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	No
9	User fee charged for diagnostics	Yes
10	Average downtime of equipment	-
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure for reference)	-

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

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

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

	AAM-PHC Team (Team Based Incentives)	No	No
Facility funds	Fund Source	Timely disbursement	
	Untied	Yes	
	Other Sources	No	
Fund utilization	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
NHM Fund/untied funds utilized during last year:	2299705/-	2299705/-	99.99%
Is untied fund being spent on following activities? Untied 1.75 L L 100%	<p>Regular payment of Bills: Yes</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet</p> <p>Regular purchase: Yes</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Medicines <input checked="" type="checkbox"/> <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> <input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: No</p>		
Status of JSY Payments	<p>Payment done till (month/ year) 334 No. [April 24 – Jan 25]</p> <p>Average Delay in Payment (days): 10 Days Approx</p> <p>Reasons for delay, if any Delay in collecting beneficiary passbook.</p>		
Availability of JSSK entitlements	<p>Yes</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges</p>		

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	2393 (Oct 24 – Dec 24)
2	No. of PW registered for ANC	80 (Oct 24 – Dec 24)
3	No. of PW received 4 or more ANC check-ups	117
4	Total number of institutional deliveries	131
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	3 out of 3
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0

8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	86		
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	3		
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	180		
	No. of TB patients diagnosed out of the presumptive patients referred	43		
	No. of TB patients taking treatment in the AAM	14		
12	Community Based Screening for NCDs			
	% of target population administered CBAC	380		
	% of target population with score below 4	280		
	% of target population with score 4 and above	100		
13	NCDs (No. of individuals in Last 6 Months)			
	Screened	Treated	Follow-up	
	Hypertension	163	47	37
	Diabetes	158	24	20
	NCDs (No. of individuals in Last 6 Months)			
	Screened	Referred	Follow-up	
	Oral Cancer*	136	N	N
	Breast Cancer*	79	N	N
	Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Winner in 2023-24 in PHC Level. Score 73.6%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	4 th June 2024
2	Facility aggregate score using ODK Took kit	40.87%

Remarks & Observations

The facility experiences seasonal variations in outpatient department (OPD) visits, with an average of 30-40 patients per day in winter and 60-70 in summer. A newly joined Medical Officer (MO) is undergoing training, which is currently lagging. The facility conducts 19 diagnostic tests in-house, while the remaining tests are outsourced through a Public-Private Partnership (PPP) with Krsnaa Diagnostic Lab. In the facility laptop is available, it is outdated, and there is no provision for internet access; staff rely on their personal internet. Teleconsultation services are not operational at the facility.

PHC Dharamtul functions as a delivery point, with 49 deliveries conducted in the previous month; however, there is no provision for the Janani Shishu Suraksha Karyakram (JSSK) diet. Regarding the Janani Suraksha Yojana (JSY) payments, a total of 334 payments were completed from April 2024 to January 2025, with an average delay of approximately 10 days, primarily due to delays in collecting beneficiaries' passbooks. Despite infrastructural and operational challenges, the facility remains committed to delivering quality healthcare services and optimizing available resources for better patient care.

Internal assessment for Kayakalp was completed at the PHC level for 2023-24, achieving a score of 73.6%. Fund utilization under the National Health Mission (NHM) and untied funds has been efficient, with an expenditure of 99.99% of the received ₹22,99,705. The untied fund allocation of ₹1.75 lakh was fully utilized for essential expenses, including electricity, drinking water, and regular purchases of medicines, reagents, consumables, and equipment, as well as payment for support and cleaning staff.

During the last quarter (October to December 2024), the facility recorded a total of 2,393 outpatient department visits. A total of 80 pregnant women were registered for antenatal care (ANC), with 117 receiving four or more ANC check-ups. Institutional deliveries stood at 131, and all three identified high-risk pregnancies received appropriate treatment. No children under 24 months received the first or third doses of the Pentavalent vaccine. In terms of referrals, 86 cases were referred from sub-centres under PHC AAM to the PHC, while three cases were referred from the PHC to a higher centre, with no cases referred back for follow-up.

For tuberculosis (TB), 180 presumptive TB patients were identified, of which 43 were diagnosed, and 14 are currently undergoing treatment. Under the Community-Based Screening for Non-Communicable Diseases (NCDs), 380 individuals were screened using the CBAC tool, with 280 scoring below 4 and 100 scoring 4 or above. Over the last six months, 163 individuals were screened for hypertension, with 47 receiving treatment and 37 followed up, while 158 individuals were screened for diabetes, with 24 treated and 20 followed up. Screening for oral, breast, and cervical cancer was conducted, with 136 individuals

screened for oral cancer, 79 for breast cancer, and no data available for cervical cancer. However, no referrals or follow-ups were recorded for these screenings.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Y		Y	
2	Laryngoscope	-	N		
3	Radiant Warmer	Y		Y	
4	Pulse Oximeter-Finger Tip	Y		Y	
5	Pulse Oximeter-Table Top	-	N		
6	Labor Bed	Y		Y	
7	Foetal Doppler	-	N	-	
8	Phototherapy Unit	Y		Y	
9	Shoulder Wheel		N		
10	Shoulder Pulley		N		
11	Shoulder Abduction Ladder		N		
12	Suction Machine		N		
13	Mobile Spotlight		N		
14	Manual Vacuum Aspirator		N		
15	Weighing Scale	Y		Y	
16	Baby Weighing Scale	Y		Y	
17	Infantometer	Y		Y	
18	Ophthalmoscope		N		
19	Fully Loaded Dental Chair Electrically Operated		NA		
20	Dental Chair-Basic		NA		
21	Oxygen Hood Neonatal	Y		Y	
22	ILR With Voltage Stabilizer-Small	Y		Y	
23	Deep Freezer-Small	Y		Y	
24	ILR With Voltage Stabilizer-Large		NA		
25	Deep Freezer-Small-Large		NA		
26	Vaccine Carrier with Ice Packs	Y		Y	
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser	Y		Y	
29	Binocular Microscope	Y		Y	
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Y		Y	
33	Haemoglobinometer			Y	
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type				
37	BP Apparatus- Aneroid	Y		Y	
38	BP Apparatus-Digital	Y		Y	
39	Stethoscope	Y		Y	
40	Thermometer	Y		Y	
41	Examination Table	Y		Y	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle				
43	Exerciser Couch/Table		NA		
44	Finger Exerciser Web		NA		
45	Walking Aid for Training/ Reciprocal Walker		NA		

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

Urban /Rural: **Rural**

Date of Visit: **12/02/2025**

A. General Information	
1. State	Assam
2. District Name	Morigaon
3. Block/Taluka Name	Bhurbhandha
4. Name of Facility	Charaibahi- SD
5. Type of Facility	PHC-AAM
6. NIN of the facility	5824347339
7. No. of days in a week facility is operational	7 days
8. OPD Timings	8:30 am- 1:30 pm
9. Month & Year of operationalization of AAM	June, 2024
10. Details of co-location, if any	June, 2024
11. (If any co-located SHC)	
12. Accessible from nearest road head (Yes/No)	Yes
13. Next Referral Facility Name	Motigaon Civil (STHG)
14. Distance of next referral facility (in Km)	12 km
15. If UPHC functions as a Polyclinic (Yes/No)	No
16. If Yes, please take note of available specialist services at the Polyclinic	NA

A.1 Demographic Details	
1. Number of Villages/Wards	Charaibahi /10
2. No. of Households	2090/5694
3. Total catchment Population	9404
4. Population who are 30 years of age and above	1833

B. Physical Infrastructure			
Infrastructure Status and details		Availability	
1.	Availability of Govt owned Building	Yes	
2.	If there is no government-owned Building, specify building type	S.no	Building
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
3.	Is the facility functional 24 x 7?	No	
4.	Availability of IPD Beds	No	
5.	If yes, Number of functional IPD Beds	No	
6.	Availability of boundary Wall	Yes	
7.	External branding as per CPHC guidelines (Colour & Logo)	Yes	
8.	OPD room Examination table with privacy curtains/screen	Yes	
9.	Waiting area with sitting arrangements for patients/ attendants	Yes	
10.	Availability of furniture:	Table Yes	

		Chairs Yes Almirah/Shelf Yes
11.	Laboratory	Yes
12.	Pharmacy /Drug store	Yes
13.	Space/ room identified for Wellness activities including Yoga sessions	No
14.	Separate functional toilets for males and females	Yes
15.	Availability of Running Water	Yes
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	Yes
17.	Electricity connection	Yes
18.	Power back up	Yes
19.	Safe drinking Water for staff and patients	Yes
20.	Functional Handwashing corner (designated) with running water and soap	Yes
21.	Provision of BMW management	Yes
22.	Colour coded waste bins	Yes
23.	Bio-medical waste disposal mechanism in place	Yes
24.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available</i>	Yes

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	Yes
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	Yes
3	Display of IEC on water, sanitation & hygiene	Yes
4	IEC/Poster on BMW displayed at the facility.	Yes
5	Installation of TV/ LED screen in the waiting area for IEC display	Yes
6	Display of citizen charter	Yes
7	Information on grievance redressal displayed	Yes
8	Information on referral transport displayed	Yes
9	Information on nearest referral facility displayed	Yes

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	1	1	1	0
2.	AYUSH MO*	1	0	0	1	0
3.	Dentist*	1				
4.	Staff Nurse	2	0	0	3	3
5.	Pharmacist	1	1	1	0	0
6.	Laboratory Technician	1	1	1	0	0
7.	ANM/MPW (F)#	1	0	0	1	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	1	1
12.	Data entry operator	1	0	0	0	0
13.	Sanitation staff	1	0	0	0	0
14.	ASHA (Population Norms -1 ASHA per 1000)				10	10

	population in Rural & 2000-2500 population in urban areas)					
15.	ASHA Facilitator (If any, only for Rural areas)				1	1
16.	Others (Specify)				1	1
17.	Whether all essential HRH available as per IPHS 2022	Ambulance not functional, so driver is working at registration counter(3750 pm salary)				

*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)	Yes	Yes	No	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	No	Yes
Family Planning	No	Yes	No	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes		No	Yes
NCD	Yes	Yes	No	Yes
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)	No	No	No	No	No	No
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW-F	No	No	No	No	No	No
MPW- M	No	No	No	No	No	No
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	175 (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	125	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<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 checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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?	Yes	
8	DVDMS or any other software is being used for stock management	Yes	

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)
2	Number of diagnostic tests at AAM-PHC/UPHC	63

	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	92 -42 Krshna test
4	Number of tests Provided through In House Mode	45
5	Number of tests Provided through Hub & Spoke (Public Health System)	42
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	Yes
8	Availability of Sample transportation mechanism	No
9	User fee charged for diagnostics	Yes
10	Average downtime of equipment	CBC
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	-

G.2 Diagnostic Tests Available		
23.	Haemoglobin	Yes
24.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	Yes
25.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	Yes
26.	Urine Microscopy	No
27.	24 – hours urinary protein	No
28.	Stool for ova and cyst	No
29.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	Yes
30.	MP Slide method	Yes
31.	Malaria Rapid test	Yes
32.	RPR/VDRL test for syphilis	Yes
33.	HIV (Antibodies to HIV 1&2) – Rapid card test	Yes
34.	Hepatitis B surface antigen test	Yes
35.	Sputum for AFB # - Microscopy	Yes
36.	Typhoid test (IgM)	Yes
37.	Blood Sugar	Yes
38.	HCV Antibody Test (Anti HCV)	No
39.	Bleeding time and clotting time	Yes
40.	Visual Inspection Acetic Acid (VIA)	No
41.	rK3 for Kala Azar (endemic areas only)	No
42.	Filariasis (endemic areas only)	No
43.	Japanese encephalitis (endemic areas only)	No
44.	Test for iodine in salt (used for food) – Iodine in salt testing kit	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)	No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any E Sanjivani HWC
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	-
Total teleconsultations in the last 01 month	-

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

Fund utilization	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
NHM Fund/untied funds utilized during last year:	11,10,880/- 1,75,000/-	10,45,896/- 1,75,000/-	94% 100%
Is untied fund being spent on following activities? Maintenance and medical investment	Regular payment of Bills: <input type="checkbox"/> Yes If yes, specify; <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet Regular purchase: Yes <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: Yes		
Status of JSY Payments	Payment done till (month/ year) Upto Jan /25 Average Delay in Payment (days): 7 days max Reasons for delay, if any: Bank Details not submitted		
Availability of JSSK entitlements Delivery oct1 April to Dec 3	Yes If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges		

M. Service delivery Output Indicators (Data of previous quarter) Oct-Dec 24		
1	Total number of outpatient department visits	8743
2	No. of PW registered for ANC	307 / 67
3	No. of PW received 4 or more ANC check-ups	265/61
4	Total number of institutional deliveries	79
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	5
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	243/60
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	236/ 60
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	26
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	00 192

	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	10		
12	Community Based Screening for NCDs			
	% of target population administered CBAC	25%		
	% of target population with score below 4	216		
	% of target population with score 4 and above	220		
13	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up
	Hypertension	336	88	35
	Diabetes	336	49	22
	NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up
	Oral Cancer*	336	0	0
	Breast Cancer*	235	0	0
	Cervical Cancer*		0	0

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	4 th June 2024
2	Facility aggregate score using ODK Took kit	49.6%

Remarks & Observations
<p>The facility is staffed with one Medical Officer (MO), three Staff Nurses, one Pharmacist, one Lab Technician (LT), one Auxiliary Nurse Midwife (ANM), one Accountant, ten Accredited Social Health Activists (ASHAs), and one ASHA Facilitator. Due to a non-functional ambulance, the driver has been assigned to the registration counter with a salary of ₹3,750 per month.</p> <p>Regarding training, the MO and Staff Nurses are trained in various RMNCHA+ services, including maternal and child health, communicable and non-communicable diseases, and family planning, with ASHAs also trained in key areas. However, MPWs lack training in these services. For expanded Comprehensive Primary Healthcare (CPHC) packages, only Staff Nurses and ASHAs have received training in specialized areas such as eye care, ENT care, oral health, mental health, elderly and palliative care, and trauma and emergency care, while the MO, ANM, and MPWs remain untrained in these fields.</p> <p>The facility maintains an inventory of 125 medicines out of the 175 listed in the State Essential Medicines List and 172 in the National Essential Medicines List. Diagnostic services are provided both in-house and through an outsourced hub-and-spoke model, with 92 tests available 45 conducted in-house and 42 through the public health system. The facility offers X-ray services but lacks a sample transportation mechanism, which may impact diagnostic efficiency. A user fee is charged for diagnostic services, potentially affecting accessibility for some patients. Additionally, there are concerns regarding equipment downtime, particularly for CBC testing, which could hinder timely diagnostics and treatment.</p> <p>The facility ensures timely and complete disbursement of salaries and team-based incentives for the AAM-PHC team. Funds from NHM and untied sources have been efficiently utilized, with 94% and 100% expenditure rates, respectively. Untied funds are allocated for maintenance, medical investments, equipment purchases, and payment of support staff. Regular bills, including drinking water and internet, are also covered. JSY payments have been made up to January 2025, with an average delay of seven days due to pending bank details. JSSK entitlements are available, ensuring free delivery services, drugs, diagnostics, referral transport, and no user charges for beneficiaries.</p> <p>In the previous quarter, the facility recorded 8,743 outpatient visits and registered 307 pregnant women for ANC, with 265 receiving four or more check-ups. A total of 79 institutional deliveries were conducted, and five high-risk pregnancies received treatment. Vaccination services were provided to 243 and 236 children for the first and third doses of the Pentavalent vaccine, respectively. The facility referred 26 cases to higher centers in the last month.</p> <p>For tuberculosis, 192 presumptive cases were identified, but no new diagnoses were made, with 10 patients currently undergoing treatment. Community-based screening for NCDs covered 25% of the target population, with 220 individuals scoring four or above on the CBAC. Over the last six months, 336 individuals were screened for hypertension and diabetes, leading to treatment and follow-up for a portion of them. Cancer screenings were conducted for oral, breast, and cervical cancers, but no cases were referred or followed up. The facility underwent an IPHS compliance assessment using the ODK toolkit on May 22, 2024, achieving an aggregate score of 49.6%.</p>

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	2		2	
2	Laryngoscope	0		0	
3	Radiant Warmer	2		2	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
4	Pulse Oximeter-Finger Tip	0		0	
5	Pulse Oximeter-Table Top	0		0	
6	Labor Bed	2		2	
7	Foetal Doppler	1		1	
8	Phototherapy Unit	0		0	
9	Shoulder Wheel	0		0	
10	Shoulder Pulley	0		0	
11	Shoulder Abduction Ladder	0		0	
12	Suction Machine				
13	Mobile Spotlight	1		1	
14	Manual Vacuum Aspirator	0		0	
15	Weighing Scale	1		1	
16	Baby Weighing Scale	1		1	
17	Infantometer	1		1	
18	Ophthalmoscope	0		0	
19	Fully Loaded Dental Chair Electrically Operated	0		0	
20	Dental Chair-Basic	0		0	
21	Oxygen Hood Neonatal	1		1	
22	ILR With Voltage Stabilizer- Small	1		1	
23	Deep Freezer-Small	1		1	
24	ILR With Voltage Stabilizer- Large	1		1	
25	Deep Freezer-Small-Large	1		1	
26	Vaccine Carrier with Ice Packs	1		1	
27	Cell Counter – 3 Part	1		1	
28	Semi-Automated Biochemistry Analyser	1		1	
29	Binocular Microscope	1		1	
30	HbA1C Analyser	0		0	
31	Turbidometer	0		0	
32	Glucometer	1		1	
33	Haemoglobinometer	1		1	
34	ESR Analyzer	0		0	
35	Electrolyte Analyzer	0		0	
36	Oxygen Cylinder- B Type	1		1	
37	BP Apparatus- Aneroid	0		0	
38	BP Apparatus-Digital	2		2	
39	Stethoscope	3		3	
40	Thermometer	1		1	
41	Examination Table	1		1	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	0		0	
43	Exerciser Couch/Table	0		0	
44	Finger Exerciser Web	0		0	
45	Walking Aid for Training/ Reciprocal Walker	0		0	

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

Date of Visit: 11/02/2025

A. General Information	
1. State	Assam
2. District Name	Morigaon
3. Block/Taluka Name	Mayong
4. Name of Facility	Sitayakhala AAM
5. Type of Facility	SHC-AAM
6. NIN of the facility	4216484282
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8 AM-2 PM
9. Month & Year of AAM operationalization	27 Dec 2021
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	MGMH Nokhula, Jaguaad
12. Distance of next referral facility (Km)	9 kms

A.1 Demographic Details	
1. Number of Villages	5
2. No. of Households	1321
3. Total catchment Population	6645
4. Population who are 30 years of age and above	2459

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

20.	Bio-medical waste disposal mechanism in place (Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility)	Yes
21.	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	No

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

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

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

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	Yes	Yes	Yes
Basic ear, nose, throat (ENT) care services	Yes	Yes	Yes
Oral health care services	Yes	Yes	Yes
Elderly and palliative care services	Yes	Yes	Yes
Screening & management of mental health ailments	Yes	No	No
Emergency Medical Services	Yes	Yes	No

F. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list	105		
(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC	74		
Availability of medicines for priority conditions	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever 		
Medicine categories with shortfall/stockouts on the day of assessment	<table border="0"> <tr> <td> <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Anti-filarial </td> <td> <ul style="list-style-type: none"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS </td> </tr> </table>	<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Anti-filarial 	<ul style="list-style-type: none"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS
<ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Anti-filarial 	<ul style="list-style-type: none"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS 		

	<input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> As required	
What is the lead time for supply of drugs which are indented? (record in days)	Less than 1 Week	
Is buffer stock for drugs maintained?	Yes	
DVDMS or any other software is being used for stock management Training	Yes	
G. Essential diagnostics		
Total number of diagnostic tests available at AAM-SC	11	
Mode of diagnostic services	In-house	
Arrangements for Sputum sample transport for TB	Yes	
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum	
User fee charged for diagnostics	No	

H. Information Technology & Teleconsultation		
Infrastructure (Availability)	<input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify) Mobile data package inadequate	
Functionality	<input checked="" type="checkbox"/> Laptop	
Arrangements for teleconsultation made	Yes	
Linked Hub for Teleconsultation	DH	
Platform utilized for teleconsultation	e-Sanjeevani OPD	
Whether teleconsultation schedule has been prepared and displayed	Yes	
Common Conditions for which teleconsultation being done	NCD	
Total Teleconsultations in the last 01 month	Jan – Dec 12	

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	Yes
<input type="checkbox"/> National NCD Portal/App	Yes
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	Yes
<input type="checkbox"/> FPLMIS	Yes
<input type="checkbox"/> DVDMS	Yes
<input type="checkbox"/> Nikshay	Yes
Specify others, if any:	

J. Finance			
Renumeration & Incentives			
Timely disbursement of incentives to ASHAs		Yes	
Timely disbursement of renumeration to CHOs		Yes	
Timely disbursement of renumeration to AAM-SC team (other than CHO)		Yes	
Disbursement of performance-based incentives to CHO		No	
Disbursement of team-based incentives to AAM-SHC team		No	
Facility funds			
Timely disbursement of untied funds		No	
Fund flow through other sources		Yes	
Specify any other fund source:		25000/- Kayakalp commendation	
Fund utilization			
% NHM Fund utilized last year:		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)
			% Expenditure
		20000	20000
			100%
Is untied fund being spent on following activities		Regular payment of Bills: <input type="checkbox"/> Yes If yes, specify <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Internet Regular purchase: Yes If yes, specify <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: Yes	
K. Governance			
Community-based platforms			
Constitution of Jan Arogya Samiti		Yes	
Periodic JAS meetings in the last 6 months (Once a month)		Yes	
JAS meeting minutes available		Yes	
VHSNC Meeting held and minutes available		Yes	
Periodic VHND sessions undertaken (Sessions held against planned)		Yes	
Involvement of CHO in community-based platforms		Yes	
L. Wellness Activities			
Wellness sessions being held periodically		Yes	
Availability of a trained instructor for wellness session		No	
Health Days are celebrated as per the Wellness Activity Calendar		Yes	
Number of Wellness sessions conducted in Last month		8	
ASHA Functionality			
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		Yes	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		Yes	
Number of Village Health & Sanitation days conducted in last 6 months		30	
M. Service delivery Output Indicators (Data of previous quarter)			
1	Total number of outpatient department visits	2194, nov/dec 24, jan 25	
2	No. of PW registered for ANC	49, 27	
3	No. of PW received 4 or more ANC check-ups	39, 22	
4	Total number of institutional deliveries	39, 22	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	12,3	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	34,17	

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	28,16		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	71		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	24		
	No. of TB patients diagnosed out of the presumptive patients referred	21		
	No. of TB patients taking treatment in the AAM	5		
10	Community Based Screening for NCDs: % of target population administered CBAC: 2004 % of target population with score below 4: % of target population with score 4 and above:			
11	NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up
	Hypertension	1524	81	268
	Diabetes	1524	15	86
	Oral Cancer	1524	0	0
	Breast Cancer	813	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?	Yes
2	Is the facility certified at the State-level for NQAS?	Yes
3	Is the facility certified at the National level for NQAS?	Yes
4	Is Facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	87%- 2023-24, commendation
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms

	<input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance

1	Date of assessment using ODK tool kit	4 th June 2024
2	Facility aggregate score using ODK Took kit	73.57%

Remarks & Observations

The facility is well-equipped to support healthcare services, operating from a government-owned building with secure boundaries and proper external branding. It offers essential services like outpatient care, a functional laboratory, and sanitation facilities for all users, including the elderly and differently-abled. The AAM lacks a pharmacy and space for wellness activities. The facility has trained staff in maternal, child health, and disease management, offering a range of services including ANC/PNC care, communicable disease treatment, NCD screenings, and emergency care. It utilizes teleconsultation for NCDs and has robust reporting systems in place. Despite some gaps like inadequate internet connectivity, the facility performs well in service delivery, with strong community engagement and quality standards, including recognition under the Kayakalp program. The absence of residential quarters for staff and certain missing medical supplies should be addressed to further enhance healthcare provision.

Appendix-List of equipment

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

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

Date of Visit: 11/02/2025

A. General Information	
1. State	Assam
2. District Name	Morigaon
3. Block/Taluka Name	Jhangaon
4. Name of Facility	Santipur AAM
5. Type of Facility	HWC AAM
6. NIN of the facility	4633781465
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8 AM-2 PM
9. Month & Year of AAM operationalization	2021
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Dharamtul SHC
12. Distance of next referral facility (Km)	5

A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	544
3. Total catchment Population	2445
4. Population who are 30 years of age and above	905

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

	(used for segregation of biomedical waste)	
20.	Bio-medical waste disposal mechanism in place (Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility)	Yes
21.	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

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

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

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

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

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses <p>Non-Communicable Diseases</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input 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	Yes	No	No
Basic ear, nose, throat (ENT) care services	Yes	No	No
Oral health care services	Yes	No	No
Elderly and palliative care services	Yes	No	No
Screening & management of mental health ailments	Yes	No	No
Emergency Medical Services	Yes	No	No

F. Essential medicines	
Number of medicines at AAM-SHC as per State Essential Medicines list	35 AAM SHC
(Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	35
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning
No shortfall	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics

	<input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?		<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)		<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?		Yes
DVDMS or any other software is being used for stock management		Yes
G. Essential diagnostics		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	4 (Total diagnostics at AAM-SC as per national EDLis 14)	
Total number of diagnostic tests available at AAM-SC	4	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	No	
Availability of diagnostic testing aids/ equipment	<input type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit	
User fee charged for diagnostics	No	

H. Information Technology & Teleconsultation		
Infrastructure (Availability) Mobile data package inadequate	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)	
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify) Personal (JIO 5G)	
Arrangements for teleconsultation made	Yes	
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC	

	<input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify) NHM HUB
Whether teleconsultation schedule has been prepared and displayed	No
Common Conditions for which teleconsultation being done	Fever, cough, HTN, DM
Total Teleconsultations in the last 01 month	52

Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	Yes
<input type="checkbox"/> National NCD Portal/App	Yes
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	Yes
<input type="checkbox"/> FPLMIS	Yes
<input type="checkbox"/> DVDMS	Yes
<input type="checkbox"/> Nikshay	Yes
Specify others, if any:	

K. Finance			
Remuneration & Incentives			
Timely disbursement of incentives to ASHAs	Yes		
Timely disbursement of remuneration to CHOs	Yes		
Timely disbursement of remuneration to AAM-SC team (other than CHO)	No		
Disbursement of performance-based incentives to CHO	No		
Disbursement of team-based incentives to AAM-SHC team	No		
Facility funds			
Timely disbursement of untied funds	Yes		
Fund flow through other sources	Yes		
Specify any other fund source:			
Fund utilization			
% NHM Fund utilized last year:		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)
		40000	40000
			% Expenditure
			100%
Is untied fund being spent on following activities			
Stationary Banner		Regular payment of Bills: Yes If yes, specify <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff:	

		<input type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance				
Community-based platforms				
Constitution of Jan Arogya Samiti		Yes		
Periodic JAS meetings in the last 6 months (Once a month)		Yes		
JAS meeting minutes available		Yes		
VHSNC Meeting held and minutes available		Yes		
Periodic VHND sessions undertaken (Sessions held against planned)		Yes		
Involvement of CHO in community-based platforms		Yes		
L. Wellness Activities				
Wellness sessions being held periodically		Yes		
Availability of a trained instructor for wellness session		Yes		
Health Days are celebrated as per the Wellness Activity Calendar		Yes		
Number of Wellness sessions conducted in Last month		2		
ASHA Functionality				
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		Yes		
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		Yes		
Number of Village Health & Sanitation days conducted in last 6 months		6		
M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits	649		
2	No. of PW registered for ANC	6		
3	No. of PW received 4 or more ANC check-ups	9		
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	12		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	14		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	0		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	14		
	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
10	Community Based Screening for NCDs:			
	% of target population administered CBAC:		5080	
	% of target population with score below 4:		1827 CBAC	
	% of target population with score 4 and above:			
11	NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up
	Hypertension	260	236	236
	Diabetes	235	235	235
	Oral Cancer	-	-	-
	Breast Cancer	-	-	-
	Cervical Cancer	-	-	-

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	3 rd June 2024
2	Facility aggregate score using ODK Took kit	66.65%

Remarks & Observations
<p>In Rural Aam Santipur, human resource availability, as per IPHS-2022 norms, includes one Community Health Officer (CHO), which is sanctioned and available on a contractual basis. For Auxiliary Nurse Midwife (ANM) two are required, but only one is sanctioned and available under regular staffing, with no contractual appointments. There is no sanctioned or available Multipurpose Worker-Male (MPW-M) at the facility. There is two ASHAs are deployed as per the population norms, ensuring community-level healthcare support. No other categories of staff are reported under additional personnel.</p> <p>The facility has limited IT infrastructure, with a laptop available but no government-funded internet connectivity. Staff rely on personal JIO 5G connections for online access. While arrangements for teleconsultation have not been formally made, the facility is linked to a PHC for</p>

potential teleconsultation services through the e-Sanjeevani platform. However, no official teleconsultation schedule has been prepared or displayed. Common conditions addressed through teleconsultation include fever, cough, hypertension, and diabetes, with a total of 52 teleconsultations conducted in the last month.

In the previous quarter, the facility recorded 649 outpatient department visits. Six pregnant women were registered for antenatal care (ANC), with nine receiving four or more ANC check-ups. No institutional deliveries or high-risk pregnancy treatments were reported. Immunization efforts saw 12 children under 24 months receiving the first dose of the Pentavalent vaccine and 14 receiving the third dose. No referrals were made from Sub Centre AAM to PHC AAM during the last three months. In tuberculosis (TB) management, 14 presumptive cases were identified, but no diagnoses or ongoing treatments were recorded.

Under the community-based screening for non-communicable diseases (NCDs), 5,080 individuals were screened, with 1,827 undergoing the CBAC assessment. Among NCD screenings in the past six months, 260 individuals were screened for hypertension, with 236 referred and followed up. Similarly, 235 individuals were screened, referred, and followed up for diabetes. There are no cases of oral, breast, or cervical cancer were reported during this period in AAM.

Appendix-List of equipment

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

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

Date of Visit: 12-02-2025

A. General Information	
1. State	Assam
2. District Name	Morigaon
3. Ward Name	Bhurbandha
4. Name of Facility	Bahakabari AAM
5. Type of Facility	AAM
6. NIN of the facility	1847354287
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9.00 A.M. to 2 P.M.
9. Month & Year of AAM operationalization	1992
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Gormari SD
12. Distance of next referral facility (Km)	3 km

A.1 Demographic Details	
1 Number of Wards	5
2 No. of Households	1142
3 Total catchment Population	5123
4 Population who are 30 years of age and above	1895

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

20.	Bio-medical waste disposal mechanism in place (Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility)	Yes
21.	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

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

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

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

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

MPW (M)	No	No	No	No	No	No
ASHA	Yes	Yes	Yes	Yes	No	No

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	Yes	Yes	Yes
Basic ear, nose, throat (ENT) care services	Yes	No	Yes
Oral health care services	Yes	Yes	No
Elderly and palliative care services	No	No	No
Screening & management of mental health ailments	Yes	No	No
Emergency Medical Services	Yes	Yes	No

F. Essential medicines	
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	34 (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	34
Availability of medicines for priority conditions	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever
Medicine categories with shortfall/ stockouts on the day of assessment	<ul style="list-style-type: none"> <input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal

	<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 type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?		<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)		<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?		Yes
DVDMS or any other software is being used for stock management		Yes
G. Essential diagnostics		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	11 (Total diagnostics at AAM-SC as per national EDLis 14)	
Total number of diagnostic tests available at AAM-SC	11	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	Yes	
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit	
User fee charged for diagnostics	No	

H. Information Technology & Teleconsultation		
Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)	
Functionality (Mobile: Untied fund)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)	
Arrangements for teleconsultation made	Yes	

Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	No
Common Conditions for which teleconsultation being done	-
Total Teleconsultations in the last 01 month	Last month no calls (Dec- 5 for cough, cold, NCD)

II. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	Yes
<input type="checkbox"/> National NCD Portal/App	Yes
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	Yes
<input type="checkbox"/> FPLMIS	Yes
<input type="checkbox"/> DVDMS	Yes
<input type="checkbox"/> Nikshay	Yes
Specify others, if any:	

L. Finance			
Renumeration & Incentives			
Timely disbursement of incentives to ASHAs	Yes		
Timely disbursement of remuneration to CHOs	Yes		
Timely disbursement of remuneration to AAM-SC team (other than CHO)	Yes		
Disbursement of performance-based incentives to CHO	No		
Disbursement of team-based incentives to AAM-SHC team	No		
Facility funds			
Timely disbursement of untied funds	Yes		
Fund flow through other sources	Yes		
Specify any other fund source:	Kayakalp		
Fund utilization			
% NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	40000	40000	100%
Is untied fund being spent on following activities Kayakalp IL : Inverter, Water RO, Rainwater Harvesting, LWM		Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables	

		<input type="checkbox"/> Equipment Payment of support/cleaning Staff: Yes		
K. Governance				
Community-based platforms				
Constitution of Jan Arogya Samiti		Yes		
Periodic JAS meetings in the last 6 months (Once a month)		Yes		
JAS meeting minutes available		Yes		
VHSNC Meeting held and minutes available		No		
Periodic VHND sessions undertaken (Sessions held against planned)		Yes		
Involvement of CHO in community-based platforms		Yes		
L. Wellness Activities				
Wellness sessions being held periodically		Yes		
Availability of a trained instructor for wellness session		Yes		
Health Days are celebrated as per the Wellness Activity Calendar		Yes		
Number of Wellness sessions conducted in Last month		10		
ASHA Functionality				
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		Yes		
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		Yes		
Number of Village Health & Sanitation days conducted in last 6 months		Every month 1 each and total 6 ASHA		
M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits	907		
2	No. of PW registered for ANC	10		
3	No. of PW received 4 or more ANC check-ups	21		
4	Total number of institutional deliveries	23		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	15		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	22		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	7		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	48		
	No. of TB patients diagnosed out of the presumptive patients referred	1		
	No. of TB patients taking treatment in the AAM	1		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		100%	
11	NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up
	Hypertension	370	48	39
	Diabetes	370	38	27
	Oral Cancer	370	0	0
	Breast Cancer	195	0	0
	Cervical Cancer			

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	Yes
2	Is the facility certified at the State-level for NQAS?	Yes
3	Is the facility certified at the National level for NQAS? (84.7)	Yes
4	Is Facility participating in Kayakalp? (90%)	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	1,00,000 Not received certificate
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	7 th June 2024
2	Facility aggregate score using ODK Took kit	61.3%

Remarks & Observations
<p>The healthcare facility operates within a government-owned building equipped with proper boundary walls and branding as per guidelines. Essential amenities such as OPD rooms, waiting areas, examination tables, and furniture are available, along with functional spaces for a laboratory, pharmacy, wellness activities, and separate toilets for males and females. The facility ensures adequate provisions for the elderly and differently-abled, including running water, electricity, power backup, and safe drinking water. Waste management mechanisms, including color-coded bins and biomedical waste disposal, are in place. There are no residential quarters available for staff. Regarding Information, Education & Communication (IEC) materials, signages and materials related to various health services, the citizen charter, grievance redressal, and referral information are displayed. However, a TV or LED screen for IEC display is unavailable.</p>

Human resources remain a challenge, there is 1 CHO, 2 ANM and 6 ASHAs are available in the AAM. The staff is trained in RMNCHA, communicable and non-communicable diseases, with CHO, ANM, and ASHAs having received expanded CPHC training in eye care, ENT, oral health, mental health, elderly care, and emergency care.

Service delivery includes core healthcare services such as antenatal and postnatal care (ANC/PNC), neonatal and adolescent healthcare, and family planning. The facility also provides communicable disease management for conditions like tuberculosis, leprosy, and vector-borne diseases, along with screening for non-communicable diseases such as diabetes, hypertension, oral cancer, and breast cancer. While expanded services like ophthalmic, ENT, and oral care are available, elderly care and mental health screening lack necessary drugs and consumables.

A total of 34 essential medicines are available; there is a shortfall in key drug categories such as analgesics, antibiotics, anti-diabetics, and anti-hypertensives. The indenting cycle and buffer stock maintenance are not clearly defined. Essential diagnostics include 11 out of 14 essential diagnostic tests, but sputum transport for TB testing is not ensured. Basic in-house diagnostic services are available, and no user fees are charged for diagnostics.

For IEC, the facility has laptops and internet connectivity, and it is linked to the district hospital for teleconsultation. In the facility, a prepared and displayed schedule is lacking, and no teleconsultations were recorded in the past month. Reporting is done through multiple online platforms, including the AAM Portal, HMIS, IHIP, and the National NCD Portal.

Financially, timely remuneration is ensured for ASHAs and CHOs, though performance-based incentives are not consistently provided. NHM fund utilization stands at 100%, with untied funds being used for infrastructure improvements. Regular payments for support and cleaning staff are pending. In terms of governance, the Jan Arogya Samiti (JAS) has been constituted, but details of its meetings are not specified.

Appendix-List of equipment

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

Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 12/02/25

A. General Information	
1. State	Assam
2. District Name	Morigaon
3. Ward Name	-
4. Name of Facility	Urban AAM Nabheti
5. Type of Facility	UAAM
6. NIN of the facility	1128321260
7. No. of days in a week the facility is operational	6 days
8. OPD Timing	8:00am-2:00pm
9. Month & Year of UAAM operationalization	September 2024
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	STHG Civil Hospital Morigaon
12. Distance of next referral facility (Km)	3.5km

A.1 Demographic Details	
1. Number of Wards	5
2. No. of Households	3543
3. Total catchment Population	14023
4. Population who are 30 years of age and above	8137

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned building	No
2.	If there is no government-owned building, specify building type (<i>Other Govt./Urban Local Body/ Rented etc.</i>)	Rented 13000
3.	Availability of boundary wall	Yes
4.	External branding as per CPHC guidelines (<i>colour, logo</i>)	Yes
5.	OPD room Examination table with privacy curtain/ screen	Yes
6.	Day Care Beds available (<i>Norm – 2</i>)	Yes
7.	Waiting area with sitting arrangements for patients/ attendants	Yes
8.	Availability of furniture Table Chairs Almirah/Rack	Yes Yes Yes
9.	Laboratory	Yes
10.	Pharmacy /Drug store	Yes
11.	Space/ room identified for Wellness activities including Yoga sessions	Yes
12.	Separate functional toilets for males and females	No
13.	Availability of Running Water	Yes
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	No
15.	Electricity connection	Yes
16.	Power back up	Yes
17.	Availability of Safe drinking Water	Yes

18.	Functional Handwashing corner (designated) with running water and soap	Yes
19.	Provision of BMW management	Yes
20.	Colour coded waste bins	Yes
21.	Bio-medical waste disposal mechanism in place	Yes
22.	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	No

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility (even in local language)	Yes
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc)	Yes
3	Display of IEC on water, sanitation & hygiene	Yes
4	IEC/Poster on BMW displayed at the facility.	Yes
5	Installation of TV/ LED screen in the waiting area for IEC display*	No
7	Display of citizen charter	Yes
8	Information on grievance redressal displayed	Yes
9	Information on referral transport displayed	No
10	Information on nearest referral facility displayed	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				
4	Sanitary Staff*	1			1	1
5	Security Staff**	1				
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)				10	

*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	No	Yes
Child Health (New Born Care/ HBNC/ HBYC)	No	No	No	Yes
Family Planning	No	No	No	Yes
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasis etc.)	Yes	No	No	No
NCD	Yes	No	No	No
Others (Specify)				

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	Yes	Yes	No
Basic ear, nose, throat (ENT) care services	Yes	Yes	No
Oral health care services	Yes	Yes	No
Elderly and Palliative care services	Yes	Yes	No
Screening & management of mental health ailments	Yes	No	No
Emergency Medical Services	Yes	Yes	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 (Total medicines at UAAM as per national EML is 105)
2	Total number of medicines available at the UAAM
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 No Shortfall	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input 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?	Yes	
8	DVDMS or any other software is being used for stock management	No (Not initiated for UAAM)	

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 UAAM as per State Essential Diagnostic list	11 <i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	11
4	Number of tests Provided through In House Mode	11
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes
9	User fee charged for diagnostics	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	Yes
Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> UPHC – Polyclinic <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Hospital <input type="checkbox"/> Other, specify:
Teleconsultation platforms used	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	-
Total teleconsultations in the last 01 month	-

I. Wellness Activities

Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	No
Health Days are celebrated as per the Wellness Activity Calendar	Yes

J. Governance

Constitution of Jan Arogya Samiti	Yes
Periodic JAS meetings in the last 6 months (once a month)	No
Minutes of meetings maintained	Yes
Availability of functional MAS	Yes

K. Reporting

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

L. Finance

Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	Yes	Yes
UAAM Team (Team Based Incentives)	No	No	

Facility funds	Fund Source	Timely disbursement	Details
	Untied	Yes	
	Other Sources	No	
All transactions done from district DDM/DAM NUHM			
United Fund utilized during last year	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	1,00,000	1,00,000	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: Yes</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes</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: No</p>		
Status of JSY Payments	Payment done till:		
N.A	Average Delay in Payment (days):		
	Reasons for delay, if any		
Availability of JSSK entitlements	No		
N.A	<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>		

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	512
2	No. of PW registered for ANC	122
3	No. of PW received 4 or more ANC check-ups	90
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	15
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	261
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	238
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	2

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	42%		
	% of target population with score below 4	13.69		
	% of target population with score 4 and above	86.31		
10	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up
	Hypertension	256	110	30
	Diabetes	256	37	11
	NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up
	Oral Cancer*	256	0	0
	Breast Cancer*	256	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?	No
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	No
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score	No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	Not started yet
2	Facility aggregate score using ODK Took kit	Not started yet

Remarks & Observations

The facility operates in a rented building, two-bedded infrastructure with limiting structural modifications such as the additional of separate male and female toilets. An inverter is available for power backup, and for biomedical waste management is maintained with sharp pits and deep burial pits. The facility HR consists of one Medical Officer, one General Medical staff, three ANMs, ten ASHAs, and two IV Grade staff. The facility also receives trauma cases. The is not designated as a delivery point. Essential medicines are available as per requirements, though there is no separate register for anti-rabies cases. Various online reporting platforms, including the AAM Portal, National NCD Portal, HMIS, and Nikshay, are in use. However, teleconsultation services are not operational. There is no designated yoga instructor, so the Medical Officer conducts yoga sessions with online guidance. The JAS committee was established in November 2024 to enhance community participation in healthcare management.

In the previous quarter, the facility recorded a total of 512 outpatient department (OPD) visits. A total of 122 pregnant women were registered for antenatal care (ANC), out of which 90 received four or more ANC check-ups. While no institutional deliveries took place during this period, 15 high-risk pregnancies received necessary treatment. Among children under 24 months, 261 received the first dose of the Pentavalent vaccine, and 238 received the third dose. No cases were referred from Sub Centre AAM to PHC AAM in the last three months. IEC efforts cover key areas such as birth weight monitoring, tuberculosis, non-communicable diseases, mental health, WASH, immunization, malaria, and antenatal care. However, training on the Comprehensive Primary Healthcare (CPHC) approach remains incomplete, and there is a lack of adequate information on consumables. The IT system is equipped with a laptop, FPLMIS, and DVDMS for data management.

In the community-based screening for non-communicable diseases (NCDs), 1,407 individuals were assessed using the CBAC tool, with 13.69% scoring below 4 and 86.31% scoring 4 or above, indicating a higher risk. In terms of human resources, ASHAs are actively involved in conducting CBAC screenings, though there is a need for further training. Over the past six months, 256 individuals underwent screening for various NCDs, out of which 147 were referred for further evaluation, and 41 received follow-up care. Among them, 110 were diagnosed with hypertension, with 30 receiving follow-up care, while 37 were identified with diabetes, and 11 were followed up. No cases of oral, breast, or cervical cancer were detected during this period.

Annexure- List of essential equipment

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

		members. All necessary medicines were readily available at the center, ensuring uninterrupted healthcare services. However, if any diagnostic tests were required, people traveled to District Hospital (DH) Morigaon, where they also received free-of-cost services and medications.
Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p> <p><i>How long has it been there?</i></p> <p><i>What are the health services being provided there?</i></p>	<p><i>May use local terms as recognized by the community</i></p> <p><i>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p> <p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p> <p><i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i></p>	<p>During the community interaction, it was found that people were availing services for Non-Communicable Diseases (NCDs), including hypertension and diabetes, as well as treatment for common ailments such as cough, cold, and fever. They sought medical care for cuts, burns, and emergency cases like dog and snake bites, ensuring timely intervention and proper treatment.</p>
Topic: Accessibility to primary healthcare services		
<p><i>How do you access the facility from your residence?</i></p>	<p><i>Probes: Walk to the facility</i> <i>Use public transport</i> <i>Use personal transport</i></p>	<p>During the community interaction, it was observed that people reached the healthcare facility using different modes of transport. While some walked to the facility, others used public transport, and a few traveled in personal vehicles. Despite these variations, they preferred government healthcare facilities, as they trusted the quality of services provided.</p>
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p><i>Barriers may include: Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p>	<p>It was found that even during the rainy season, people in the community did not face any difficulty in reaching the healthcare facility.</p>
<p><i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you</i></p>		<p>During the community interaction, it was observed that AAM Bahakabari conducted outreach camps for individuals who were unable to visit the facility. These camps witnessed active participation from the community, where ASHAs assisted in</p>

<p>share what you've observed during such camps/ visits?</p>		<p>creating ABHA IDs, provided counseling on family planning and dietary guidance, and informed people about JSY and JSSK services.</p>	
<p>Topic: Availability of primary health care infrastructure and services</p>			
<p>What are your opinions on the building in which the primary healthcare facility is functioning?</p> <p>What more needs to be added to improve the treatment-seeking experience in this place?</p>	<p>Probes</p> <ul style="list-style-type: none"> - Condition of the building - Maintenance - Dedicated space for waiting and examination - Adequate seating arrangement - Functional toilet - Potable and drinking water - Power supply 	<p>Infrastructure and services</p>	<p>Response</p>
		<p>Condition of the building</p>	<p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad</p>
		<p>Maintenance</p>	<p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad</p>
		<p>Dedicated space for waiting and examination</p>	<p>Yes</p>
		<p>Adequate seating arrangement</p>	<p>Yes</p>
		<p>Functional toilet</p>	<p>Yes</p>
		<p>Potable/ drinking water</p>	<p>Yes</p>
		<p>Power supply</p>	<p>Yes</p>
<p>When you visit the facility, are the staff available to provide services? Do you feel that the staff available are adequate at the facility?</p>	<p>Staff may include: Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</p>	<p>Yes, staff members were available at the healthcare facility. If the CHO, ANM, or ASHAs were attending health camps, they informed the community in advance or posted a notice on the board a day prior to their absence.</p>	
<p>Is the facility providing all the medicines prescribed for your condition?</p> <p>If not, reasons thereof.</p>	<p>Probe</p> <p>If there had been instances of non-availability of medicines, what do you do?</p>	<p>Yes, almost all the medicine which CHO prescribed them were available at the facility.</p>	
<p>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</p>	<p>Probe</p> <p>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</p>	<p>During the community interaction, people expressed that only a few tests were conducted at the facility and requested the inclusion of additional diagnostic tests for their convenience. They shared that due to limited testing services, they had to travel to the</p>	

<p><i>If not, reasons thereof.</i></p>		<p>District Hospital (DH), incurring a public transport cost of ₹40 per person. Only a few individuals had their own vehicles, making access to diagnostic services more challenging.</p>
<p>Topic: Acceptability of healthcare services</p>		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p>Probe: Adequate skills and knowledge</p>	<p>The people in the community agree that the staff were having adequate knowledge about the service available in the facility and camps both.</p>
<p><i>Do you feel that the primary healthcare facility uses innovative methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p>Innovative may include <i>painless, time-saving or cost-saving methods or technology</i></p> <p>Alternate phrasing: <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? This may include social, psychological, physical or financial distress.</i></p>	<p>People shared that earlier, the facility had manual weighing machines, BP monitors, and sugar testing equipment. However, they observed that all these devices had now been upgraded to digital versions, and they were pleased to see the new digital machines being used in the facility.</p>
<p>Topic: Appropriateness of primary healthcare services delivered through AAM</p>		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant</i></p>	<p>Probe: <i>To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p>Probe: <i>To share some insights</i></p>	<p>Most families in the community followed a joint family structure, and at the time of interaction, no cases of Non-Communicable Diseases (NCDs) were reported. Auxiliary Nurse Midwives (ANMs) played an active role in providing medications, including Metformin for diabetes patients, ensuring proper healthcare support. The community members expressed high satisfaction with the work of ANMs and Accredited Social Health Activists (ASHAs) and knew</p>

<p><i>healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>		<p>them by name, appreciating their dedication and supportive behavior.</p>
<p>Topic: Community's involvement / participation</p>		
<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and your contribution</i></p>	<p>Probes</p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p>During the community interaction, people mentioned that while they did not participate extensively, they attended yoga sessions and outreach camps and made an effort to follow the guidance provided by the CHO and ASHAs.</p>
<p>Topic: Unmet Needs</p>		
<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal</i></p>		<p>To further enhance healthcare services, the facility could introduce expanded diagnostic testing (e.g., thyroid, lipid profile, kidney function tests), ultrasound services, and specialist consultations through telemedicine. Strengthening maternal and child healthcare, increasing mental health support, and improving rehabilitation services for chronic diseases like diabetes and hypertension would also be beneficial.</p> <p>Currently, community members travel to the District Hospital (DH) for advanced diagnostic tests and specialist consultations. They also rely on outreach camps for services not available at the facility. In some cases,</p>

<p><i>expenditure as a result?</i></p>		<p>they seek healthcare advice from pharmacists or informal healthcare providers for minor ailments.</p> <p>Many community members incur additional costs due to transportation expenses (e.g., ₹40 per person for public transport to DH) and out-of-pocket payments for private tests or medicines when unavailable at government facilities. Those without personal vehicles face greater financial and logistical challenges in accessing essential healthcare services.</p>
<p>Topic: Quality of Care provided through the primary healthcare facility</p>		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Provider behaviour/ attitude - Waiting time - Cleanliness of the premises - Provision for Grievance redressal and escalation - Practice of soliciting and implementing feedback - Right diagnosis - Accuracy of diagnostic tests done at the facility - Effectiveness of medicines dispensed at the facility 	<p>The overall quality of healthcare at the AAM facility is satisfactory, as community members trust the services and prefer government facilities over private options. Essential medicines are available, CHOs and ANMs are responsive, and outreach camps help reach those unable to visit the facility. The transition to digital medical equipment has also improved service efficiency.</p> <p>While the facility provides basic healthcare services, there are limited diagnostic tests available, requiring patients to travel to the District Hospital (DH) for further investigations. Expanding diagnostic services, ensuring 24/7 availability of healthcare workers, and improving infrastructure, especially during peak hours, could enhance patient satisfaction.</p> <p>Community members generally feel that their health has improved due to the services provided. The availability of NCD management, regular check-ups, free medicines, and counseling by ASHAs and CHOs has positively influenced their well-being. However, timely access to diagnostic tests and specialist consultations would further enhance healthcare outcomes.</p>

Summary:

- During the community interaction, it was observed that people preferred seeking treatment at HWC Bahakabari for general healthcare needs, while for deliveries, they chose District Hospital (DH) Morigaon. The Morigaon Civil Hospital was approximately 5-6 km away from the village, and community members typically traveled by auto-rickshaw, paying ₹40 per trip and reaching the hospital within 15-20 minutes.
- A significant shift was noted in healthcare-seeking behavior, as community members no longer visited quacks for treatment. In the past, they relied on informal practitioners, but with improved government healthcare services, they now directly visit AAM Bahakabari or DH Morigaon, expressing satisfaction with public healthcare facilities.
- During the community interaction, it was observed that people preferred visiting AAM Bahakabari for their treatment. The Community Health Officer (CHO) was always available at the facility, and her behavior was highly appreciated by the community members. All necessary medicines were readily available at the center, ensuring uninterrupted healthcare services. However, if any diagnostic tests were required, people traveled to District Hospital (DH) Morigaon, where they also received free-of-cost services and medications.
- During the community interaction, it was found that people were availing services for Non-Communicable Diseases (NCDs), including hypertension and diabetes, as well as treatment for common ailments such as cough, cold, and fever. They sought medical care for cuts, burns, and emergency cases like dog and snake bites, ensuring timely intervention and proper treatment.
- During the community interaction, it was observed that people reached the healthcare facility using different modes of transport. While some walked to the facility, others used public transport, and a few traveled in personal vehicles. Despite these variations, they preferred government healthcare facilities, as they trusted the quality of services provided.
- It was found that even during the rainy season, people in the community did not face any difficulty in reaching the healthcare facility.
- During the community interaction, it was observed that AAM Bahakabari conducted outreach camps for individuals who were unable to visit the facility. These camps witnessed active participation from the community, where ASHAs assisted in creating ABHA IDs, provided counseling on family planning and dietary guidance, and informed people about JSY and JSSK services.
- Yes, staff members were available at the healthcare facility. If the CHO, ANM, or ASHAs were attending health camps, they informed the community in advance or posted a notice on the board a day prior to their absence. Yes, almost all the medicine which CHO prescribed them were available at the facility. During the community interaction, people

expressed that only a few tests were conducted at the facility and requested the inclusion of additional diagnostic tests for their convenience. They shared that due to limited testing services, they had to travel to the District Hospital (DH), incurring a public transport cost of ₹40 per person. Only a few individuals had their own vehicles, making access to diagnostic services more challenging.

- The people in the community agree that the staff were having adequate knowledge about the service available in the facility and camps both. People shared that earlier, the facility had manual weighing machines, BP monitors, and sugar testing equipment. However, they observed that all these devices had now been upgraded to digital versions, and they were pleased to see the new digital machines being used in the facility.
- Most families in the community followed a joint family structure, and at the time of interaction, no cases of Non-Communicable Diseases (NCDs) were reported. Auxiliary Nurse Midwives (ANMs) played an active role in providing medications, including Metformin for diabetes patients, ensuring proper healthcare support. The community members expressed high satisfaction with the work of ANMs and Accredited Social Health Activists (ASHAs) and knew them by name, appreciating their dedication and supportive behavior.
- During the community interaction, people mentioned that while they did not participate extensively, they attended yoga sessions and outreach camps and made an effort to follow the guidance provided by the CHO and ASHAs.
- To further enhance healthcare services, the facility could introduce expanded diagnostic testing (e.g., thyroid, lipid profile, kidney function tests), ultrasound services, and specialist consultations through telemedicine. Strengthening maternal and child healthcare, increasing mental health support, and improving rehabilitation services for chronic diseases like diabetes and hypertension would also be beneficial. Currently, community members travel to the District Hospital (DH) for advanced diagnostic tests and specialist consultations. They also rely on outreach camps for services not available at the facility. In some cases, they seek healthcare advice from pharmacists or informal healthcare providers for minor ailments. Many community members incur additional costs due to transportation expenses (e.g., ₹40 per person for public transport to DH) and out-of-pocket payments for private tests or medicines when unavailable at government facilities. Those without personal vehicles face greater financial and logistical challenges in accessing essential healthcare services.
- The overall quality of healthcare at the AAM facility is satisfactory, as community members trust the services and prefer government facilities over private options. Essential medicines are available, CHOs and ANMs are responsive, and outreach camps help reach those unable to visit the facility. The transition to digital medical equipment has also improved service efficiency. While the facility provides basic healthcare services, there are limited diagnostic tests available, requiring patients to travel to the District Hospital (DH)

for further investigations. Expanding diagnostic services, ensuring 24/7 availability of healthcare workers, and improving infrastructure, especially during peak hours, could enhance patient satisfaction. Community members generally feel that their health has improved due to the services provided. The availability of NCD management, regular check-ups, free medicines, and counseling by ASHAs and CHOs has positively influenced their well-being. However, timely access to diagnostic tests and specialist consultations would further enhance healthcare outcomes.

- However, a critical issue of bribery was reported by some beneficiaries at DH Morigaon, where a few staff members allegedly demanded ₹3,000 for C-section deliveries and ₹1,000 for normal deliveries from patients' families. This unethical practice raised concerns about financial exploitation within the healthcare system.

Community Interaction Photos

