



A Field Monitoring Report of the Key Components of the National Health Mission NORTH & MIDDLE DISTRICT, ANDAMAN & NICOBAR



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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 South district of Andaman & Nicobar Island. The report is prepared on the basis of visits to the following public health care facilities visited by the PRC-IEG Team: Prof. Suresh Sharma and Dr. Kiran Sharma. The facilities which team visited are Dr. RP Hospital (DH), Mayabunder,, CHC Diglipur, CHC Rangat, PHC Kalighat, PHC Tugapur, PHC Billiground, PHC Baratang, SHC Sitanagar, SHC Nimbudera, SHC Nimbutala, SHC Kaushalya Nagar.

Meetings were held with the Mission Director, Directorate of Health Secretariat, State Programme Manager, District Programme Manager, RCH Officer, Senior Specialist Doctors, Medical Officer In-Charge (MOIC), Medical Officers (MOs), and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning

OVERVIEW

The healthcare infrastructure in North Andaman faces severe challenges compared to South Andaman, where healthcare facilities are more accessible and better equipped. South Andaman houses GB Pant Hospital, the only tertiary healthcare center in the entire region, which has all major specialists, well-functioning medical equipment, and advanced emergency care services. In contrast, North Andaman does not have a single specialist doctor across any of its healthcare facilities, except for one pediatrician stationed at CHC Rangat.

Due to this, all critical cases, including maternal health emergencies, surgical procedures, and trauma cases, must be referred to GB Pant Hospital. The referral process itself is challenging, as it takes 8-10 hours to transport a patient to South Andaman, significantly increasing health risks and delays in emergency care.

KEY OBSERVATIONS

Poor Hygiene Standards and Facility Maintenance

Several healthcare facilities, including CHCs and PHCs, have unhygienic conditions, particularly in labor rooms, patient wards, and laboratories. The absence of proper sanitation facilities affects the quality of care.

Long Referral Times Leading to Increased Health Risks

Due to the lack of emergency surgical and maternal health services, many patients face life-threatening delays when referred to GB Pant Hospital, a journey that takes 8-10 hours.

Non-Functional Medical Equipment and Inadequate Infrastructure

Many essential medical devices, such as ECG machines, ventilators, and diagnostic tools, remain non-functional due to a lack of maintenance and technical staff

Difficulty in Reaching Remote and Tribal Populations

Many areas, especially tribal villages, lack proper road connectivity, making it difficult for healthcare workers to provide outreach services. Some communities are reluctant to engage with the healthcare system due to cultural differences.



NORTH & MIDDLE ANDAMAN



Severe Shortage of ASHA Workers and Low Remuneration

ASHA workers play a vital role in community health, but their current remuneration of ₹3000 per month is inadequate given the high cost of transportation and living in the region. Many workers are unable to afford travel to remote villages, further limiting healthcare access.

Severe Shortage of Specialist Doctors

North Andaman lacks gynecologists, surgeons, anesthetists, and physicians. The absence of specialists leads to an overwhelming dependency on GB Pant Hospital in South Andaman, making emergency care highly unreliable.

CHALLENGES AT FACILITIES

DR. RP HOSPITAL (DH), MAYABUNDER

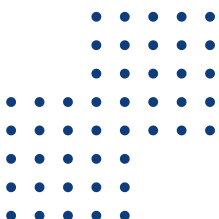
The District Hospital in North Andaman, despite being the first referral unit, lacks specialists and essential medical equipment, severely limiting its service capacity.

- It does not have gynecologists, anesthetists, or surgeons, leading to the referral of critical cases to GB Pant Hospital, which is 230 km away.
- Pediatric care is also insufficient due to the absence of a full-time pediatrician.
- The hospital struggles with non-functional medical equipment such as ECG machines and ventilators, affecting emergency care.



COMMUNITY HEALTH CENTRES (CHCs)

- CHC Diglipur, the second most burdened facility after GB Pant Hospital, faces similar challenges with specialist shortages, outdated infrastructure, and inefficient facility management.
- CHC Rangat, while having better infrastructure, is also affected by the absence of gynecologists and surgeons.



NORTH & MIDDLE ANDAMAN



PRIMARY HEALTH CENTRES (PHCs)

- Primary Health Centers (PHCs) such as Kalighat, Tugapur, Billiground, and Baratang have varying degrees of issues, including poor infrastructure, lack of technical staff, and non-availability of essential diagnostic services.
- Some PHCs lack even basic hygiene and sanitation facilities, while others, like PHC Billiground, face challenges in outreach due to difficult terrain and poor transportation.



AAM- SUB HEALTH CENTRES (SHCs)

- The AAM Sub-Health Centres at Sitanagar, Nimbudera, Nimbutala, and Kaushalya Nagar are crucial for delivering last-mile healthcare services but suffer from serious infrastructural and resource-related deficiencies.
- Some of these centers lack running water, drinking water facilities, and even basic medical supplies like oral contraceptives. There was absolutely no drinking water facility. If a hypertension patient arrived, even the staff had to buy water before giving them medicine.
- Security concerns, lack of ASHA workers, and non-functional power backups further hamper healthcare delivery, particularly in remote areas.



RECOMMENDATIONS

- Renovation and modernization of outdated PHCs and CHCs, with a focus on sanitation and hygiene.
- Expand the diagnostic services, including essential tests like thyroid function and HbA1c tests, at PHCs.
- Establish the Minor OTs in CHCs and PHCs to handle non-critical surgical cases locally.
- Strengthen teleconsultation networks by improving connectivity and ensuring that remote facilities can communicate effectively with specialists in South Andaman.
- Develop a dedicated patient transfer system with emergency stabilization units at CHCs to ensure that patients are stabilized before referral.
- Hiring of additional technical staff for equipment maintenance and laboratory services.
- Deploy mobile medical units to provide healthcare in tribal and remote areas where road connectivity is limited.
- Increase community engagement programs to build trust between tribal populations and healthcare workers.
- Provide special incentives for ASHA workers and healthcare staff working in tribal outreach areas to encourage better participation and retention.
- Provision of reliable power backup , drinking water and running water in all healthcare facilities.
- Immediate recruitment of specialist doctors, including gynecologists, surgeons, anesthetists, and pediatricians by providing some special package with perks and benefits.
- Increase the supply of essential medicines, contraceptives, and emergency kits to sub-health centers.

CHECKLISTS SUBMITTED

1. DR. RP Hospital (DH), Mayabunder
2. CHC Diglipur
3. CHC Rangat
4. PHC Kalighat
5. PHC Tugapur
6. PHC Billiground
7. PHC Baratang
8. SHC Sitanagar
9. SHC Nimbudera
10. SHC Nimbutala
11. SHC Kaushalya Nagar

-District Hospital (DH)

Date of Visit:11/03/2025

GENERAL INFORMATION	
Name of facility visited	DH MAYABUNDER
Facility Type	☒ DH/ ☐ SDH
FRU	☒ Yes/ ☐ No
Accessible from nearest road head	☐ Yes/ ☒ No
Next Referral Point	Facility: GB Pant Hospital, Sri Vijayapuram.(Port Blair) Distance:

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	8:30 AM- 1:30 PM 2:00 PM – 4:00 PM	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: The building was good, and renovation is ongoing. Cleanliness was also adequate and well-maintained.	Observation
	☒ 24*7 running water facility ☒ Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) ☒ Clean functional toilets available (separate for Male and female) ☒ Drinking water facility available ☒ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available	Observation

A. PHYSICAL INFRASTRUCTURE					
Indicator	Response			Means of verification	
	☒ Drug storeroom with rack is available Power backup: ☒ Complete Hospital/ ☐ Part of the hospital Last major renovation done in (Year):____CURRENTLY UNDERGOING_____				
3. Number of functional in-patient beds	____35____ No of ICU Beds available: 3			As reported/Hospital Citizen Charter Board	
4. List of Services available	• Medicine • O&G • Paediatric • Surgery (Elective) • Ophthalmology • Dental • Emergency • Laboratory • Imaging			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	Y		
	2	O&G	Y		
	3	Pediatric	Y		
	4	General Surgery	N		
	5	Anesthesiology	N		

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

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal) If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): ☐ Yes/ ☐ No	
7. Operation Theatre available	☐ Yes/ ☒ No If yes, Tick the relevant ☐ Single general OT ☐ Elective OT-Major (General) ☐ Elective OT-Major (Ortho) ☐ Obstetrics & Gynecology OT ☐ Ophthalmology/ENT OT ☐ Emergency OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	☐ Yes/ ☒ No - If yes, number of units of blood currently available: _____ - No. of blood transfusions done in last month: _____	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: ☐ Deep Burial pit: ☐ Incinerator: ☐	Observation

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	Using Common Bio Medical Treatment plant: ☐ Managed through outsourced agency ☒ Other System, if any: (Specify)	
11. IT Services	- Desktop/ Laptop available: ☒Yes/ ☐No - Internet connectivity: ☒Yes/ ☐No Quality/strength of internet connection: __GOOD__	As reported

B. Human Resources			Means of verification- As reported			
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		NO RECORD AT THE FACILITY. IT HAS BEEN REPORTED THAT IT IS MANAGED THROUGH DHS OFFICE ONLY.			
	Specialists	Medicine				
		Ob-Gyn				
		Pediatrician				
		Anesthetist				
		Surgeon				
		Ophthalmologist				
		Orthopedic				
		Radiologist				
		Pathologist				
		Others				
	Dentist					
	Staff Nurses/ GNMs					

	LTs	
	Pharmacist	
	Dental Technician/ Hygienist	
	Hospital/ Facility Manager	
	EmOC trained doctor	
	LSAS trained doctor	
	Others	

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: NO - Facility score: - Award received:	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	- Assessment done: YES - Internal/State - Facility score: 91.3 - Certification Status: NIL	NQAS assessment report Verify certificate if awarded
15. LaQshya	- Labour Room: ✓ LaQshya Certified – ✓ ☐ Yes/ ☒ No ✓ If No, Assessment Done - ☐ Yes/ ☐ No - Operation Theatre: ✓ LaQshya Certified – ✓ ☐ Yes/ ☒ No ✓ If No, Assessment Done - ☐ Yes/ ☐ No	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS & DIAGNOSTICS		
	☒ Yes/ ☐ No	

16. Availability of list of essential medicines (EML)/ drugs (EDL) https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	• If yes, total number of drugs in EDL____162____ • EDL displayed in OPD Area: ☐ Yes/ ☒ No • No. of drugs available on the day of visit (out of the EDL) _____160____		Verify EDL Displayed
17. Implementation of DVDMS or similar supply chain management system	☐ Yes/ ☒ No (Managing through GB Pant Hospital, SriVijayapuram) If other, which one_____		Observation, Check software
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 2 3 4 5	Cefixime (Paed.)	As reported, check DVDMS, E-aushadhi, etc.
19. Availability of Essential Consumables:	☒ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage In last 6 months how many times there was shortage____1____		As reported Stock/Indent register
20. Availability of essential diagnostics	☒ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed		As reported
• In-house tests	Timing: 8:30 -1:30 3:00 PM-4:00 PM Total number of tests available against Essential Diagnostic tests list for DH _____35____		Obtain the complete list of diagnostic tests performed in-house

24. Availability of Testing kits/ Rapid Diagnostic Kits	☐ Sufficient Supply ☒ Minimal Shortage ☐ Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	☒ Yes/ ☐ No	Observation
	☒ In-house ☐ Outsourced/ PPP Total number of tests performed: - _____	Observation, Records
Whether the services are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☒ Free for all	Observation, Records
Number of patients provided dialysis service	☐ Previous year ____ 03 _____ ☐ Current FY ____ 03 _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)		As reported
27. Average downtime of equipment (days)		As reported

Details of equipment are nonfunctional for more than 7 days		
28. Availability of delivery services	☒ Yes/ ☐ No	As reported
If the facility is designated as FRU, whether C-sections are performed	☒ Yes/ ☐ No Number of normal deliveries performed in last month: ____01____ No. of C-sections performed in last month: _____0____	Verify C-section records from Maternity OT registers
Comment on the condition of:	Labour room: The labor room was shifted to the newly constructed building a few days ago. Temporary arrangements were made here, but hygiene was not maintained. There was no shoe rack or shoe covers at the entrance. OT: The OT was not available. However, the new building has an OT, but it has not been handed over yet. Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☒ Yes/ ☐ No	Observation
29. Status of JSY payments	Payment is up to date: ☒ Yes/ ☐ No Average delay in payment to beneficiaries: (Average for how many days/beneficiary) Payment done till: Current month ☐	Verify from JSY status report

	Last month ☐ Last 3 Months ☐ Last 6 Months ☐ Reasons for delay:	
30. Availability of JSSK entitlements Already all services are provided at free of cost	☐ Yes/ ☒ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges	As reported/As Displayed in Maternity Ward
31. PMSMA services provided on 9 th of every month	☒ Yes/ ☐ No If yes, how many high risks pregnancies are identified on 9 th for previous month : 0 If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	☒ Yes/ ☐ No	Verify Register availability

33. Practice related to Respectful Maternity Care	☒ Privacy maintained during examination ensured ☒ Birth attendant allowed in Labour room ☒ Obtaining Informed consent of the mother/ custodian ☒ Safe care environment maintained	Observation, Patient review
34. Whether facility have registers for entering births and deaths	☒ Yes/ ☐ No	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/ ☒ No	CAC register
38. Availability of vaccines and hub cutter	☒ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ No	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	05	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	01	Verify BF records
41. Status of functionality of DEIC	☐ Fully functional with all staff in place ☐ Functional with few vacancies (approx. 20%-30%) ☐ Functional with more than 50% vacancies ☒ Not functional/ All posts vacant	Observation

42. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	☒ Yes/ ☐ No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor ☐ Staff Nurse ☒ Medical Officer ☒ Others (Specify)____ANMs_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Acceptance for FP methods are good. Among all the FP Methods acceptance for Antara and Condom is found largely.	As reported/observe FP registers/records if available
46. FPLMIS has been implemented	☒ Yes/ ☐ No	Check software
47. Availability of functional Adolescent Friendly Health Clinic	☐ Yes/ ☒ No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: ☐ Yes/ ☐ No	Observation, check AFHC register
48. Whether facility has functional NCD clinic	☒ Yes/ ☐ No If No, is there any fixed day or days in a week for NCD care at the facility?	Check NCD register

	_____ days (Mention number of days)			
49. Are service providers trained in cancer services?	☒ Yes/ ☐ No			As reported
50. Number of individuals screened for the following in last 6 months:		Screened	Confirmed	NCD Register
a. Hypertension		240	41	
b. Diabetes		240	30	
c. Oral Cancer		177	-	
d. Breast Cancer		82	-	
e. Cervical Cancer				
51. Whether reporting weekly data in P, S and L form under IDSP	☐ Yes/ ☐ No			Verify from IDSP reporting records
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☒ Yes/ ☐ No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____11.16%__			DBT/Nikshay Report
	- If anti-TB drugs available at the facility: ☒Yes/ ☐No - If yes, are there any patients currently taking anti-TB drugs from the facility: ☒Yes/ ☐No			DBT/Nikshay Report
	- Availability of CBNAAT/ TruNat: ☒Yes/ ☐No - Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months _____			DBT/Nikshay Report

	- Are all TB patients tested for HIV? ☒ Yes/ ☐ No - Are all TB patients tested for Diabetes Mellitus: ☒ Yes/ ☐ No	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									
F. RECORDS, FINANCE, OTHERS											
53. Maintenance of records on	- TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☒ Yes/ ☐ No - TB Notification Registers: ☒ Yes/ ☐ No - Malaria cases: ☒ Yes/ ☐ No - Palliative cases: ☒ Yes/ ☐ No - Cases related to Dengue and Chikungunya: ☒ Yes/ ☐ No - Leprosy cases: ☒ Yes/ ☐ No	Respective records									
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>5 lakh</td> <td>1.33 p</td> <td>26%</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization	5 lakh	1.33 p	26%	Facility FMR
Fund in prev. FY											
Received	Utilized	% Utilization									
5 lakh	1.33 p	26%									
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										

55. Status of data entry in (match with physical records)	• HMIS: ☒ Updated/ ☐ Not updated • MCTS: ☐ Updated/ ☐ Not updated • IHIP: ☒ Updated/ ☐ Not updated • HWC Portal: ☐ Updated/ ☐ Not updated • Nikshay Portal: ☒ Updated/ ☐ Not updated	Check respective portals at the facility wrt last entries
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	ONCE IN 6 MONTHS	RKS Register
57. Availability of ambulance services in the area	☒ Own ambulance available ☐ DH/ SDH has contracted out ambulance services ☐ Ambulances services with Centralized call center ☐ Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases were referred here in the last month?	Number: 0 Types of cases referred in:	Referral-in register

Key Challenges & Observations

- Vital equipment such as ECG machines, ABG machines, and ventilators are non-functional, limiting emergency and critical care services.
- Healthcare workers do not receive regular training, affecting their ability to handle complex cases and advanced medical equipment.
- Severe manpower shortages impact the efficiency of hospital operations and service delivery. The dialysis unit has only one staff member, who manages all patients alone, creating an unsustainable workload.
- No power backup is available, which poses a risk of treatment disruptions during power failures.
- Although new equipment has been installed, a shortage of trained technicians prevents the hospital from fully utilizing its diagnostic facilities. The hospital lacks both a surgeon and an anesthetist, making all surgical procedures impossible.
- While elective surgeries were conducted in the past, these have now stopped due to staff shortages across the region.
- Patients requiring surgical interventions must be referred elsewhere, leading to treatment delays and increased risks.
- The absence of a gynecologist means that C-sections cannot be performed, making safe delivery for high-risk pregnancies impossible.
- All C-section cases are referred to GB Pant Hospital, which is 230 km away, requiring 8-10 hours of travel. This poses serious risks for both mother and baby in emergency situations.
- Due to these limitations, the hospital conducts only 1-2 deliveries per month, as complications cannot be managed locally.

-Community Health Centre (CHC)/ U-CHC

Urban/ Rural:

Date of Visit:10/03/2025

General Information	
Name of facility visited	DIGLIPUR
Facility Type	☒ CHC ☐ U-CHC
FRU	☒ Yes ☐ No
Accessible from nearest road head	☒ Yes ☐ No
Next Referral Point	Facility: District Hospital, Mayabunder Distance: 105 kms

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 8:30 -1:30 3-4:30	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	☐ Yes/ ☐ No	Observation
3. Condition of infrastructure/ building	Comments:	Observation
Please comment on the condition and tick the appropriate box	☒ 24*7 running water facility ☒ Facility is geriatric and disability friendly (ramps etc.) ☒ Clean functional toilets available (separate for Male and female) ☒ Drinking water facility available	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	☒ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☒ Drug storeroom with rack is available Power backup: ☒ Complete Hospital/ ☐ Part of the hospital				
4. Number of functional in-patient beds	80			As reported/Hospital Citizen Charter Board	
5. List of Services available				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	Y		
	2	O&G	Y		
	3	Pediatric	Y (On-call)		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	N		
	7	Dental	N		
	8	Imaging Services (X – ray)	Y		
	9	Imaging Services (USG)	Y		

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	10	Newborn Stabilization Unit	y		
If any of the specialists are available 24*7	☒ Yes available ☐ Yes, available only on-call ☐ Not available			As reported	
If Yes, Mention the specialists available 24*7	☐ Medicine ☐ Pediatrician ☐ Ob-Gyn ☐ Anesthetist ☐ Others, specify:			As reported	
Emergency	General emergency: ☐ Yes/ ☐ No Facilities available for: 1. Triage: ☐ Yes/ ☐ No 2. Resuscitation: ☐ Yes/ ☐ No 3. Stabilization: ☐ Yes/ ☐ No			Observation: Verify if triage area is marked	
6. Tele-medicine/Consultation services available	☐ Yes/ ☒ 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) ☐ Yes/ ☐ No			Tele-medicine records register/ e-Sanjeevani Portal	
7. Operation Theatre available	☒ Yes/ ☐ No If yes, Major OT ☐ Minor OT ☒			Observation Ensure signage and protocol displays	
8. Availability of functional Blood Storage Unit	☐ Yes/ ☒ No			Blood Storage Unit records, Register	

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	- If yes, number of units of blood currently available: _____ - No. of blood transfusions done in last month: _____	
9. Whether blood is issued free, or user-fee is being charged	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: ☒ Deep Burial pit: ☒ Incinerator: ☐ Using Common Bio Medical Treatment plant: ☐ Managed through outsourced agency ☐ Other System, if any: (Specify)	Observation
11. IT Services infrastructure	- Desktop/ Laptop available: ☐ Yes/ ☐ No - Internet connectivity: ☐ Yes/ ☐ No - Quality/strength of internet connection: _____	As reported

B. Human Resources				As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual
			Sanctioned	Available	Sanctioned Available
	MO (MBBS)		NO RECORD AT THE FACILITY.		
	Specialists	Medicine			
		Ob-Gyn			
		Pediatrician			

			It has been reported that it is managed through DHS Office.
		Anesthetist	
	Dentist		
	SNs/ GNMs		
	LTs		
	Pharmacist		
	Dental Assistant/ Hygienist		
	Hospital/ Facility Manager		
	EmOC trained doctor		
	LSAS trained doctor		
	Others		

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: ☐ Yes/ ☒ No Facility score: Award received: Winner ☐ Commendation ☐	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: noInternal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - ☐ Yes/ ☒ No If No, Assessment Done - ☐ Yes/ ☐ No Operation Theatre:	LaQshya Assessment Report – check score Verify certificate if awarded

	LaQshya Certified - ☐ Yes/ ☒ No If No, Assessment Done - ☐ Yes/ ☐ No		
D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	☐ Yes/ ☐ No	Verify EDL Displayed	
	If yes, total number of drugs in EDL_____ EDL displayed in OPD Area: ☐ Yes/ ☐ No No. of drugs available on the day of visit (out of the EDL) _____		
17. Implementation of DVDMS or similar supply chain management system	☐ Yes/ ☐ No If other, which one_____	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	NO SHORTAGE	As reported, check DVDMS, E-aushadhi, etc.
	2		
	3		
	4		
	5		
19. Availability of Essential Consumables:	☒ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage	As reported	

	In last 6 months, how many times there was a shortage_____	Stock/Indent register
20. Availability of essential diagnostics	☒ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed	As reported;
In-house tests	Timing: 8: 30 AM- 5:30 PM Total number of tests available against Essential Diagnostic tests list for CHC _____22____	Obtain the complete list of diagnostic tests performed in-house
Outsourced/ PPP	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	☒ Yes/ ☐ No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☒ Yes/ ☐ No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☒ Free for all	As reported

23. Availability of Testing kits/ Rapid Diagnostic Kits	☒ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))		As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	☒ Yes/ ☐ No	As reported
If the facility is designated as FRU, whether C-sections are performed Right now no gynaecologist is available here.	☒ Yes/ ☐ No Number of normal deliveries performed in last month: ____06____ No. of C-sections performed in last month: _____0_	Verify C-section records from Maternity OT registers
Comment on condition of:	Labour room: Below satisfactory. OT: Non functional Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☒ Yes/ ☐ No	Observation

27. Status of JSY payments	Payment is up to date: ☒ Yes/ ☐ No Average delay: (Average for how many days/patients) Payment done till: Payment done till: Current month ☐ Last month ☐ Last 3 Months ☐ Last 6 Months ☐ Reasons for delay:	Verify from JSY status report
28. Availability of JSSK entitlements	☐ Yes/ ☒ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services	As reported/As Displayed in Maternity Ward

	☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges	
29. PMSMA services provided on 9 th of every month	☒ Yes/ ☐ No If yes, how many high risks pregnancies are identified on 9 th for previous month If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	☒ Yes/ ☐ No	Verify Register availability
31. Practice related to Respectful Maternity Care	☒ Privacy maintained during examination ensured ☒ Birth attendant allowed in Labour room ☒ Obtaining Informed consent of the mother/ custodian ☒ Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	☒ Yes/ ☐ No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year:0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 1 Current year: 0	Maternal Deaths Records/Review

35. If Comprehensive Abortion Care (CAC) services available	☒ Yes/ ☐ No	CAC register
36. Availability of vaccines and hub cutter	☐ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☐ Yes/ ☐ No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	30	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	31	Verify BF records
39. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	☐ Yes/ ☒ No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor ☐ Staff Nurse ☒ Medical Officer ☒ Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	ANTARA AND CONDOMS ACCEPTANCE IS MORE.	Observation/ FP records and registers
43. FPLMIS has been implemented	☒ Yes/ ☐ No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	☒ Yes/ ☐ No If yes, who provides counselling to adolescents: _____	Observation, check AFHC register

	Separate male and female counselors available: ☐ Yes/ ☒ No																									
45. Whether facility has functional NCD clinic	☒ Yes/ ☐ No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register																								
46. Are service providers trained in cancer services?	☒ Yes/ ☐ No																									
47. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th><th>Screened</th><th>Confirmed</th><th>NCD Register</th></tr> </thead> <tbody> <tr> <td>a. Hypertension</td><td>154</td><td>0</td><td></td></tr> <tr> <td>b. Diabetes</td><td>154</td><td>0</td><td></td></tr> <tr> <td>c. Oral Cancer</td><td>154</td><td>0</td><td></td></tr> <tr> <td>d. Breast Cancer</td><td>96</td><td>0</td><td></td></tr> <tr> <td>e. Cervical Cancer</td><td>0</td><td>0</td><td></td></tr> </tbody> </table>	NCD	Screened	Confirmed	NCD Register	a. Hypertension	154	0		b. Diabetes	154	0		c. Oral Cancer	154	0		d. Breast Cancer	96	0		e. Cervical Cancer	0	0		
NCD	Screened	Confirmed	NCD Register																							
a. Hypertension	154	0																								
b. Diabetes	154	0																								
c. Oral Cancer	154	0																								
d. Breast Cancer	96	0																								
e. Cervical Cancer	0	0																								
48. Whether reporting weekly data in P, S and L form under IDSP	☒ Yes/ ☐ No	Verify from IDSP reporting records																								
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☒ Yes/ ☐ No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____2%_____	As reported, Observation DBT/Nikshay Report																								

	If anti-TB drugs available at the facility: ☒ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the facility: ☒ Yes/ ☐ No	DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months _____43Nos_____	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? ☒ Yes/ ☐ No Investigations within public sector for other tests? ☐ Yes/ ☐ No Outsourced testing? ☐ Yes/ ☐ No	As reported
	Are all TB patients tested for HIV? ☒ Yes/ ☐ No Are all TB patients tested for Diabetes Mellitus: ☒ Yes/ ☐ No	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:	Facility Register/Records for leprosy

	Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:																
F. RECORDS, FINANCE, OTHERS																	
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☒ Yes/ ☐ No TB Notification Registers: ☒ Yes/ ☐ No Malaria cases: ☒ Yes/ ☐ No Palliative cases: ☒ Yes/ ☐ No Cases related to Dengue and Chikungunya: ☒ Yes/ ☐ No Leprosy cases: ☒ Yes/ ☐ No	Respective records															
52. How much fund was received and utilized by the facility under NHM? Funding problem shortage is there.	<table border="1"> <tr> <td colspan="3">Fund Received last year: NO RECORD</td> </tr> <tr> <td colspan="3">Fund utilized last year: NO RECORD</td> </tr> <tr> <td colspan="3">Fund in prev. FY</td> </tr> <tr> <td></td> <td>Utilized</td> <td>% Ut</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Fund Received last year: NO RECORD			Fund utilized last year: NO RECORD			Fund in prev. FY				Utilized	% Ut				Facility FMR
Fund Received last year: NO RECORD																	
Fund utilized last year: NO RECORD																	
Fund in prev. FY																	
	Utilized	% Ut															

	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/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☒ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☒ Updated/ ☐ Not updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Once in a six month	RKS Register
55. Availability of ambulance services in the area	☒ CHC own ambulance available ☐ CHC has contracted out ambulance services ☐ Ambulances services with Centralized call centre ☐ 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: 21 Types of cases referred in:	Referral-in register
How many cases from the CHC were referred to the DH last month?	Number: 34 Types of cases referred out:	Referral Out register

Remarks & Observations

- The facility lacks specialist doctors, including essential specialists such as gynecologists and pediatricians.
- Pediatric consultations are conducted remotely through an on-call system with the only available pediatrician at CHC Rangat. This affects timely and efficient pediatric care for the local population.
- The shortage of medical professionals leads to delays in treatment and compromises the quality of healthcare services. The hospital building is old and in need of upgrades.
- Although there is sufficient space, the management of the facility is inefficient, leading to operational difficulties.
- The labour room conditions were particularly poor, with visible hygiene issues.
- Essential medical equipment like labour tables, trolleys, and other tools were either insufficient or non-functional.
- Basic hygiene provisions were missing, such as a shoe rack or shoe cover arrangements outside the labour room.
- Proper record-keeping was not being followed, leading to issues in tracking patient history and treatment plans.
- Many essential medical devices, including suction apparatus and BP monitoring devices, were outdated and required urgent replacement.
- The lack of modern and functioning equipment further affects patient care and emergency response.
- Community health awareness programs and health camps are not being conducted, which limits public awareness about available healthcare services.
- The hospital receives funds irregularly, impacting service delivery, equipment maintenance, and overall hospital functioning.

-Community Health Centre (CHC)/ U-CHC

Urban/ Rural:

Date of Visit: 11/03/2025

General Information	
Name of facility visited	COMMUNITY HEALTH CENTRE RANGAT
Facility Type	☒ CHC ☐ U-CHC
FRU	☐ Yes ☒ No
Accessible from nearest road head	☒ Yes ☐ No
Next Referral Point	Facility: GB PANT Distance:150 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-1:00 PM 3:00 PM -4:00 PM	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	☐ Yes/ ☐ No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Building is spacious and well maintained. Recently renovated. Have enough space for running all the services. ☒ 24*7 running water facility ☒ Facility is geriatric and disability friendly (ramps etc.) ☒ Clean functional toilets available (separate for Male and female)	Observation Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	☐ Drinking water facility available ☒ OPD waiting area has sufficient sitting arrangement ☐ ASHA rest room is available ☒ Drug storeroom with rack is available Power backup: ☒ Complete Hospital/ ☐ Part of the hospital				
4. Number of functional in-patient beds	62			As reported/Hospital Citizen Charter Board	
5. List of Services available	• Emergency • IPD • OPD • O&G • Paediatrics • Ophthalmology • Dental • Imaging			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	Y		
	2	O&G	Y		
	3	Pediatric	Y		
	4	General Surgery	N		
	5	Anesthesiology	N		

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	6	Ophthalmology	Y		
	7	Dental	Y		
	8	Imaging Services (X – ray)	Y		
	9	Imaging Services (USG)	ONCE IN A MONTH		
	10	Newborn Stabilization Unit	Y		
If any of the specialists are available 24*7	☒ Yes available ☐ Yes, available only on-call ☐ Not available			As reported	
If Yes, Mention the specialists available 24*7	☐ Medicine ☒ Pediatrician ☐ Ob-Gyn ☐ Anesthetist ☐ Others, specify:			As reported	
Emergency	General emergency: ☒ Yes/ ☐ No Facilities available for: 1. Triage: ☒ Yes/ ☐ No 2. Resuscitation: ☒ Yes/ ☐ No 3. Stabilization: ☒ Yes/ ☐ No			Observation: Verify if triage area is marked	
6. Tele-medicine/Consultation services available	☐ Yes/ ☒ 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) ☐ Yes/ ☐ No			Tele-medicine records register/ e-Sanjeevani Portal	
7. Operation Theatre available	☒ Yes/ ☐ No			Observation	

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	If yes, Major OT ☐ Minor OT ☒	Ensure signage and protocol displays
8. Availability of functional Blood Storage Unit	☐ Yes/ ☒ No • If yes, number of units of blood currently available: _____ • No. of blood transfusions done in last month: <u>10-15</u>	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	☐ Free for BPL ☐ Free for elderly ☐ Free for JSSK beneficiaries ☒ Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: ☐ Deep Burial pit: ☒ Incinerator: ☒ Using Common Bio Medical Treatment plant: ☐ Managed through outsourced agency ☐ Other System, if any: (Specify)	Observation
11. IT Services infrastructure	• Desktop/ Laptop available: ☒ Yes/ ☐ No • Internet connectivity: ☒ Yes/ ☐ No Quality/strength of internet connection: _____	As reported

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

	MO (MBBS)		4	2	0	0
	Specialists	Medicine	0	0	0	0
		Ob-Gyn	0	0	0	0
		Pediatrician	1	1	0	0
		Anesthetist	0	0	0	0
	Dentist		1	1	0	0
	SNs/ GNMs		7	4	3	3
	LTs		1	1	0	0
	Pharmacist		7	4	0	0
	Dental Assistant/ Hygienist		1	1	0	0
	Hospital/ Facility Manager		0	0	0	0
	EmOC trained doctor		0		00	
	LSAS trained doctor					
	Others					

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: ☒ Yes/ ☐ No Facility score: Award received: NO Winner ☐ Commendation ☐	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: YES Internal/State Facility score: NIL Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - ☐ Yes/ ☒ No	LaQshya Assessment Report – check score

	If No, Assessment Done - ☐ Yes/ ☐ No Operation Theatre: LaQshya Certified - ☐ Yes/ ☐ No If No, Assessment Done - ☐ Yes/ ☒ No	Verify certificate if awarded
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D. DRUGS AND DIAGNOSTICS

16. Availability of list of essential medicines (EML)/ drugs (EDL)	☒ Yes/ ☐ No		Verify EDL Displayed
	If yes, total number of drugs in EDL1: 80_____		
	EDL displayed in OPD Area: ☐ Yes/ ☒ No		
	No. of drugs available on the day of visit (out of the EDL) _____180_		
17. Implementation of DVDMS or similar supply chain management system	☒ Yes/ ☐ No		Observation, Check software
	If other, which one_____		
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	NO SHORTAGE	As reported, check DVDMS, E-aushadhi, etc.
	2		
	3		
	4		

	5		
19. Availability of Essential Consumables:	☒ Sufficient Supply ☐ Minimal Shortage ☐ Acute shortage In last 6 months, how many times there was a shortage_____	As reported Stock/Indent register	
20. Availability of essential diagnostics	☒ In-house ☐ Outsourced/ PPP ☐ Both/ Mixed	As reported;	
• In-house tests	Timing: 8:00 AM- 5:00 PM Total number of tests available against Essential Diagnostic tests list for CHC _____34_	Obtain the complete list of diagnostic tests performed in-house	
• Outsourced/ PPP	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode	
21. X-ray services is available	☒ Yes/ ☐ No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: ☒ Yes/ ☐ No	Observation	
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☐ Free for BPL	As reported	

	☐ Free for elderly ☐ Free for JSSK beneficiaries ☐ Free for all	
23. Availability of Testing kits/ Rapid Diagnostic Kits	☒ Sufficient Supply ☐ Minimal Shortage ☐ 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))		As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	☒ Yes/ ☐ No	As reported
If the facility is designated as FRU, whether C-sections are performed	☐ Yes/ ☐ No Number of normal deliveries performed in last month: ____01____ No. of C-sections performed in last month: _____	Verify C-section records from Maternity OT registers
Comment on condition of:	Labour room: OT:	Observation

	Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): ☐ Yes/ ☐ No	
27. Status of JSY payments	Payment is up to date: ☒ Yes/ ☐ No Average delay: (Average for how many days/patients) Payment done till: Payment done till: Current month ☒ Last month ☐ Last 3 Months ☐ Last 6 Months ☐ Reasons for delay:	Verify from JSY status report
28. Availability of JSSK entitlements	☐ Yes/ ☒ No If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet	As reported/As Displayed in Maternity Ward

	☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges	
29. PMSMA services provided on 9 th of every month	☒ Yes/ ☐ No If yes, how many high risks pregnancies are identified on 9 th for previous month : ⁰¹ If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	☒ Yes/ ☐ No	Verify Register availability
31. Practice related to Respectful Maternity Care	☒ Privacy maintained during examination ensured ☒ Birth attendant allowed in Labour room ☒ Obtaining Informed consent of the mother/ custodian ☒ Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	☒ Yes/ ☐ No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0	Maternal Deaths

	Current year: 01	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	☐ Yes/ ☒ No	CAC register
36. Availability of vaccines and hub cutter	☒ Yes/ ☐ No Nurses/ ANM aware about open vial policy: ☒ Yes/ ☐ No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	07	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	01	Verify BF records
39. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	☒ Yes/ ☐ No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor ☐ Staff Nurse ☒ Medical Officer ☐ Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	ANTRA AND OCPS	Observation/ FP records and registers
43. FPLMIS has been implemented	☒ Yes/ ☐ No	Check software

44. Availability of functional Adolescent Friendly Health Clinic	☒ Yes/ ☐ No If yes, who provides counselling to adolescents: _____ANMs and CHO _____ Separate male and female counselors available: ☐ Yes/ ☒ No			Observation, check AFHC register
45. Whether facility has functional NCD clinic	☐ Yes/ ☐ No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)			Check NCD register
46. Are service providers trained in cancer services?	☒ Yes/ ☐ No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	392	27	
	b. Diabetes	392	25	
	c. Oral Cancer	392	03	
	d. Breast Cancer	190	0	
	e. Cervical Cancer	0	0	
48. Whether reporting weekly data in P, S and L form under IDSP	☒ Yes/ ☐ No			Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): ☒ Yes/ ☐ No			As reported, Observation

	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____1.16%__	DBT/Nikshay Report
	If anti-TB drugs available at the facility: ☒ Yes/ ☐ No If yes, are there any patients currently taking anti-TB drugs from the facility: ☒ Yes/ ☐ No	DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months _____0_____	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? ☒ Yes/ ☐ No Investigations within public sector for other tests? ☐ Yes/ ☐ No Outsourced testing? ☐ Yes/ ☒ No	As reported
	Are all TB patients tested for HIV? ☒ Yes/ ☐ No Are all TB patients tested for Diabetes Mellitus: ☒ Yes/ ☐ No	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under	DBT/Nikshay Report

	Nikshay Poshan Yojana in the last 6 months:	
50. Status on Leprosy eradication programme 2 CASES FOR LEPROSY DETECTED FROM PORT BLAIR	Nos. of new case detected by Field Worker in last 12 months: Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): ☒ Yes/ ☐ No TB Notification Registers: ☒ Yes/ ☐ No Malaria cases: ☒ Yes/ ☐ No Palliative cases: ☒ Yes/ ☐ No Cases related to Dengue and Chikungunya: ☒ Yes/ ☐ No Leprosy cases: ☒ Yes/ ☐ No	Respective records
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 0 Fund utilized last year: 0	Facility FMR

	Fund in prev. FY	
	Utilized % Ut	
	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/ ☐ Not updated MCTS: ☐ Updated/ ☐ Not updated IHIP: ☒ Updated/ ☐ Not updated HWC Portal: ☐ Updated/ ☐ Not updated Nikshay Portal: ☒ Updated/ ☐ Not updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	ONCE IN A 6 MONTHS	RKS Register
55. Availability of ambulance services in the area	☒ CHC own ambulance available ☐ CHC has contracted out ambulance services	As reported

	☐ Ambulances services with Centralized call centre ☐ Government ambulance services are not available	
	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: 40 Types of cases referred out:	Referral Out register

Remarks & Observations

- The facility has only one specialist doctor—a pediatrician—who is available 24/7.
- The absence of a gynecologist is a major concern, as most deliveries have to be referred to other healthcare centers, causing delays and potential risks to maternal and child health.
- Other specialist doctors, such as surgeons and physicians, are also unavailable, limiting the scope of advanced medical care.
- The overall infrastructure of the facility is in good condition and well-maintained.
- The laboratory and pharmacy are well-equipped, with no reported shortages of medicines or medical equipment

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

Urban /Rural: Rural

Date of Visit: 10/03/2025

A. General Information	
1. State	Andaman & Nicobar
2. District Name	North & Middle
3. Block/Taluka Name	KALIGHAT
4. Name of Facility	Primary Health Centre
5. Type of Facility	☒ PHC-AAM ☐ UPHC-AAM
6. NIN of the facility	7443763144
7. No. of days in a week facility is operational	6 DAYS
8. OPD Timings	8:30 AM – 5:00 PM
9. Month & Year of operationalization of AAM	April 2023
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	CHC DIGLIPUR
13. Distance of next referral facility (in Km)	15 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	4
2. No. of Households	454
3. Total catchment Population	1658
4. Population who are 30 years of age and above	926

B. Physical Infrastructure	
Infrastructure Status and details	Availability

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

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

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

*Desirable

For PHC sub centre-Co-located

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No

Basic ear, nose, throat (ENT) care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Oral health care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Elderly and Palliative care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Screening & management of mental health ailments	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Emergency Medical Services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

	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)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	64	
3	Availability of medicines for priority conditions	☒ Tuberculosis ☒ Diabetes ☒ Hypertension ☒ Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	☐ Oral Contraceptives ☐ Analgesics / NSAIDs)	☐ Anti-tuberculosis ☐ Anti-fungal

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	☒ In house lab ☐ Outsource (Hub/PPP mode) ☐ Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	28

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

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

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

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

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

	1,75,000/-	1,00,000	57%
Is untied fund being spent on following activities?	Regular payment of Bills: ☐ Yes ☒ No If yes, specify; ☐ Electricity ☐ Drinking Water ☐ Internet Regular purchase: ☐ Yes ☒ No ☐ Medicines ☐ Reagents/Consumables ☐ Equipment Payment of support/cleaning Staff: ☐ Yes ☐ No		
Status of JSY Payments	Payment done till (month/ year) Average Delay in Payment (days): Reasons for delay, if any		
Availability of JSSK entitlements	☐ Yes/ ☒ No		

	If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	3614
2	No. of PW registered for ANC	1
3	No. of PW received 4 or more ANC check-ups	1
4	Total number of institutional deliveries	1
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	5
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	5
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	13
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	30
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	12
	No. of TB patients diagnosed out of the presumptive patients referred	0

	No. of TB patients taking treatment in the AAM	1			
12	% of target population administered CBAC				95%
	% of target population with score below 4				55%
	% of target population with score 4 and above				45%
	Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	
	Hypertension	459	179	-	
	Diabetes	459	-	-	
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up	
	Oral Cancer*	459	0	0	
	Breast Cancer*	187	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 ☐ No
2	Is the facility certified at the State-level for NQAS?	☐ Yes ☒ No
3	Is the facility certified at the National level for NQAS?	☐ Yes ☒ No
4	Is the facility participating in Kayakalp?	☐ Yes ☒ No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	76%
6	Patient Rights	☒ Display of citizen's charter

		☒ Display of IEC materials ☒ Provision for ensuring privacy ☒ Respectful Maternity Care being practiced ☒ All services provided free of cost ☒ Confidentiality assured for patient information
7	Support Services	☒ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☒ Systematic inventory management (medicines/consumables)
8	Infection control	☒ Adherence to biomedical waste management ☒ Adherence to SOPs for disinfection / sterilization of equipment ☒ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	31 ST JAN 2025
2	Facility aggregate score using ODK Took kit	53%

Annexure- List of equipment

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

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

Remarks & Observations

Infrastructure

Significantly outdated and requires urgent renovation. The overall maintenance of the facility is poor, which affects the quality of healthcare services.

Availability of Medical Staff

The appointed doctor does not visit the facility regularly, leading to inconsistency in healthcare delivery. Additionally, there is a shortage of nursing staff, making it difficult to manage patient care effectively.

Facility Maintenance

- The washrooms were found to be unclean and unhygienic.
- There is a shortage of essential medicines, impacting patient treatment.
- The waiting area lacks sufficient space to accommodate patients comfortably.

Patient Load and Management

- The OPD experiences a high patient load, but due to staff shortages, managing the crowd efficiently is a challenge.
- The condition of the IPD ward is poor, requiring immediate attention for better patient care.

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

Urban /Rural:_____

Date of Visit:11/03/2025

A. General Information	
1. State	Andaman
2. District Name	North & Middle
3. Block/Taluka Name	Tugapur
4. Name of Facility	Primary Health Centre
5. Type of Facility	☒ PHC-AAM ☐ UPHC-AAM
6. NIN of the facility	1472843281
7. No. of days in a week facility is operational	7 DAYS
8. OPD Timings	8:30-1:30
9. Month & Year of operationalization of AAM	April 2023
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	
12. Next Referral Facility Name	Dr. RP HOSPITAL, Mayabunder
13. Distance of next referral facility (in Km)	90 Kms
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	-
2. No. of Households	-
3. Total catchment Population	1621
4. Population who are 30 years of age and above	-

B. Physical Infrastructure	
Infrastructure Status and details	Availability

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

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	0	2	2
2.	AYUSH MO*	1	1	0	1	1
3.	Dentist*	1	0	0	0	0
4.	Staff Nurse	2	5	5	0	0
5.	Pharmacist	1	1	1	0	0
6.	Laboratory Technician	1	1	1	0	0
7.	ANM/MPW (F)#	1	2	1	0	0
8.	MPW (M)	1	1	1	0	0
9.	Lady Health Visitor	1	0	0	0	0
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	0	0
12.	Data entry operator	1	0	0	0	0
13.	Sanitation staff	1	2	2	1	1
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)				21	21
15.	ASHA Facilitator (If any, only for Rural areas)					
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	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)	YES	YES	YES	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)	YES	YES	YES	YES	YES	YES
Staff Nurse	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	NO

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

Basic ear, nose, throat (ENT) care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Oral health care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Elderly and Palliative care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Screening & management of mental health ailments	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Emergency Medical Services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

	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)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	200	
3	Availability of medicines for priority conditions	☒ Tuberculosis ☒ Diabetes ☒ Hypertension ☒ Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	☐ Oral Contraceptives ☐ Analgesics / NSAIDs)	☐ Anti-tuberculosis ☐ Anti-fungal

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	☒ In house lab ☐ Outsource (Hub/PPP mode) ☐ Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	16

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

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	☒ Tablet ☐ Smartphone ☐ Laptop ☒ Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	☒ Tablet ☐ Smartphone ☐ Laptop ☒ Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	☒ Yes ☐ No
Teleconsultation platforms	☒ e-Sanjeevani OPD ☐ e-Sanjeevani.in ☐ State specific app Specify, if any
Teleconsultation schedule prepared and displayed	☒ Yes ☐ No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	10

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

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

	87,500/-	81,500/-	93%
Is untied fund being spent on following activities?	Regular payment of Bills: ☒ Yes ☐ No If yes, specify; ☐ Electricity ☒ Drinking Water ☐ Internet Regular purchase: ☐ Yes ☒ No ☐ Medicines ☐ Reagents/Consumables ☐ Equipment Payment of support/cleaning Staff: ☐ Yes ☐ No		
Status of JSY Payments	Payment done till (month/ year) Average Delay in Payment (days): Reasons for delay, if any		
Availability of JSSK entitlements	☐ Yes/ ☒ No If yes, whether all entitlements being provided		

	☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	4,500
2	No. of PW registered for ANC	56
3	No. of PW received 4 or more ANC check-ups	12
4	Total number of institutional deliveries	13
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	11
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	31
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	33
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	17
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	16
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	1
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	142
	No. of TB patients diagnosed out of the presumptive patients referred	6
	No. of TB patients taking treatment in the AAM	6
12	Community Based Screening for NCDs	

	% of target population administered CBAC			358
	% of target population with score below 4			
	% of target population with score 4 and above			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	358	37	32
	Diabetes	358	13	12
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	358	0	0
	Breast Cancer*	224	01	01
	Cervical Cancer*	224	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	☒ Yes ☐ No
2	Is the facility certified at the State-level for NQAS?	☐ Yes ☒ No
3	Is the facility certified at the National level for NQAS?	☐ Yes ☒ No
4	Is the facility participating in Kayakalp?	☐ Yes ☒ No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	☒ Display of citizen's charter ☒ Display of IEC materials ☒ Provision for ensuring privacy

		☒ Respectful Maternity Care being practiced ☒ All services provided free of cost ☒ Confidentiality assured for patient information
7	Support Services	☒ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☒ Systematic inventory management (medicines/consumables)
8	Infection control	☒ Adherence to biomedical waste management ☒ Adherence to SOPs for disinfection / sterilization of equipment ☒ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	19 NOV 2024
2	Facility aggregate score using ODK Took kit	76

Annexure- List of equipment

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

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

Remarks & Observations

Infrastructure & Cleanliness

- The facility does not have a signboard displaying its name.
- The infrastructure is old, and although renovation has been proposed, it has not been implemented.
- Cleanliness is not maintained properly across the facility.
- The laboratory is highly mismanaged, with inadequate testing facilities as per standard norms.
- The microscope in the laboratory is non-functional, and the space is unhygienic.
- The immunization room and labour room are in extremely poor condition, lacking proper sanitation.
- Patient wards have cobwebs, and the walls are damp and deteriorating.
- Washrooms are broken and unhygienic, with no maintenance.
- The labour table is very old, and the sheets on it are outdated and unhygienic.
- Essential items like shoe racks and shoe covers at the labour room entrance are missing.

Service Delivery and Challenges

- The facility conducts periodic outreach camps in tribal areas.
- **Human Resource Shortage:** There is a severe shortage of doctors, leading to an increased workload for the available staff.
- **Infrastructure Issues:** The building is very old, and renovation has been pending for several years.
- **Referral Challenges:** Referring patients from PHC Tugapur is highly difficult as there are no specialist doctors available in North Andaman. All serious cases must be referred to GB Pant Hospital in South Andaman, which poses logistical challenges.
- **Community Outreach Difficulties:** Conducting awareness camps in outreach areas is extremely challenging due to:
 - Difficult terrain, making accessibility a major issue.
 - Lack of interest among tribal communities in health programs.
 - Difficulty in establishing healthcare outreach among tribal populations

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

Urban /Rural:Rural

Date of Visit:11/03/2025

A. General Information	
1. State	ANDAMAN
2. District Name	NORTH & MIDDLE
3. Block/Taluka Name	BILLIGROUND
4. Name of Facility	PHC
5. Type of Facility	☒ PHC-AAM ☐ UPHC-AAM
6. NIN of the facility	5687856574
7. No. of days in a week facility is operational	7 DAYS
8. OPD Timings	8:30-12:30
9. Month & Year of operationalization of AAM	April 2023
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	
12. Next Referral Facility Name	GB PANT
13. Distance of next referral facility (in Km)	150 KMS
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	-
2. No. of Households	-
3. Total catchment Population	-
4. Population who are 30 years of age and above	-

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	☒ Yes ☐ No

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

B.1 Information, Education & communication (IEC) material

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

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

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases
--

Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	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)		YES	YES	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)	YES	YES	YES	YES	YES	YES
Staff Nurse	YES	YES	YES	YES	YES	YES
ANM/ MPW-F	YES	YES	YES	YES	YES	YES
MPW- M	YES	YES	YES	YES	YES	NO
ASHA	YES	YES	YES	YES	YES	NO

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No

Basic ear, nose, throat (ENT) care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Oral health care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Elderly and Palliative care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Screening & management of mental health ailments	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No
Emergency Medical Services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

	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)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	150	
3	Availability of medicines for priority conditions	☒ Tuberculosis ☒ Diabetes ☒ Hypertension ☒ Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	☐ Oral Contraceptives ☐ Analgesics / NSAIDs)	☐ Anti-tuberculosis ☐ Anti-fungal

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	☒ In house lab ☐ Outsource (Hub/PPP mode) ☐ Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	19

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

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	☒ Tablet ☐ Smartphone ☐ Laptop ☒ Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	☒ Tablet ☐ Smartphone ☐ Laptop ☒ Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	☒ Yes ☐ No
Teleconsultation platforms	☒ e-Sanjeevani OPD ☐ e-Sanjeevani.in ☐ State specific app Specify, if any
Teleconsultation schedule prepared and displayed	☒ Yes ☐ No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	20

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

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

	91,000/-	91,000/-	100%
Is untied fund being spent on following activities?	Regular payment of Bills: ☐ Yes ☒ No If yes, specify; ☐ Electricity ☐ Drinking Water ☐ Internet Regular purchase: ☐ Yes ☒ No ☐ Medicines ☐ Reagents/Consumables ☐ Equipment Payment of support/cleaning Staff: ☐ Yes ☒ No		
Status of JSY Payments	Payment done till (month/ year) Average Delay in Payment (days): Reasons for delay, if any		
Availability of JSSK entitlements	☐ Yes/ ☒ No		

	If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	732
2	No. of PW registered for ANC	07
3	No. of PW received 4 or more ANC check-ups	01
4	Total number of institutional deliveries	01
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	03
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	07
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	07
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	NO RECORD
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	2
	No. of TB patients diagnosed out of the presumptive patients referred	-

	No. of TB patients taking treatment in the AAM	05			
12	% of target population administered CBAC				94%
	% of target population with score below 4				-
	% of target population with score 4 and above				-
	Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	
	Hypertension	540	130	130	
	Diabetes	540	87	87	
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up	
	Oral Cancer*	Done by Sub Centres.			
	Breast Cancer*				
	Cervical Cancer*				

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	☒ Yes ☐ No
2	Is the facility certified at the State-level for NQAS?	☐ Yes ☒ No
3	Is the facility certified at the National level for NQAS?	☐ Yes ☒ No
4	Is the facility participating in Kayakalp?	☐ Yes ☒ No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	AWAITED
6	Patient Rights	☒ Display of citizen's charter

		☒ Display of IEC materials ☒ Provision for ensuring privacy ☒ Respectful Maternity Care being practiced ☒ All services provided free of cost ☒ Confidentiality assured for patient information
7	Support Services	☒ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☐ Systematic inventory management (medicines/consumables)
8	Infection control	☒ Adherence to biomedical waste management ☒ Adherence to SOPs for disinfection / sterilization of equipment ☒ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	JAN 2025
2	Facility aggregate score using ODK Took kit	54

Annexure- List of equipment

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

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

Remarks & Observations

Infrastructure

- The facility is well-maintained, with good infrastructure.
- Cleanliness standards are excellent, and the overall upkeep of the PHC is satisfactory.

Key Challenges

Difficulty in Reaching Outreach Areas

- Many outreach areas are difficult to access, especially during cyclonic weather.
- Healthcare workers, including doctors, must travel by motorboat, which is risky and often prevents awareness camps from being conducted.

Lack of a Minor Operation Theatre (OT)

- The facility does not have a Minor OT, which limits its ability to perform small surgical procedures.

Shortage of Technical Staff

- There is a significant shortage of technicians, affecting laboratory and diagnostic services.
- The available staff is insufficient compared to the workload, leading to operational challenges.

**Ayushman Arogya Mandir-Primary Health Centre/ Urban Primary Health Centre (AAM -
PHC/ AAM-UPHC)**

Urban /Rural: Rural

Date of Visit:12/03/2025

A. General Information	
1. State	Andaman & Nicobar
2. District Name	North & Middle
3. Block/Taluka Name	BARATANG
4. Name of Facility	Primary Health Centre
5. Type of Facility	☒ PHC-AAM ☐ UPHC-AAM
6. NIN of the facility	8164844311
7. No. of days in a week facility is operational	6 DAYS
8. OPD Timings	8:30- 1:30
9. Month & Year of operationalization of AAM	April 2023
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	
12. Next Referral Facility Name	GB PANT
13. Distance of next referral facility (in Km)	104
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	23
2. No. of Households	1447
3. Total catchment Population	5400
4. Population who are 30 years of age and above	597

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	☒ Yes ☐ No

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

B.1 Information, Education & communication (IEC) material

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

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

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases
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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	NO	YES	YES
NCD	YES	NO	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	YES	YES	YES	YES	YES	YES
MPW- M	YES	YES	YES	YES	YES	YES
ASHA	YES	YES	YES	YES	YES	YES

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

Basic ear, nose, throat (ENT) care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Oral health care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Elderly and Palliative care services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Screening & management of mental health ailments	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
Emergency Medical Services	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

	F. Availability of Essential medicines		
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	<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	100	
3	Availability of medicines for priority conditions	☒ Tuberculosis ☒ Diabetes ☒ Hypertension ☒ Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	☐ Oral Contraceptives ☐ Analgesics / NSAIDs)	☐ Anti-tuberculosis ☐ Anti-fungal

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	☒ In house lab ☐ Outsource (Hub/PPP mode) ☐ Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	26

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

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

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

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

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

	0	0	
Is untied fund being spent on following activities?	Regular payment of Bills: ☐ Yes ☒ No If yes, specify; ☐ Electricity ☐ Drinking Water ☐ Internet Regular purchase: ☐ Yes ☐ No ☐ Medicines ☐ Reagents/Consumables ☐ Equipment Payment of support/cleaning Staff: ☐ Yes ☐ No		
Status of JSY Payments	Payment done till (month/ year) Average Delay in Payment (days): Reasons for delay, if any		
Availability of JSSK entitlements	☐ Yes/ ☒ No		

	If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	3613
2	No. of PW registered for ANC	03
3	No. of PW received 4 or more ANC check-ups	03
4	Total number of institutional deliveries	02
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	01
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	23
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	26
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	20
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	10
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	59
	No. of TB patients diagnosed out of the presumptive patients referred	06

	No. of TB patients taking treatment in the AAM	04			
12	% of target population administered CBAC				39%
	% of target population with score below 4				12%
	% of target population with score 4 and above				27%
	Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	
	Hypertension	597	49	49	
	Diabetes	597	32	32	
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up	
	Oral Cancer*	597	02	02	
	Breast Cancer*	293	01	01	
	Cervical Cancer*	292	0	0	

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	☒ Yes ☐ No
2	Is the facility certified at the State-level for NQAS?	☐ Yes ☒ No
3	Is the facility certified at the National level for NQAS?	☐ Yes ☒ No
4	Is the facility participating in Kayakalp?	☒ Yes ☐ No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	73%
6	Patient Rights	☒ Display of citizen's charter

		☒ Display of IEC materials ☒ Provision for ensuring privacy ☒ Respectful Maternity Care being practiced ☒ All services provided free of cost ☒ Confidentiality assured for patient information
7	Support Services	☒ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☒ Systematic inventory management (medicines/consumables)
8	Infection control	☒ Adherence to biomedical waste management ☒ Adherence to SOPs for disinfection / sterilization of equipment ☒ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	DEC 2024
2	Facility aggregate score using ODK Took kit	43

Remarks & Observations

Infrastructure and Cleanliness

- The infrastructure is old and in need of renovation.
- The labour room is unhygienic, with no shoe rack or shoe covers at the entrance.
- Furniture is outdated and poorly maintained.
- Cleanliness is not maintained across the facility, including the kitchen, which is in extremely poor condition.

Key Challenges

Lack of Essential Diagnostic Services

- Thyroid tests and HBA1c tests are in high demand but not available at the PHC.
- Patients are forced to get these tests done at private labs or travel long distances for diagnostics.

Geographical Constraints and Connectivity Issues

- Due to the remote location, healthcare facilities and diagnostic centers are far away.
- Teleconsultation services cannot be effectively utilized due to poor network connectivity.

-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit: 10/03/2025

A. General Information	
1. State	ANDAMAN
2. District Name	NORTH MIDDLE
3. Block/Taluka Name	SITANAGAR- II
4. Name of Facility	AAM- SHC
5. Type of Facility	SUB CENTRE
6. NIN of the facility	8457825183
7. No. of days in a week facility is operational	6 DAYS
8. OPD Timings	8:00 AM – 1:30 PM 2:30 PM – 5:00 PM
9. Month & Year of AAM operationalization	April 2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC DIGLIPUR
12. Distance of next referral facility (Km)	5 KMS

A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	676
3. Total catchment Population	2604
4. Population who are 30 years of age and above	955

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

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

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

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

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

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

E. Service Delivery	
Service provided	Reproductive Maternal and Child Health ☒ ANC/ PNC ☒ Neonatal and infant healthcare services ☒ Childhood and Adolescent healthcare services ☒ Family planning, contraceptive and other reproductive healthcare services Communicable diseases ☒ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ☒ TB

	☒ Leprosy ☒ Acute simple illnesses Non-Communicable Diseases ☒ Screening and management of common NCDs (DM, HTN) ☒ Screening of common cancers – Oral ☒ Screening of common cancers – breast ☒ Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services				
Service Packages	Services Available	Drugs available	Diagnostics & consumables available	
Ophthalmic care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	
Basic ear, nose, throat (ENT) care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	
Oral health care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	
Elderly and palliative care services	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	
Screening & management of mental health ailments	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	
Emergency Medical Services	☒ Yes ☐ No	☒ Yes ☐ No	☒ 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)	(Total medicines at AAM-SHC as per national EML is 105)

Total number of medicines available at AAM-SHC	14	
Availability of medicines for priority conditions	☒ Tuberculosis ☒ Diabetes ☒ Hypertension ☒ Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	☐ Oral Contraceptives ☐ Analgesics / NSAIDs) ☐ Anti-pyretic ☐ Anti-allergics ☐ Antidotes for poisoning ☐ Gastrointestinal meds ☐ Anti-filarial ☐ Antibiotics ☐ Anti-leprosy	☐ Anti-tuberculosis ☐ Anti-fungal ☐ Anti-malarial ☐ Anti-hypertensive ☐ Oral hypoglycemics ☐ Hypolipidemic ☐ ORS ☐ Multi-vitamins ☐ Dermatological (cream)
What is the indenting cycle that is followed at the facility?	☐ Fortnightly ☒ Monthly ☐ Quarterly ☐ As required ☐ Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	☒ Less than 1 Week ☐ 1-2 Weeks	

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

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	☒ Tablet ☐ Smartphone ☒ Laptop ☒ Internet connectivity (government funded or other, specify)
Functionality	☒ Tablet ☐ Smartphone ☒ Laptop ☒ Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	☐ Yes ☒ No
Linked Hub for Teleconsultation	☐ PHC ☐ CHC ☐ DH ☐ Medical College Any other, specify:
Platform utilized for teleconsultation	☐ e-Sanjeevani OPD ☐ e-Sanjeevani.in ☐ State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	☐ Yes ☐ No
Common Conditions for which teleconsultation being done	

Total Teleconsultations in the last 01 month	
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I. Reporting	
Online Platforms	Reporting
☐ AAM Portal/App	☒ Yes ☐ No
☐ National NCD Portal/App	☒ Yes ☐ No
☐ IHIP	☒ Yes ☐ No
☐ HMIS	☒ Yes ☐ No
☐ FPLMIS	☒ Yes ☐ No
☐ DVDMS	☐ Yes ☒ No
☐ Nikshay	☒ Yes ☐ No
Specify others, if any:	

J. Finance	
Renumeration & Incentives	
Timely disbursement of incentives to ASHAs	☒ Yes ☐ No
Timely disbursement of renumeration to CHOs	☒ Yes ☐ No
Timely disbursement of renumeration to AAM-SC team (other than CHO)	☒ Yes ☐ No
Disbursement of performance-based incentives to CHO	☒ Yes ☐ No
Disbursement of team-based incentives to AAM-SHC team	☒ Yes ☐ No
Facility funds	
Timely disbursement of untied funds	☒ Yes ☐ No
Fund flow through other sources	☐ Yes ☐ No
Specify any other fund source:	

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.) 0	Expenditure (Amt in Rs.) 0	% Expenditure 0
Is untied fund being spent on following activities	Regular payment of Bills: ☐ Yes ☐ No If yes, specify ☐ Electricity ☐ Drinking Water ☐ Internet Regular purchase: ☐ Yes ☐ No If yes, specify ☐ Medicines ☐ Reagents/Consumables ☐ Equipment Payment of support/cleaning Staff: ☐ Yes ☐ No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms		☒ Yes ☐ No ☒ Yes ☐ No ☒ Yes ☐ No ☒ Yes ☐ No ☒ Yes ☐ No	

		☒ Yes ☐ No
L. Wellness Activities		
Wellness sessions being held periodically		☒ Yes ☐ No
Availability of a trained instructor for wellness session		☒ Yes ☐ No
Health Days are celebrated as per the Wellness Activity Calendar		☒ Yes ☐ No
Number of Wellness sessions conducted in Last month		4.....
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		☒ Yes ☐ No ☐ Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		☒ Yes ☐ No ☐ Partial
Number of Village Health & Sanitation days conducted in last 6 months		
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1017
2	No. of PW registered for ANC	07
3	No. of PW received 4 or more ANC check-ups	03
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	04
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	04
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	19
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	06

	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	01		
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:			36.6% 40% 60%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	700	63	63
	Diabetes	633	47	47
	Oral Cancer	738	07	0
	Breast Cancer	398	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 ☐ No
2	Is the facility certified at the State-level for NQAS?	☐ Yes ☒ No
3	Is the facility certified at the National level for NQAS?	☐ Yes ☒ No
4	Is Facility participating in Kayakalp?	☒ Yes ☐ No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	73.8%
6	Patient Rights	☒ Display of citizen's charter ☒ Display of IEC materials

		☒ Provision for ensuring privacy ☒ Respectful Maternity care being practiced ☒ All services provided free of cost ☒ Confidentiality assured for patient information
7	Support Services	☒ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☒ Systematic inventory management (medicines/consumables)
8	Infection control	☒ Adherence to biomedical waste management ☒ Adherence to SOPs for disinfection / sterilization of equipment ☒ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	19 NOV 2024
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2	Facility aggregate score using ODK Took kit	93.4
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Appendix-List of equipment

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

Remarks & Observations

Infrastructure and Accessibility

- The infrastructure is well-maintained for a sub-health centre.
- The facility is easily accessible by road, ensuring better patient reach.

Key Challenges

Limited Space for Yoga and Wellness Activities

- The facility lacks adequate space for conducting yoga and wellness activities.
- Both AYUSH OPD and allopathic services are operating within a limited area, leading to congestion.

Insufficient Waiting Area

- The waiting area is not spacious enough to accommodate patients comfortably.

Poor Data Maintenance

- Records and data management are not well-maintained, affecting efficiency in service delivery.

Recent Availability of Funds

- The facility reported that it has only recently started receiving funds, which may have affected service expansion and resource availability in the past.

-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit: 10/03/2025

A. General Information	
1. State	ANDAMAN
2. District Name	NORTH & MIDDLE
3. Block/Taluka Name	MAYABUNDER
4. Name of Facility	Health and Wellness Centre
5. Type of Facility	HWC
6. NIN of the facility	1241275138
7. No. of days in a week facility is operational	6 DAYS
8. OPD Timings	8:30 AM -1:00 PM 2: 00 PM – 4:00 PM
9. Month & Year of AAM operationalization	April 2023
10. Accessible from nearest road head (Yes/No)	yes
11. Next Referral Facility	PHC BILLIGROUND
12. Distance of next referral facility (Km)	8 KM

A.1 Demographic Details	
1. Number of Villages	8
2. No. of Households	856
3. Total catchment Population	3078
4. Population who are 30 years of age and above	1584

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	1	1	1	1
3	MPW-M		1	1	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			9	9
4	Any other (If yes, specify)					

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

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

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

E. Service Delivery	
Service provided	Reproductive Maternal and Child Health ☒ ANC/ PNC ☒ Neonatal and infant healthcare services ☒ Childhood and Adolescent healthcare services ☒ Family planning, contraceptive and other reproductive healthcare services Communicable diseases ☒ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ☒ TB

	☒ Leprosy ☒ Acute simple illnesses Non-Communicable Diseases ☒ Screening and management of common NCDs (DM, HTN) ☒ Screening of common cancers – Oral ☒ Screening of common cancers – breast ☒ Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services				
Service Packages	Services Available		Drugs available	Diagnostics & consumables available
Ophthalmic care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Basic ear, nose, throat (ENT) care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Oral health care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Elderly and palliative care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Screening & management of mental health ailments	☒ Yes	☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Emergency Medical Services	☒ Yes	☐ No	☒ Yes ☐ No	☐ 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)	(Total medicines at AAM-SHC as per national EML is 105)

Total number of medicines available at AAM-SHC	64	
Availability of medicines for priority conditions	☒ Tuberculosis ☒ Diabetes ☒ Hypertension ☒ Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	☐ Oral Contraceptives ☐ Analgesics / NSAIDs) ☐ Anti-pyretic ☐ Anti-allergics ☒ Antidotes for poisoning ☐ Gastrointestinal meds ☒ Anti-filarial ☐ Antibiotics ☒ Anti-leprosy	☒ Anti-tuberculosis ☒ Anti-fungal ☒ Anti-malarial ☐ Anti-hypertensive ☐ Oral hypoglycemics ☐ Hypolipidemic ☐ ORS ☐ Multi-vitamins ☐ Dermatological (cream)
What is the indenting cycle that is followed at the facility?	☐ Fortnightly ☐ Monthly ☒ Quarterly ☐ As required ☐ Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	☒ Less than 1 Week ☐ 1-2 Weeks	

	☐ More than 2 Weeks
Is buffer stock for drugs maintained?	☒ Yes ☐ No
DVDMS or any other software is being used for stock management	☒ Yes ☐ No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	6
Mode of diagnostic services	☒ In-house ☐ PPP ☐ Hybrid
Arrangements for Sputum sample transport for TB	☒ Yes ☐ No
Availability of diagnostic testing aids/ equipment	☒ Rapid diagnostic testing kits ☒ Sphygmomanometer ☒ Glucometer ☒ Haemoglobinometer ☒ Thermometer ☐ Urine dipstick ☒ Vaginal speculum ☐ Ortho-toluidine reagent ☐ H ₂ S strip test kit
User fee charged for diagnostics	☐ Yes ☒ No

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	☒ Tablet ☒ Smartphone ☐ Laptop ☒ Internet connectivity (government funded or other, specify)
Functionality	☒ Tablet ☒ Smartphone ☐ Laptop ☒ Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	☐ Yes ☒ No
Linked Hub for Teleconsultation	☐ PHC ☐ CHC ☐ DH ☐ Medical College Any other, specify:
Platform utilized for teleconsultation	☐ e-Sanjeevani OPD ☐ e-Sanjeevani.in ☐ State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	☐ Yes ☐ No
Common Conditions for which teleconsultation being done	

Total Teleconsultations in the last 01 month	
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I. Reporting	
Online Platforms	Reporting
☐ AAM Portal/App	☒ Yes ☐ No
☐ National NCD Portal/App	☒ Yes ☐ No
☐ IHIP	☒ Yes ☐ No
☐ HMIS	☒ Yes ☐ No
☐ FPLMIS	☒ Yes ☐ No
☐ DVDMS	☒ Yes ☐ No
☐ Nikshay	☒ Yes ☐ No
Specify others, if any:	

J. Finance	
Renumeration & Incentives	
Timely disbursement of incentives to ASHAs	☒ Yes ☐ No
Timely disbursement of renumeration to CHOs	☒ Yes ☐ No
Timely disbursement of renumeration to AAM-SC team (other than CHO)	☒ Yes ☐ No
Disbursement of performance-based incentives to CHO	☒ Yes ☐ No
Disbursement of team-based incentives to AAM-SHC team	☒ Yes ☐ No
Facility funds	
Timely disbursement of untied funds	☐ Yes ☒ No
Fund flow through other sources	☐ Yes ☐ No
Specify any other fund source:	

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

Involvement of CHO in community-based platforms		☒ Yes ☐ No
L. Wellness Activities		
Wellness sessions being held periodically		☒ Yes ☐ No
Availability of a trained instructor for wellness session		☐ Yes ☒ No
Health Days are celebrated as per the Wellness Activity Calendar		☒ Yes ☐ No
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 ☐ No ☐ Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		☐ Yes ☐ No ☒ Partial
Number of Village Health & Sanitation days conducted in last 6 months		
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	465
2	No. of PW registered for ANC	3
3	No. of PW received 4 or more ANC check-ups	0
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	10
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	17
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	96

	No. of TB patients diagnosed out of the presumptive patients referred	96	
	No. of TB patients taking treatment in the AAM	0	
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		30% 25% 66%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred Followed-up
	Hypertension	589	9 129
	Diabetes	582	8 81
	Oral Cancer	383	14 0
	Breast Cancer	192	2 0
	Cervical Cancer	192	0 0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	☒ Yes ☐ No
2	Is the facility certified at the State-level for NQAS?	☐ Yes ☒ No
3	Is the facility certified at the National level for NQAS?	☐ Yes ☒ No
4	Is Facility participating in Kayakalp?	☐ Yes ☒ No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	☒ Display of citizen's charter

		☒ Display of IEC materials ☒ Provision for ensuring privacy ☒ Respectful Maternity care being practiced ☒ All services provided free of cost ☒ Confidentiality assured for patient information
7	Support Services	☒ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☒ Systematic inventory management (medicines/consumables)
8	Infection control	☒ Adherence to biomedical waste management ☒ Adherence to SOPs for disinfection / sterilization of equipment ☒ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	DEC 2024
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2	Facility aggregate score using ODK Took kit	54

Appendix-List of equipment

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

Remarks & Observations

Infrastructure and Cleanliness

- The infrastructure is well-maintained with no major issues.
- Cleanliness standards are excellent.
- Essential medicines are adequately available.

Key Challenges

Limited Availability of Diagnostic Tests

- The number of tests available is significantly lower than required as per norms, limiting diagnostic capabilities.

Shortage of ASHA Workers

- The facility has an insufficient number of ASHA workers due to:
- Low wages compared to the workload.
- High transportation and living costs in the region.
- Large geographic distribution, leading to increased travel time.
- As a result, outreach services remain inadequate.

3.3 Safety and Transportation Issues

- Reaching remote tribal communities is challenging due to poor transport facilities.
- Healthcare workers face safety concerns as some tribal groups do not cooperate and, in some cases, have attacked outreach teams.

3.4 Lack of Drinking Water Facility

- The facility does not have an adequate drinking water supply, affecting both staff and patients.

Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit:11/03/2025

A. General Information	
1. State	Andaman & Nicobar
2. District Name	North & Middle
3. Block/Taluka Name	Nimbutala
4. Name of Facility	Sub Health Centre
5. Type of Facility	AAM-SHC
6. NIN of the facility	7738713630
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8:30 AM- 5:00 PM
9. Month & Year of AAM operationalization	April 2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC RANGAT
12. Distance of next referral facility (Km)	6 KM

A.1 Demographic Details	
1. Number of Villages	6
2. No. of Households	897
3. Total catchment Population	3200
4. Population who are 30 years of age and above	1751

B. Physical Infrastructure

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	1	1	0	0
3	MPW-M		1	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			5	5
4	Any other (If yes, specify)					

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

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

E. Service Delivery	
Service provided	Reproductive Maternal and Child Health ☒ ANC/ PNC ☒ Neonatal and infant healthcare services ☒ Childhood and Adolescent healthcare services ☒ Family planning, contraceptive and other reproductive healthcare services Communicable diseases ☒ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ☒ TB ☒ Leprosy ☒ Acute simple illnesses

	Non-Communicable Diseases ☒ Screening and management of common NCDs (DM, HTN) ☒ Screening of common cancers – Oral ☒ Screening of common cancers – breast ☒ Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services				
Service Packages	Services Available		Drugs available	Diagnostics & consumables available
Ophthalmic care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Basic ear, nose, throat (ENT) care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Oral health care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Elderly and palliative care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Screening & management of mental health ailments	☒ Yes	☐ No	☐ Yes ☒ No	☐ Yes ☒ No
Emergency Medical Services	☒ Yes	☐ No	☒ Yes ☐ No	☒ 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)	(Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	70

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

Is buffer stock for drugs maintained?	☒ Yes ☐ No
DVDMS or any other software is being used for stock management	☒ Yes ☐ No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	4
Mode of diagnostic services	☒ In-house ☐ PPP ☐ Hybrid
Arrangements for Sputum sample transport for TB	☒ Yes ☐ No
Availability of diagnostic testing aids/ equipment	☒ Rapid diagnostic testing kits ☒ Sphygmomanometer ☒ Glucometer ☒ Haemoglobinometer ☒ Thermometer ☒ Urine dipstick ☒ Vaginal speculum ☐ Ortho-toluidine reagent ☐ H ₂ S strip test kit
User fee charged for diagnostics	☐ Yes ☒ No

H. Information Technology & Teleconsultation

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

Total Teleconsultations in the last 01 month	
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I. Reporting	
Online Platforms	Reporting
☐ AAM Portal/App	☒ Yes ☐ No
☐ National NCD Portal/App	☒ Yes ☐ No
☐ IHIP	☒ Yes ☐ No
☐ HMIS	☒ Yes ☐ No
☐ FPLMIS	☒ Yes ☐ No
☐ DVDMS	☒ Yes ☐ No
☐ Nikshay	☐ Yes ☒ No
Specify others, if any:	FROM DH

J. Finance	
Renumeration & Incentives	
Timely disbursement of incentives to ASHAs	☐ Yes ☒ No
Timely disbursement of renumeration to CHOs	☒ Yes ☐ No
Timely disbursement of renumeration to AAM-SC team (other than CHO)	☒ Yes ☐ No
Disbursement of performance-based incentives to CHO	☐ Yes ☒ No
Disbursement of team-based incentives to AAM-SHC team	☐ Yes ☒ No
Facility funds	
Timely disbursement of untied funds	☐ Yes ☒ No
Fund flow through other sources	☐ Yes ☒ No
Specify any other fund source:	

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

Involvement of CHO in community-based platforms		☒ Yes ☐ No
L. Wellness Activities		
Wellness sessions being held periodically		☒ Yes ☐ No
Availability of a trained instructor for wellness session		☒ Yes ☐ No
Health Days are celebrated as per the Wellness Activity Calendar		☒ Yes ☐ No
Number of Wellness sessions conducted in Last month		
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		☒ Yes ☐ No ☐ Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		☐ Yes ☐ No ☒ Partial
Number of Village Health & Sanitation days conducted in last 6 months		
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	697
2	No. of PW registered for ANC	4
3	No. of PW received 4 or more ANC check-ups	2
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	2
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	3
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	5
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	6
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	4

	No. of TB patients diagnosed out of the presumptive patients referred	0	
	No. of TB patients taking treatment in the AAM	3	
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:		70% - 709 ()
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred Followed-up
	Hypertension	120	25
	Diabetes	120	27
	Oral Cancer	120	0
	Breast Cancer	72	0
	Cervical Cancer	72	0

N. Implementation of NQAS Quality Assurance and Patient Safety	
1	Has there been an internal assessment for NQAS? ☐ Yes ☒ No
2	Is the facility certified at the State-level for NQAS? ☐ Yes ☒ No
3	Is the facility certified at the National level for NQAS? ☐ Yes ☒ No
4	Is Facility participating in Kayakalp? ☒ Yes ☐ No
5	If yes, achievement under Kayakalp (Winner, commendation) and score 58.4
6	Patient Rights ☐ Display of citizen's charter

		☒ Display of IEC materials ☒ Provision for ensuring privacy ☒ Respectful Maternity care being practiced ☒ All services provided free of cost ☒ Confidentiality assured for patient information
7	Support Services	☒ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☒ Systematic inventory management (medicines/consumables)
8	Infection control	☒ Adherence to biomedical waste management ☒ Adherence to SOPs for disinfection / sterilization of equipment ☒ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	21 DEC 2024
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2	Facility aggregate score using ODK Took kit	54

Appendix-List of equipment

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

Remarks & Observations

- The available staff is inadequate for the large catchment population.
- There is a significant shortage of male staff, making outreach activities more difficult.
- Community Health Officers (CHOs) reported that they often bear travel expenses themselves for outreach activities.
- **No Running Water:** The centre lacks running water, creating difficulties in maintaining hygiene.
- **No Drinking Water Supply:** Even for emergency cases, such as providing hypertension patients with medication, drinking water is unavailable.
- **No Power Backup:** Frequent power cuts affect service delivery.
- **No Refrigerator:** The absence of a fridge affects the storage of essential medicines and vaccines.

-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit: 11/03/2025

A. General Information	
1. State	ANDAMAN & NICOBAR
2. District Name	North & Middle
3. Block/Taluka Name	Kaushalya Nagar
4. Name of Facility	AAM- SHC
5. Type of Facility	SUB HEALTH CENTRE
6. NIN of the facility	3848784884
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8:30 AM- 1:30 PM
9. Month & Year of AAM operationalization	April 2023
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	CHC Rangat
12. Distance of next referral facility (Km)	-

A.1 Demographic Details	
1. Number of Villages	7
2. No. of Households	450
3. Total catchment Population	2007
4. Population who are 30 years of age and above	1153

B. Physical Infrastructure

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	1	1	0	0
3	MPW-M		1	1	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-			7	5
4	Any other (If yes, specify)					

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

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

E. Service Delivery	
Service provided	Reproductive Maternal and Child Health ☒ ANC/ PNC ☒ Neonatal and infant healthcare services ☒ Childhood and Adolescent healthcare services ☒ Family planning, contraceptive and other reproductive healthcare services Communicable diseases ☒ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ☒ TB ☒ Leprosy ☒ Acute simple illnesses

	Non-Communicable Diseases ☒ Screening and management of common NCDs (DM, HTN) ☒ Screening of common cancers – Oral ☒ Screening of common cancers – breast ☒ Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services				
Service Packages	Services Available		Drugs available	Diagnostics & consumables available
Ophthalmic care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Basic ear, nose, throat (ENT) care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Oral health care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Elderly and palliative care services	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Screening & management of mental health ailments	☒ Yes	☐ No	☒ Yes ☐ No	☐ Yes ☒ No
Emergency Medical Services	☒ Yes	☐ No	☒ Yes ☐ No	☒ 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)	(Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	128

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

Is buffer stock for drugs maintained?	☒ Yes ☐ No
DVDMS or any other software is being used for stock management	☒ Yes ☐ No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	8
Mode of diagnostic services	☒ In-house ☐ PPP ☐ Hybrid
Arrangements for Sputum sample transport for TB	☒ Yes ☐ No
Availability of diagnostic testing aids/ equipment	☒ Rapid diagnostic testing kits ☒ Sphygmomanometer ☒ Glucometer ☐ Haemoglobinometer ☒ Thermometer ☐ Urine dipstick ☒ Vaginal speculum ☐ Ortho-toluidine reagent ☐ H ₂ S strip test kit
User fee charged for diagnostics	☐ Yes ☒ No

H. Information Technology & Teleconsultation

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

Total Teleconsultations in the last 01 month	
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I. Reporting	
Online Platforms	Reporting
☐ AAM Portal/App	☒ Yes ☐ No
☐ National NCD Portal/App	☒ Yes ☐ No
☐ IHIP	☒ Yes ☐ No
☐ HMIS	☒ Yes ☐ No
☐ FPLMIS	☒ Yes ☐ No
☐ DVDMS	☒ Yes ☐ No
☐ Nikshay	☒ Yes ☐ No
Specify others, if any:	

J. Finance	
Renumeration & Incentives	
Timely disbursement of incentives to ASHAs	☐ Yes ☒ No
Timely disbursement of renumeration to CHOs	☒ Yes ☐ No
Timely disbursement of renumeration to AAM-SC team (other than CHO)	☒ Yes ☐ No
Disbursement of performance-based incentives to CHO	☒ Yes ☐ No
Disbursement of team-based incentives to AAM-SHC team	☒ Yes ☐ No
Facility funds	
Timely disbursement of untied funds	☐ Yes ☒ No
Fund flow through other sources	☐ Yes ☒ No
Specify any other fund source:	

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	
	0	0	0	
Is untied fund being spent on following activities	Regular payment of Bills: ☐ Yes ☐ No If yes, specify ☐ Electricity ☐ Drinking Water ☐ Internet Regular purchase: ☐ Yes ☐ No If yes, specify ☐ Medicines ☐ Reagents/Consumables ☐ Equipment Payment of support/cleaning Staff: ☐ Yes ☐ No			
K. Governance				
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned)		☒ Yes ☐ No ☒ Yes ☐ No ☒ Yes ☐ No ☒ Yes ☐ No ☒ Yes ☐ No		

Involvement of CHO in community-based platforms		☒ Yes ☐ No
L. Wellness Activities		
Wellness sessions being held periodically		☒ Yes ☐ No
Availability of a trained instructor for wellness session		☒ Yes ☐ No
Health Days are celebrated as per the Wellness Activity Calendar		☒ Yes ☐ No
Number of Wellness sessions conducted in Last month		3.....
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		☒ Yes ☐ No ☐ Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		☒ Yes ☐ No ☐ Partial
Number of Village Health & Sanitation days conducted in last 6 months		
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	462
2	No. of PW registered for ANC	6
3	No. of PW received 4 or more ANC check-ups	12
4	Total number of institutional deliveries	5
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	3
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	4
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	5
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	10
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	1

	No. of TB patients diagnosed out of the presumptive patients referred	0	
	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:		60% 30% 69%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred Followed-up
	Hypertension	148	74 68
	Diabetes	143	66 64
	Oral Cancer	143	0 0
	Breast Cancer	-	- -
	Cervical Cancer	-	- -

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	☒ Yes ☐ No
2	Is the facility certified at the State-level for NQAS?	☐ Yes ☒ No
3	Is the facility certified at the National level for NQAS?	☐ Yes ☒ No
4	Is Facility participating in Kayakalp?	☒ Yes ☐ No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	50%
6	Patient Rights	☐ Display of citizen's charter

		☒ Display of IEC materials ☒ Provision for ensuring privacy ☒ Respectful Maternity care being practiced ☒ All services provided free of cost ☒ Confidentiality assured for patient information
7	Support Services	☒ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☒ Systematic inventory management (medicines/consumables)
8	Infection control	☒ Adherence to biomedical waste management ☒ Adherence to SOPs for disinfection / sterilization of equipment ☒ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	21 SEP 2024
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2	Facility aggregate score using ODK Took kit	51

Appendix-List of equipment

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

Remarks & Observations

- The boundary wall is incomplete, allowing stray animals like cats, dogs, and rats to enter the facility.
- The windows lack protective mesh, further increasing the risk of contamination.
- This is particularly concerning, as leptospirosis (Lepto) cases are prevalent in the area.
- Cleanliness is poorly maintained.
- **No Drinking Water Supply:** Patients and staff face difficulties due to the unavailability of drinking water.
- **No Running Water Connection:** Affects hygiene and sanitation.
- **No Power Backup:** Service delivery is impacted during power outages.
- **No Dressing Facility:** Limits wound care and minor medical procedures.
- **Oral Contraceptives Not Available:** Affects family planning services.
- **Furniture is Outdated:** Tables, chairs, and racks are old and inadequate for efficient functioning.