

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



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## **INTRODUCTION**

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

The report is prepared on the basis of visits to the following public health care facilities visited by the PRC-IEG Team: Ms Purva Bhalla and Dr. William Joe. The facilities which team visited are CHC Bebejia, CHC Kaoimari, PHC Deodhar, PHC Buragohainthan, UPHC Dhing Gate, PHC Samaguri, AAM Pathari, HWC Dakarghat, UAAM Lakhinagar and AAM Gendhali. Meetings were held with the Chief District Medical Officer (CDMO) and the nodal programme officers, the Medical Officer-in-Charge (MOIC), facility (MOs, ANMs, etc.) and community level health care providers (ASHAs, Anganwadi workers etc.) and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning.

## **KEY OBSERVATION: DISTRICT**

**Facility HR and Infrastructure:** District healthcare facilities have basic amenities but face shortage of staff, space constraints in labor rooms, slow data portals, and limited geriatric and disability-friendly features. Specialist shortages persist with no vacancies, while biomedical waste is managed through designated disposal systems.

**AAM Services:** AAM Sub-Health Centres offer primary care, NCD screenings, and basic diagnostics with trained staff and proper display of IEC materials. While essential medicines and tests are available, some facilities face drug shortages. Teleconsultation services exist but remain underutilized due to technical challenges.

**NCD screening Implementation of National Health Programme:** Facilities conduct active screenings for hypertension, diabetes, and cancer, with varying referral rates and NCD coverage between 60% and 100%. HIV testing and TB management are in place with proper sample transportation. CBAC screenings help assess risks, ensuring targeted follow-ups for high-risk cases.

**Drugs and Diagnostics:** Most facilities maintain an Essential Medicines List with 85%–98% drug availability, though some face shortages due to slow DVDMS supply chains. Diagnostics include in-house and PPP model tests, with essential screenings like thyroid function, vitamin D, and HbA1c. Free X-ray services are available, but some facilities lack AERB-certified machines.

**Delivery Care Services:** CHCs conduct up to 180 deliveries monthly, with high-risk pregnancies are referred to Medical college. Functional NBCCs ensure neonatal care, while JSY and JSSK entitlements are provided, though some payments face delays due to fund shortages.

**Untied Funds Utilization:** NHM untied funds are effectively utilized, with most facilities achieving over 95% utilization. Expenditures cover salaries, maintenance, and medical supplies, while JAS meetings ensure oversight. Some facilities experience minor delays in fund disbursement due to administrative inefficiencies.

**Data Portal and Reporting:** Facilities efficiently use digital reporting platforms like HMIS, FPLMIS, DVDMS, Nikshay, and IHIP, ensuring timely data submission. However, slow portal performance affects drug stock management, highlighting the need for training to enhance reporting efficiency.

**Teleconsultation:** Some facilities successfully use the e-Sanjeevani teleconsultation platform for common conditions like hypertension and diabetes, others face technical issues, login challenges, and staff awareness gaps, leading to underutilization.

**Quality Assurance Program:** Several facilities have earned Kayakalp awards for cleanliness, while internal NQAS assessments and IPHS compliance scores (30%-85%) highlight quality variations, necessitating regular monitoring for improvement.

**Family Planning Services:** Family planning services, including IUCD and PPIUCD insertions, are available with staff-led counseling, though sterilization rates remain low. FPLMIS tracks contraceptive logistics, while community programs promote adoption.

**Community Interaction:** The community relied on public healthcare for routine check-ups and essential medicines, though occasional shortages led some to private pharmacies. Minor ailments were often treated with home remedies. While modern healthcare was accepted, there was a growing need for expanded diagnostics, mental health counseling, and specialized care for chronic diseases, forcing many to seek costly private options.

## **KEY OBSERVATION: FACILITY**

**CHC Bebejia:** The facility manages biomedical waste through burial pits and outsourcing, offers free X-rays with a non-AERB-certified machine, and provides diagnostics via in-house and PPP services. Despite winning the Kayakalp award (2023-24), NQAS and LaQshya remain unimplemented. Funds (₹44,000) support salaries and maintenance. Key challenges include specialist shortages, space constraints, slow digital portals, and uncertain physiotherapist availability.

**CHC Kaoimari:** The facility manages high OPD and delivery loads. A gynaecologist, is available and on-call specialists, and teleconsultation services conducting in the facility. Blood supply is arranged via a medical college. Both inhouse and outsourced diagnostic tests available but lacks a radiologist for ultrasounds. X-ray services are AERB-certified. Key challenges include outdated wiring, faulty OT equipment, staff shortages, lack of a public toilet, and poor road infrastructure affecting accessibility.

**PHC Deodhar:** There is no AYUSH MO or dentist. Comprehensive training on RMNCHA+, communicable and non-communicable diseases, and expanded CPHC packages has been provided to the staff. Teleconsultation through e-Sanjeevani is underutilized, with only three cases last month due to mobile issues.

**PHC Buragohain Than:** The facility infrastructure is old and services are often disrupted during rainy season due to water-logging in the premises as well as instances of leakages. The facility has very low delivery load. Teleconsultation services are available across PHCs, CHCs, DHs, and MCHs with a displayed schedule, but utilization remains low, with only three consultations last month, mainly for abdominal discomfort.

**PHC Samaguri:** The facility is a designated delivery point with a Nutrition Rehabilitation Centre (NRC) and proper Biomedical Waste (BMW) management, including sharps disposal and deep burial pits. Expanded CPHC package training has been completed by all the staff. Paediatrician is available on weekly basis.

**UPHC Dhing Gate:** proper training has not been provided for RMNCHA+ and Communicable & Non-Communicable Diseases, staff have received training for expanded CPHC packages. Currently, teleconsultation services are non-functional due to login issue faced by the Medical Officer since October. Governance and record-keeping remain efficient, with the Jan Arogya Samiti (JAS) meetings conducted regularly.

**AAM SC Dakarghat:** All staff members have received training in RMNCHA+, communicable and non-communicable diseases, and the Expanded CPHC packages. Periodic JAS meetings are held and minutes are recorded. VHSNC (once a month) and VHND (once a week) sessions are regular.

**AAM Pathari:** The facility is not a designated delivery point but provides on-site accommodation for the CHO and ANM. It facilitates TB sputum transport and recorded three teleconsultations last month. Quality assurance is yet to be implemented, drinking water is poor due to high iron, and essential digital devices are lacking. The new building is complete but awaits handover.

**AAM Gendhali:** The facility has trained staff in the expanded CPHC package. It lacks power backup. Teleconsultation is linked with PHC, DH, Medical College, and NHM Assam via e-Sanjeevani. Community engagement is strong through JAS, VHSNC, and VHND meetings. NQAS assessments have been completed, achieving state and national certifications.

**UAAM Lakhinagar:** The facility follows CPHC branding guidelines with the prescribed color scheme and logo. It has an OPD room with an examination table and privacy curtain but lacks separate functional toilets for males and females. Training gaps exist, as the MO, MPWs (M), and ASHAs have not received expanded CPHC package training.



**CHC Bebejia**



**CHC Kaomari**



**UPHC Dhing Gate**



**PHC Deodhar**



**PHC Buragohain Than**



**PHC Samaguri**



**UAAM Lakhinagar**



**AAM Pathari**



**AAM Dakarghat**



**AAM Gendhali**

## **KEY RECOMMENDATIONS:**

- **Strengthening Human Resources-** Recruit and retain skilled healthcare professionals, especially specialists, by offering incentives and improving working conditions. Regular capacity-building programs should be conducted to enhance staff competencies.
- **Infrastructure Development-** Upgrade existing healthcare facilities, ensure availability of essential medical equipment, and address infrastructure gaps such as drainage, ventilation, and patient amenities.
- **Enhancing Emergency and Critical Care Services-** Establish functional blood storage units, improve ambulance services with real-time tracking, and ensure round-the-clock emergency response in all major health facilities.
- **Expanding Digital and Telemedicine Services-** Improve the efficiency of telemedicine platforms like e-Sanjeevani by addressing technical issues and providing necessary training for digital consultations.
- **Ensuring Quality and Accreditation-** Accelerate the implementation of national healthcare quality standards (NQAS, LaQshya, Kayakalp) and conduct regular facility assessments to ensure high standards of patient care and hygiene.
- **Optimizing Referral and Patient Management Systems-** Strengthen coordination between sub-centers, PHCs, CHCs to improve patient referral efficiency and reduce treatment delays.
- **Promoting Community Health Awareness and Participation-** Conduct extensive awareness campaigns on preventive healthcare, maternal and child health, and non-communicable diseases. Establish community feedback mechanisms to enhance patient satisfaction.
- **Enhancing Supply Chain and Medicine Availability-** Ensure uninterrupted supply of essential drugs, diagnostics, and consumables, with regular monitoring of stock levels and distribution efficiency.
- **Strengthening Public Health Programs-** Improve the implementation of national health programs related to maternal health, child immunization, nutrition, and disease control through better coordination and monitoring.
- **Addressing Social Determinants of Health-** Collaborate with other sectors to improve sanitation, drinking water, and nutrition, addressing key factors that influence public health outcomes.

## CHECKLISTS

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

Urban/ Rural: **Rural**

Date of Visit: **15-02-2025**

General Information	
Name of facility visited	Bebejia CHC
Facility Type	CHC
FRU	No
Accessible from nearest road head	Yes
Next Referral Point	Facility: Nagaon Medical College Hospital Distance: 10 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 <b>08:00 am to 01:30 pm</b>	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	No	Observation
3. Condition of infrastructure/building  Please comment on the condition and tick the appropriate box	<p>Comments: <b>Satisfactory but need to repair</b></p> <p><input checked="" type="checkbox"/> 24*7 running water facility</p> <p><input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)</p> <p><input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female)</p> <p><input checked="" type="checkbox"/> Drinking water facility available</p> <p><input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement</p> <p><input type="checkbox"/> ASHA rest room is available</p> <p><input checked="" type="checkbox"/> Drug storeroom with rack is available</p> <p>Power backup: <b>Complete Hospital</b></p>	Observation Observation
4. Number of functional in-patient beds	22 beds	As reported/Hospital Citizen Charter Board
5. List of Services available	<ul style="list-style-type: none"> <li>• RCH</li> <li>• JSSK</li> <li>• JSY</li> <li>• RBSK</li> <li>• PNC</li> <li>• Family Planning</li> <li>• Immunization</li> <li>• NVBDSP</li> </ul>	As reported/Hospital Citizen Charter Board

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<ul style="list-style-type: none"> <li>Adolescent health</li> <li>NTEP</li> <li>OPD</li> <li>IPD</li> <li>NBCC</li> <li>Laboratory</li> <li>Radiology</li> <li>NCD</li> <li>Birth &amp; Death</li> </ul>				
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N	As	reported/Hospital Citizen Charter Board
	1	Medicine	No		
	2	O&G	No		
	3	Pediatric	No		
	4	General Surgery	No		
	5	Anesthesiology	No		
	6	Ophthalmology	No		
	7	Dental	No		
	8	Imaging Services (X-ray)	Yes		
	9	Imaging Services (USG)	No		
10	Newborn Stabilization Unit	No			
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available			As reported	
<ul style="list-style-type: none"> <li>If Yes, Mention the specialists available 24*7</li> </ul>	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <ul style="list-style-type: none"> <li><input type="checkbox"/> Others, specify: <b>extended PMSMA- 9<sup>th</sup> and 19<sup>th</sup></b></li> </ul>			As reported PMSMA(MO)	
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: <b>Yes</b>  Facilities available for: 1. Triage: Yes 2. Resuscitation: No 3. Stabilization: No			Observation: Verify if triage area is marked	
6. Tele-medicine/Consultation services available	<b>No</b> If yes, average number of teleconsultations per day for the last month If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input type="checkbox"/> No			Tele-medicine records register/ e-Sanjeevani Portal	
7. Operation Theatre available	<b>No</b> If yes, Major OT <input type="checkbox"/> Minor OT <input type="checkbox"/>			Observation Ensure signage and protocol displays	
8. Availability of functional Blood Storage Unit	<b>No</b> <ul style="list-style-type: none"> <li>If yes, number of units of blood currently available:</li> <li>No. of blood transfusions done in last month:</li> </ul>			Blood Storage Unit records, Register	

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	<input checked="" type="checkbox"/> <b>Sharp pit</b> <input checked="" type="checkbox"/> <b>Deep Burial pit</b> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> <input checked="" type="checkbox"/> <b>Managed through outsourced agency</b> Other System, if any: (Specify)	Observation Fresh air (2 days in a week)
11. IT Services infrastructure	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: Yes</li> <li>Internet connectivity: Yes</li> </ul> Quality/strength of internet connection: <u>Satisfactory</u>	As reported Airtel Fibre

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	4	0	0
	Specialists	Medicine		0		0
		Ob-Gyn		0		0
		Pediatrician		0		0
		Anesthetist		0		0
	Dentist			0		0
	SNs/ GNMs		5	5	1	1
	LTs		2	2	0	0
	Pharmacist		2	1		0
	Dental Assistant/ Hygienist			0		0
	Hospital/ Facility Manager			0		0
	EmOC trained doctor			0		0
	LSAS trained doctor			0		0
	Others			14		5
	MO (AYUSH)		1	1		

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp  2023-2024 Award- 1,00,000/-	Initiated: <b>Yes</b> Facility score: <b>70.12</b> Award received: <b>Since 2018</b> <b>Commendation</b>	Kayakalp Assessment report Verify certificate if awarded

14. NQAS	Assessment done: <b>NO</b> Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded	
15. LaQshya	Labour Room: LaQshya Certified - <b>No</b> If No, Assessment Done - <b>No</b> Operation Theatre: LaQshya Certified - <b>No</b> If No, Assessment Done - <b>No</b>	LaQshya Assessment Report – check score Verify certificate if awarded	
<b>D. DRUGS AND DIAGNOSTICS</b>			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<b>Yes</b>	Verify EDL Displayed	
	If yes, total number of drugs in EDL <b>272</b>  EDL displayed in OPD Area: <b>Yes</b>  No. of drugs available on the day of visit (out of the EDL) <b>265</b>		
17. Implementation of DVDMS or similar supply chain management system	<b>Yes</b>  If other, which one	Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	POP	As reported,
	2	Rabipazol	check DVDMS,
	3	Omipazol	E-aushadhi, etc.
	4	NS	
	5	Syringe	
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> <b>Sufficient Supply</b> <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage  In last 6 months, how many times there was a shortage- <b>None</b>	As reported  Stock/Indent register	
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> <b>In-house</b> <input checked="" type="checkbox"/> <b>Outsourced/ PPP</b> <input type="checkbox"/> Both/ Mixed	As reported;	
• In-house tests <b>TSH</b> <b>VHP</b> <b>Fertility</b>	Timing: <b>08:00 am to 01:30 pm</b> Total number of tests available against Essential Diagnostic tests list for CHC <b>39</b>	Obtain the complete list of diagnostic tests performed in- house	
• Outsourced/ PPP <b>Krsnaa Diagnostic</b>	Timing: <b>08:00 am to 01:30 pm</b>	Obtain the complete list of diagnostic tests	

	Total number of tests Provided by PPP Provider <b>47</b>	outsourced/done in PPP mode
21. X-ray services is available  <b>300 X-ray Chest TB</b>	<b>Yes</b> If Yes, type & no. of functional X-ray machine is available in the hospital: <b>ADONIS AE-500</b>  Is the X-ray machine AERB certified: <b>No</b>	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> <b>Free for all</b>	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits <b>Rapid Diagnostics Kits- NIL</b>	<input checked="" type="checkbox"/> <b>Sufficient Supply</b> <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – ( <a href="https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf</a> ) )	No	As reported
25. Average downtime of equipment (days)  Details of equipment are nonfunctional for more than 7 days	No	As reported
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
26. Availability of delivery services	<b>Yes</b>	As reported
• If the facility is designated as FRU, whether C-sections are performed	<b>No</b>  Number of normal deliveries performed in last month: <b>3</b> No. of C-sections performed in last month: <b>0</b>	Verify C-section records from Maternity OT registers
<input checked="" type="checkbox"/> Comment on condition of:	Labour room: <b>Congested area</b> OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <b>Yes</b>	Observation
27. Status of JSY payments <b>JSY JSSK 1400+ 700</b>  <b>PPIUCP- 300</b>	Payment is up to date: <b>Yes</b> Average delay: (Average for how many days/patients) <b>2 days</b>	Verify from JSY status report

	<p>Payment done till: <b>February</b></p> <p>Payment done till: Current month Last month - 4 Last 3 Months - 5 Last 6 Months - 11</p> <p>Reasons for delay: <b>Migrants</b></p>	
28. Availability of JSSK entitlements	<p><b>Yes</b></p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	As reported/As Displayed in Maternity Ward
29. PMSMA services provided on 9 <sup>th</sup> of every month	<p><b>Yes</b></p> <p>If yes, how many high risks pregnancies are identified on 9<sup>th</sup> for previous month: <b>9</b></p> <p>If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<b>Yes</b>	Verify Register availability
31. Practice related to Respectful Maternity Care	<p><input checked="" type="checkbox"/> Privacy maintained during examination ensured</p> <p><input type="checkbox"/> Birth attendant allowed in Labour room</p> <p><input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian</p> <p><input checked="" type="checkbox"/> Safe care environment maintained</p>	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<b>Yes</b>	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	<p>Previous year: 0</p> <p>Current year: 0</p>	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	<p>Previous year: 0</p> <p>Current year: 0</p>	Maternal Deaths Records/Review

35. If Comprehensive Abortion Care (CAC) services available	Yes	CAC register		
36. Availability of vaccines and hub cutter	Yes Nurses/ ANM aware about open vial policy: Yes	Observation Staff review		
37. Number of newborns immunized with birth dose at the facility in last 3 months	November-3 December-5 <b>total= 9</b> January-2	Immunisation Register		
38. Newborns breastfed within one hour of birth during last month	November-3 December-5 <b>total= 9</b> January-2	Verify BF records		
39. Number of sterilizations performed in last one month	No	FP Sterilizations register Verify if fixed days of sterilization exist		
40. Availability of trained provider for IUCD/ PPIUCD	Yes	As reported, Verify training received		
41. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse Medical Officer <input type="checkbox"/> Others (Specify) _____	As reported		
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	<b>Condom, IUCD, PPIUCD</b>	Observation/ FP records and registers		
43. FPLMIS has been implemented	<b>Yes</b>	Check software		
44. Availability of functional Adolescent Friendly Health Clinic	<b>No</b>  If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register		
45. Whether facility has functional NCD clinic	Yes If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	No			
47. Number of individuals screened for the following in last 6 months:	NCD			
		Screened	Confirmed	NCD Register
	a. Hypertension	266	147	
b. Diabetes	266	60		

	c. Oral Cancer	0	0	
	d. Breast Cancer	0	0	
	e. Cervical Cancer	0	0	
48. Whether reporting weekly data in P, S and L form under IDSP	<b>Yes</b>			Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <b>Yes</b>			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 70.2%			DBT/Nikshay Report
	If anti-TB drugs available at the facility: <b>Yes</b> If yes, are there any patients currently taking anti-TB drugs from the facility: <b>Yes</b>			DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months			DBT/Nikshay Report <b>Only in Civil Hospital and Medical College</b>
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? No Investigations within public sector for other tests? Yes Outsourced testing? Yes			As reported
	Are all TB patients tested for HIV? Yes Are all TB patients tested for Diabetes Mellitus: Yes			DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: -			DBT/Nikshay Report
	50. Status on Leprosy eradication programme Suspected case-7	Nos. of new case detected by Field Worker in last 12 months: 0 Out of those, how many are having Gr. II deformity: 0 Frequency of Community Surveillance:		
<b>F. RECORDS, FINANCE, OTHERS</b>				

51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): Yes TB Notification Registers: Yes Malaria cases: No Palliative cases: No Cases related to Dengue and Chikungunya: No Leprosy cases: No	Respective records			
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: SNA-370795 HMC-752765 State Fund-40500  Fund utilized last year: SNA-270996 HMC-758047 State Fund-46500	Facility FMR			
	Fund in prev. FY				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Utilized</th> <th style="width: 50%; text-align: center;">% Utilized</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	Utilized	% Utilized		
	Utilized	% Utilized			
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: <b>Staff, Driver, Laboratory Room, Fresh air payment, Complete Assistant, Night Chowkdc 44000/-</b>	RKS Register				
53. Status of data entry in (match with physical records)	HMIS: Updated MCTS: Updated IHIP: Updated HWC Portal: Not updated Nikshay Portal: Not updated	Check respective portals at the facility wrt last entries			
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	<b>Last Meeting 31 03 2024 MLA not giving time</b>	RKS Register			
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported			

	Comment (if any):	
<ul style="list-style-type: none"> <li>How many cases from sub centre/ PHC were referred to this CHC last month?</li> </ul>	Number: 3 Types of cases referred in: Diabetic	Referral-in register
<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number: 4 Types of cases referred out: ANC	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Specialist (No Vacancy) Migrants POP (Break Kilos)	
b) Triage/Labor Room Small (Not)	
c) Portal Slows Drug/Stocks- Monthly indent	
d) Reporting/Training Physiotherapist?	
e) X-ray	

Remarks & Observations (Write in Bullets within 100-300 words)
<p>The healthcare facility operates its OPD from 08:00 AM to 01:30 PM and has satisfactory infrastructure, though some repairs are needed. It ensures essential amenities, including a 24/7 running water supply, clean and functional gender-segregated toilets, and a drinking water facility. The OPD waiting area has adequate seating arrangements, and the drug storeroom is well-equipped with racks and backup support. The facility lacks geriatric and disability-friendly features such as ramps and an ASHA rest room. It has 22 functional in-patient beds and offers a wide range of services, including RCH, JSSK, JSY, RBSK, PNC, family planning, immunization, NVBDSP, adolescent health, NTEP, OPD, IPD, NBCC, laboratory, radiology, NCD, and birth &amp; death registration. Biomedical waste is managed through a sharp pit and deep burial pit, with outsourced waste disposal by Fresh Air twice a week. IT infrastructure includes desktops/laptops with internet connectivity via Airtel Fibre, which is rated satisfactory.</p> <p>The healthcare facility handles an average of 60-65 OPD patients daily, charging a nominal registration fee of ₹10 as per norms. It provides free X-ray services with an ADONIS AE-500 X-ray machine, though it is not AERB-certified. PMSMA services are conducted twice a month on the 9th and 19th, but teleconsultation services are not available. The facility received a Kayakalp award of ₹1,00,000 for 2023-2024, with a facility score of 70.12, and has been awarded since 2018. However, commendation and NQAS and LaQshya programs have not been implemented. The facility maintains an Essential Medicines List (EML) with 272 drugs, of which 265 were available on the day of the visit, and the EDL is displayed in the OPD area. It follows a DVDMS supply chain management system. Essential diagnostic services are provided both in-house and through a PPP model with Krsnaa Diagnostics. In-house diagnostics include tests such as TSH, VHP, and fertility tests, with a total of 39 essential diagnostic tests available. The PPP provider offers an additional 47 tests. All diagnostic services, including lab tests, X-rays, and USG, are provided free of cost to patients.</p> <p>The healthcare facility conducts 3-4 deliveries per month, though the labor room is congested. A functional newborn care corner with a radiant warmer and neonatal ambu bag is available. JSY and JSSK payments are up to date, with ₹1,400+₹700 provided under JSY and ₹300 for PPIUCD, though there is an average delay of two days due to migrant-related issues. Payments have been processed</p>

up to February, covering 4 cases in the last month, 5 in the last three months, and 11 in the last six months. All JSSK entitlements, including free delivery (normal and C-section), free diet, drugs, diagnostics, referral transport, and no user charges, are provided. High-risk pregnancies are line-listed, and respectful maternity care practices, including privacy, informed consent, and a safe environment, are ensured. The facility maintains registers for births and deaths, reporting no maternal or child deaths in the previous or current year. Comprehensive Abortion Care (CAC) services are available, and vaccines with hub cutters are stocked, with nurses and ANMs aware of the open vial policy. In the past three months, birth dose immunization was administered to 3 newborns in November, 5 in December, and 2 in January, with the same number breastfed within one hour of birth. No sterilizations were performed in the last month, but trained providers for IUCD/PPIUCD services are available, and staff nurses counsel on family planning. The FPLMIS system has been implemented to manage logistics efficiently.

In the last financial year, the facility received funds under NHM, including ₹3,70,795 from SNA, ₹7,52,765 from HMC, and ₹40,500 from the State Fund. The utilization amounted to ₹2,70,996 for SNA, ₹7,58,047 for HMC, and ₹46,500 from the State Fund. The facility regularly utilizes the RKS/Untied Fund for expenses related to staff salaries, driver payments, laboratory room maintenance, Fresh Air payment, complete assistant services, and night chowkidar salaries, with an expenditure of ₹44,000.

The healthcare facility faces several key challenges. There is a lack of specialist doctors, with no vacancies available to fill the requirement. The migrant population poses additional challenges in service delivery. The triage and labor room are small, leading to space constraints. Slow portal functioning affects drug and stock management, which operates on a monthly indent system. Reporting and training require improvement, and there is uncertainty regarding the availability of a physiotherapist. Challenges exist in the X-ray services as it not certified, impacting overall diagnostic efficiency

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

Urban/ Rural: **Rural**

Date of Visit: **17-02-2025**

General Information	
Name of facility visited	Kawaimari FRU
Facility Type	CHC
FRU	Yes
Accessible from nearest road head	Yes
Next Referral Point	Facility: Nagaon Medical College Distance: <b>20 Km</b>

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 <b>09 am – 01 pm</b>	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	No	Observation
3. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments: <b>Poor Infrastructure</b>	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available  Power backup: Complete Hospital	Observation
4. Number of functional in-patient beds	30 beds	As reported/Hospital Citizen Charter Board
5. List of Services available	<ul style="list-style-type: none"> <li>• OPD</li> <li>• Emergency</li> <li>• Labor</li> <li>• LSCS OT</li> <li>• ANC</li> <li>• PNC</li> <li>• PMSMA</li> <li>• Immunization</li> <li>• CCP</li> <li>• Birth &amp; Death</li> <li>• Family Planning</li> </ul>	As reported/Hospital Citizen Charter Board

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
10. Biomedical waste management practices	<input checked="" type="checkbox"/> Sharp pit <input checked="" type="checkbox"/> Deep Burial pit Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> <li>Desktop/ Laptop available: <b>Yes</b></li> <li>Internet connectivity: <b>Yes</b></li> </ul> Quality/strength of internet connection: <b>Strong Connection</b>	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)			2		2 (1 AYUSH MO)
	Specialists	Medicine				
		Ob-Gyn		2(Call basis)		
		Pediatrician				
		Anesthetist		1 (Call basis)		
	Dentist					
	SNs/ GNMs			4		6
	LTs					2
	Pharmacist			1		1
	Dental Assistant/ Hygienist					
	Hospital/ Facility Manager					
	EmOC trained doctor					
	LSAS trained doctor					
	Others					

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: Yes Facility score: 75% Award received: Winner <input type="checkbox"/> <input checked="" type="checkbox"/> Commendation	Kayakalp Assessment report Verify certificate if awarded

14. NQAS <b>No plan</b>	Assessment done: Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded															
15. LaQshya <b>No plan</b>	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No	LaQshya Assessment Report – check score Verify certificate if awarded															
<b>D. DRUGS AND DIAGNOSTICS</b>																	
16. Availability of list of essential medicines (EML)/ drugs (EDL)  <b>Regular indent Store room Stock register</b>	Yes  If yes, total number of drugs in EDL <u>272</u>  EDL displayed in OPD Area: Yes  No. of drugs available on the day of visit (out of the EDL) <u>220</u>	Verify EDL Displayed															
17. Implementation of DVDMS or similar supply chain management system	<b>Yes</b>  If other, which one	Observation, Check software															
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr> <td>1</td> <td>Pantoprazole</td> <td>As reported,</td> </tr> <tr> <td>2</td> <td>Rabeprazole</td> <td>check DVDMS,</td> </tr> <tr> <td>3</td> <td>UDCA 300</td> <td>E-aushadhi, etc.</td> </tr> <tr> <td>4</td> <td>Drotaverine</td> <td></td> </tr> <tr> <td>5</td> <td>Ceftriaxone SB 1.5gm</td> <td></td> </tr> </table>	1	Pantoprazole	As reported,	2	Rabeprazole	check DVDMS,	3	UDCA 300	E-aushadhi, etc.	4	Drotaverine		5	Ceftriaxone SB 1.5gm		
1	Pantoprazole	As reported,															
2	Rabeprazole	check DVDMS,															
3	UDCA 300	E-aushadhi, etc.															
4	Drotaverine																
5	Ceftriaxone SB 1.5gm																
19. Availability of Essential Consumables:	Sufficient Supply <input checked="" type="checkbox"/> <b>Minimal Shortage</b> Acute shortage  In last 6 months, how many times there was a shortage: No	As reported  Stock/Indent register															
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> <b>In-house</b> <input checked="" type="checkbox"/> <b>Outsourced/ PPP</b> <input checked="" type="checkbox"/> <b>Both/ Mixed</b>	As reported;															
• In-house tests	Timing: <b>8:30-1:00</b> Total number of tests available against Essential Diagnostic tests list for CHC <b>37</b>	Obtain the complete list of diagnostic tests performed in- house															
• Outsourced/ PPP <b>Thyroid NTCCP</b>	Timing: <b>8:30-1:00</b>	Obtain the complete list of diagnostic tests															

<b>Vit D HbA1c</b>	Total number of tests Provided by PPP Provider <b>29</b>	outsourced/done in PPP mode
21. X-ray services is available	<b>Yes</b> If Yes, type & no. of functional X-ray machine is available in the hospital: <b>1</b>  Is the X-ray machine AERB certified: <b>Yes</b>	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> <b>Free for all</b>	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> <b>Sufficient Supply</b> <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – ( <a href="https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf</a> )	No	As reported
25. Average downtime of equipment (days)  Details of equipment are nonfunctional for more than 7 days	No	As reported
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
26. Availability of delivery services	Yes	As reported
• If the facility is designated as FRU, whether C-sections are performed	Yes  Number of normal deliveries performed in last month: <u>107</u> No. of C-sections performed in last month: <u>07</u>	Verify C-section records from Maternity OT registers
<input checked="" type="checkbox"/> Comment on condition of:	Labour room: Good OT: Good  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): Yes	Observation
27. Status of JSY payments	Payment is up to date: Yes Average delay: (Average for how many days/patients) Payment done till: 857 Payment done till: Current month 28	Verify from JSY status report

	<p>Last month 186 Last 3 Months 421 Last 6 Months 637</p> <p>Reasons for delay: Funds not available</p>	
28. Availability of JSSK entitlements	<p><b>Yes</b> If yes, whether all entitlements being provided</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</li> <li><input checked="" type="checkbox"/> Free diet</li> <li><input checked="" type="checkbox"/> Free drugs and consumables</li> <li><input checked="" type="checkbox"/> Free diagnostics</li> <li><input checked="" type="checkbox"/> Free blood services</li> <li><input checked="" type="checkbox"/> Free referral transport (home to facility)</li> <li><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</li> <li><input checked="" type="checkbox"/> No user charges</li> </ul>	As reported/As Displayed in Maternity Ward
29. PMSMA services provided on 9 <sup>th</sup> of every month	<p>Yes If yes, how many high risks pregnancies are identified on 9<sup>th</sup> for previous month: 3 If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	Yes	Verify Register availability
31. Practice related to Respectful Maternity Care	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Privacy maintained during examination ensured</li> <li><input checked="" type="checkbox"/> Birth attendant allowed in Labour room</li> <li><input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian</li> <li><input checked="" type="checkbox"/> Safe care environment maintained</li> </ul>	Observation, Patient review
32. Whether facility have registers for entering births and deaths	Yes	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	<p>Previous year: 0 Current year: 0</p>	Maternal Deaths

		Records/Review
34. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	Yes	CAC register
36. Availability of vaccines and hub cutter	Yes Nurses/ ANM aware about open vial policy: Yes	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	324	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	105 (January)	Verify BF records
39. Number of sterilizations performed in last one month	-	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	Yes	As reported, Verify training received
41. Who counsels on FP services?	<input checked="" type="checkbox"/> Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify) <u>ANM</u>	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Antra, Condom, OCP & SC/IM	Observation/ FP records and registers
43. FPLMIS has been implemented	Yes	Check software
44. Availability of functional Adolescent Friendly Health Clinic	Yes  If yes, who provides counselling to adolescents: <u>Counsellor</u> Separate male and female counselors available: No	Observation, check AFHC register
45. Whether facility has functional NCD clinic	Yes If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register
46. Are service providers trained in cancer services?	No	

47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	f. Hypertension	466	92	
	g. Diabetes	466	18	
	h. Oral Cancer	-	-	
	i. Breast Cancer	-	-	
	j. Cervical Cancer	-	-	
48. Whether reporting weekly data in P, S and L form under IDSP	Yes		Verify from IDSP reporting records	
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): Yes		As reported, Observation	
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 108		DBT/Nikshay Report	
	If anti-TB drugs available at the facility: Yes If yes, are there any patients currently taking anti-TB drugs from the facility: Yes		DBT/Nikshay Report	
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months <b>No TruNat</b>		DBT/Nikshay Report	
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? No Investigations within public sector for other tests? No Outsourced testing? Yes		As reported	
	Are all TB patients tested for HIV? No Are all TB patients tested for Diabetes Mellitus: Yes		DBT/Nikshay Report	
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: -		DBT/Nikshay Report	
	50. Status on Leprosy eradication programme Jan 30 Leprosy Case Detection Campaign	Nos. of new case detected by Field Worker in last 12 months: 30		Facility Register/Records for leprosy

ASHA	Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:	Campaign
<b>F. RECORDS, FINANCE, OTHERS</b>		
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): Yes TB Notification Registers: Yes Malaria cases: Yes Palliative cases: No Cases related to Dengue and Chikungunya: Yes Leprosy cases: Yes	Respective records
52. How much fund was received and utilized by the facility under NHM?  2023-24 -NHM -Untied Fund  5lakh 1lakh  OPD Reg- Rs.3-4 lakh  JAS HMC  HMC meetings- Annualy	Fund Received last year: 39,97,546/-  Fund utilized last year: 39,97,546/-  Fund in prev. FY Utilized      % Utilized 39,97,546/-      100%	Facility FMR
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register
	Reasons for underutilization of fund (if any)	Staff review
53. Status of data entry in (match with physical records)	HMIS: Updated MCTS: Updated IHIP: Updated HWC Portal: Updated Nikshay Portal: Updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Monthly	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available Comment (if any):	As reported
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: - Types of cases referred in:	Referral-in register

<ul style="list-style-type: none"> <li>How many cases from the CHC were referred to the DH last month?</li> </ul>	Number: 34 Types of cases referred out: Medical College Nagaon	Referral Out register
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Key challenges observed in the facility and the root causes	
Challenge	Root causes
1. Electricity	Old poor electrical wiring system
2. LSCS-OT	1. Leakage of Anaesthesia machine 2. Defective Diathermy
3. Manpower	1. Doctors 2. Cleaner (Regular) 3. YRADEH (Reg/Contractual)
4. Public toilet and road construction	Lack of public toilet and in-campus road is not constructed
5. Administration	Accountancy

Remarks & Observations (Write in Bullets within 100-300 words)
<p>The facility experiences a high OPD load on weekdays and serves as a designated delivery point, conducting 180 deliveries last month, including both normal and C-section deliveries. A gynecologist is available, and the facility operates with 30 beds. It offers a wide range of services, including OPD, emergency care, labor and delivery (including LSCS OT), antenatal and postnatal care, immunization, family planning, X-ray services, newborn care (NBSU and NBCC), and non-communicable disease (NCD) screening. Specialists are available on-call, with obstetricians and anesthetists attending on Wednesdays and Saturdays. The facility serves as a hub for teleconsultation. Due to the lack of a blood storage unit, the facility has established a tie-up with a medical college for blood supply. It received a Kayakalp award with a 75% score in 2024. The essential medicines list (EML) includes 272 drugs, with 220 available on the day of assessment. Stock registers are well maintained, and the facility has implemented a supply chain management system like DVDMS.</p> <p>Diagnostic services include 37 in-house essential diagnostic tests, while 29 additional tests (such as thyroid, NTCCP, Vitamin D, and HbA1c) are provided through outsourcing. An ultrasound machine is available; however, due to the absence of a radiologist, patients are referred to private hospitals or a medical college. X-ray services are functional and AERB-certified. The facility is a First Referral Unit (FRU) and performs C-sections, with 107 normal deliveries and seven C-sections conducted last month. The labor room and operation theatre (OT) are in good condition, and a functional newborn care corner is available. Janani Suraksha Yojana (JSY) payments are up to date, though delays occur due to fund shortages. Payments have been completed for 857 patients, with 28 payments made in the current month and 186 last month. Under the Janani Shishu Suraksha Karyakram (JSSK), the facility ensures free delivery services (both normal and C-section), free diet, free drugs and consumables, free diagnostics, free blood services, and referral transport for home-to-facility and facility-to-home transfers, with no user charges.</p> <p>In the financial year 2023-24, the facility received funds under the National Health Mission (NHM), including ₹5 lakh under NHM and ₹1 lakh as an untied fund. Revenue from OPD registration amounted to approximately ₹3-4 lakh. Under the Janani Suraksha Yojana (JSY) and Hospital Management Committee (HMC) initiatives, the facility received a total of ₹39,97,546 in the previous financial year, which was fully utilized, ensuring a 100% utilization rate. HMC meetings are conducted annually to oversee fund allocation and utilization. The facility also has ambulance services available, either through its own CHC ambulance or via a centralized call center, ensuring timely transportation and emergency response for patients.</p>

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

Urban /Rural: **Rural**

Date of Visit: **15/02/2025**

A. General Information	
1. State	Assam
2. District Name	Nagaon
3. Block/Taluka Name	Buragohainthan BPMC
4. Name of Facility	<b>Deodhar MPMC</b>
5. Type of Facility	PHC-AAM
6. NIN of the facility	5521536143
7. No. of days in a week facility is operational	6 days in a week
8. OPD Timings	8:30 am- 1:30 pm
9. Month & Year of operationalization of AAM	Sep, 14, 2021
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	Deodhar Bypass
12. Next Referral Facility Name	Uzaraogaon Madee Hospital
13. Distance of next referral facility (in Km)	3km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	-

A.1 Demographic Details	
1. Number of Villages/Wards	9
2. No. of Households	1094
3. Total catchment Population	4720
4. Population who are 30 years of age and above	2402

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

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

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

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

#### C. Human Resource Availability

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

	(Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)				
15	ASHA Facilitator (If any, only for Rural areas)			1	
16	Others (Specify)			1	
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	No	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)	-	-	-	-

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	Yes	Yes	No
Basic ear, nose, throat (ENT) care services	Yes	Yes	No
Oral health care services	Yes	Yes	No
Elderly and Palliative care services	Yes	Yes	No
Screening & management of mental health ailments	Yes	No	No
Emergency Medical Services	Yes	No	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- <a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	<b>125</b>  (Total number of medicines at AAM-PHC/UPHC as per National EML -172)		
2	Total number of medicines available at AAM-PHC/UPHC	<b>113</b>		
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
4	Medicine categories with shortfall/stockouts on the day of assessment	<table border="0"> <tr> <td> <input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input type="checkbox"/> Anti-pyretic  <input type="checkbox"/> Anti-allergics  <input type="checkbox"/> Antidotes for poisoning  <input type="checkbox"/> Gastrointestinal meds  <input checked="" type="checkbox"/> Anti-filarial  <input type="checkbox"/> Antibiotics  <input checked="" type="checkbox"/> Anti-leprosy                 </td> <td> <input checked="" type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycaemics  <input checked="" type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input type="checkbox"/> Multi-vitamins  <input type="checkbox"/> Dermatological (cream)                 </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)			
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)		
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks		
7	Is buffer stock for drugs maintained?	<b>Yes</b>		
8	DVDMS or any other software is being used for stock management	<b>Yes</b>		

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	30 (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	30
4	Number of tests Provided through In House Mode	30
5	Number of tests Provided through Hub & Spoke (Public Health System)	25(Krsnaa Lab )
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	No
9	User fee charged for diagnostics	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
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	No
4.	Urine Microscopy	No
5.	24 – hours urinary protein	No
6.	Stool for ova and cyst	No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	Yes
8.	MP Slide method	Yes
9.	Malaria Rapid test	Yes
10.	RPR/VDRL test for syphilis	Yes
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	Yes
12.	Hepatitis B surface antigen test	Yes
13.	Sputum for AFB # - Microscopy	No
14.	Typhoid test (IgM)	Yes
15.	Blood Sugar	Yes
16.	HCV Antibody Test (Anti HCV)	Yes
17.	Bleeding time and clotting time	Yes
18.	Visual Inspection Acetic Acid (VIA)	No
19.	rK3 for Kala Azar ( <b>endemic areas only</b> )	No
20.	Filariasis ( <b>endemic areas only</b> )	No
21.	Japanese encephalitis ( <b>endemic areas only</b> )	No
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	Yes
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any E Sanjivani HWC
Teleconsultation schedule prepared and displayed	Yes
Common conditions for teleconsultation	URTI, Ahcleeminal Discomfort
Total teleconsultations in the last 01 month	3(Mobile Phone issue)

I. Wellness Activities	
Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes

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

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

L. Finance			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	AAM-PHC Team (Salary)	Yes	No

	AAM-PhC Team (Team Based Incentives)	No	No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	
	Untied	Yes	
	Other Sources	No	
<b>Fund utilization</b> <b>NHM Fund/untied funds utilized during last year: 2023-24</b>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	<b>United 1,57,000 + 18000 =175000</b>	<b>174864</b>	<b>&gt;99.5%</b>
Is untied fund being spent on following activities?  Painting Door Repair Inventor Infrastructure	<p>Regular payment of Bills: Yes</p> <p>If yes, specify;  <input type="checkbox"/> Electricity  <input checked="" type="checkbox"/> Drinking Water  <input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Medicines  <input type="checkbox"/> Reagents/Consumables  <input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: Yes</p>		
<b>Status of JSY Payments</b>  N.A.	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
<b>Availability of JSSK entitlements</b> <b>Delivery oct1</b> <b>April to Dec 3</b>	<p><b>No</b></p> <p>If yes, whether all entitlements being provided</p> <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges		

<b>M. Service delivery Output Indicators (Data of previous quarter) Oct-Dec 24</b>		
1	Total number of outpatient department visits	<b>1385</b>
2	No. of PW registered for ANC	<b>38</b>
3	No. of PW received 4 or more ANC check-ups	<b>30</b>
4	Total number of institutional deliveries	<b>0</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>2</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>23</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>24</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>4</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>9</b>

10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	2		
11	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	4		
	No. of TB patients diagnosed out of the presumptive patients referred	4		
	No. of TB patients taking treatment in the AAM	0		
12	<b>Community Based Screening for NCDs</b>			
	% of target population administered CBAC	2042		
	% of target population with score below 4	975		
	% of target population with score 4 and above	320		
13	<b>NCDs (No. of individuals in Last 6 Months)</b>			
	<b>Screened</b> Aug 24 – Jan 25	<b>Treated</b>	<b>Follow-up</b>	
	Hypertension	898	323	323
	Diabetes	898	138	138
	<b>NCDs (No. of individuals in Last 6 Months)</b>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	898	0	0
	Breast Cancer*	506	0	0
	Cervical Cancer*	506	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Final assessment on 27 <sup>th</sup> February
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control <b>Available protocol followed</b>	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	7 <sup>th</sup> June 2024
2	Facility aggregate score using ODK Took kit	42%

Remarks & Observations	
<p>The facility operates in a government-owned building with power backup through an inverter. While it is not a designated delivery point, comprehensive training on RMNCHA+, communicable and non-communicable diseases, and expanded CPHC packages has been provided to the entire staff. Although no medicines for mental health conditions are available, counseling services are provided both at the facility and through outreach camps. Essential reproductive, maternal, child, and adolescent healthcare services are available, along with communicable disease management for vector-borne diseases, TB, and leprosy. Screening and management of common non-communicable diseases, including diabetes, hypertension, and certain cancers (oral, breast, and cervical), are also conducted. The facility has 113 medicines and provides 30 in-house diagnostic tests, with an additional 25 tests available through the Hub &amp; Spoke model in collaboration with Krsnaa Lab. Teleconsultation services are available through the e-Sanjeevani platform, with a prepared and displayed consultation schedule. However, only three teleconsultations were conducted in the last month due to mobile phone issues.</p> <p>The facility actively promotes wellness activities, conducting periodic wellness sessions with a trained instructor and celebrating Health Days in accordance with the Wellness Activity Calendar. Governance is well-structured, with the Jan Arogya Samiti (JAS) constituted and conducting regular meetings, maintaining minutes, and ensuring periodic Village Health, Nutrition, and Sanitation Days (VHND) sessions. Reporting is efficiently managed across multiple online platforms, including the AAM Portal, National NCD Portal, IHIP, HMIS, FPLMIS, DVDMS, and Nikshay. Fund utilization has been highly effective, with over 99.5% of the allocated NHM and untied funds utilized in 2023-24. These funds have been directed towards regular bill payments, the provision of drinking water, equipment procurement, and the payment of support and cleaning staff, ensuring smooth facility operations.</p> <p>During the previous quarter, the facility recorded 1,385 outpatient department visits and provided antenatal care (ANC) services to 38 pregnant women, with 30 receiving four or more ANC check-ups. While there were no institutional deliveries, two high-risk pregnancies received necessary treatment. Immunization efforts were steady, with 23 children under 24 months receiving their first dose of the Pentavalent vaccine and 24 receiving the third dose. Referral services remained active, with four cases referred from sub-centres to the PHC, nine cases escalated to higher centers, and two cases referred back for follow-up. In tuberculosis (TB) management, four patients were diagnosed, but none are currently undergoing treatment at the facility. Community-based screening for non-communicable diseases (NCDs) was robust, with 2,042 individuals assessed using the CBAC tool, 975 scoring below 4, and 320 scoring 4 or above, indicating potential risk. Over the last six months, 898 individuals were screened for hypertension and diabetes, with 323 and 138 receiving treatments, respectively, and all treated individuals successfully followed up. These service delivery indicators highlight the facility's commitment to preventive, curative, and referral healthcare services.</p> <p>The facility has not undergone an internal assessment for the National Quality Assurance Standards (NQAS) and is yet to receive certification at both the state and national levels. The PHC is actively participating in the Kayakalp initiative, with the final assessment scheduled for February 27th. Efforts to uphold patient rights are evident through the display of a citizen's charter and IEC materials, provisions for patient privacy, the practice of respectful maternity care, and the assurance of confidentiality for patient information. Support services are well-maintained, with a focus on facility upkeep, clinical record maintenance, and digital data management. In terms of IPHS compliance, an assessment conducted using the ODK toolkit on June 7, 2024, resulted in an aggregate facility score of 42%, indicating areas that require further improvement to enhance healthcare service quality and compliance standards.</p>	

**Annexure- List of equipment**

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope		No		
3	Radiant Warmer		No		
4	Pulse Oximeter-Finger Tip				
5	Pulse Oximeter-Table Top				
6	Labor Bed		No		
7	Foetal Doppler		No		
8	Phototherapy Unit		No		
9	Shoulder Wheel		No		
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		No		
19	Fully Loaded Dental Chair Electrically Operated		No		
20	Dental Chair-Basic		No		
21	Oxygen Hood Neonatal		No		
22	ILR With Voltage Stabilizer-Small		No		
23	Deep Freezer-Small		No		
24	ILR With Voltage Stabilizer-Large		No		
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part				
28	Semi-Automated Biochemistry Analyser				
29	Binocular Microscope				
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer				
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type				
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				
43	Exerciser Couch/Table				
44	Finger Exerciser Web				
45	Walking Aid for Training/ Reciprocal Walker				

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

Urban /Rural: **Rural**

Date of Visit: **15/02/2025**

A. General Information	
1. State	Assam
2. District Name	Nagaon
3. Block/Taluka Name	Pakhimoria/Dewrigaon
4. Name of Facility	<b>Buragohainthan PHC</b>
5. Type of Facility	PHC-AAM
6. NIN of the facility	5423786432
7. No. of days in a week facility is operational	7 days
8. OPD Timings	8:30- 1:30pm
9. Month & Year of operationalization of AAM	14 <sup>th</sup> September 2021
10. Details of co-location, if any	-
11. (If any co-located SHC)	-
12. Accessible from nearest road head (Yes/No)	Dakhinpat and Nonoi
13. Next Referral Facility Name	Nagaon Medical College
14. Distance of next referral facility (in Km)	29km
15. If UPHC functions as a Polyclinic (Yes/No)	No
16. If Yes, please take note of available specialist services at the Polyclinic	-

A.1 Demographic Details	
1. Number of Villages/Wards	7
2. No. of Households	1160
3. Total catchment Population	5260
4. Population who are 30 years of age and above	1946

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

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

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

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

**C. Human Resource Availability**

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

	(Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)				
15.	ASHA Facilitator (If any, only for Rural areas)				1
16.	Others (Specify)				3
17.	Whether all essential HRH available as per IPHS 2022				

\*Desirable

# For PHC sub centre-Co-located

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

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	No	No	No	No	No	No
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

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

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

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	34 (Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	34
4	Number of tests Provided through In House Mode	34
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	25
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes
9	User fee charged for diagnostics	No
10	Average downtime of equipment	-
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	-

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	Yes
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any E Sanjivani HWC
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	It is a <b>HUB</b>
Total teleconsultations in the last 01 month	250-300 calls per month (January 2025)

I. Wellness Activities			
Wellness sessions being held periodically	Yes		
Availability of a trained instructor for wellness session	Yes		
Health Days are celebrated as per the Wellness Activity Calendar	Yes		
Health Days are celebrated as per the Wellness Activity Calendar	Yes		
J. Governance			
Constitution of Jan Arogya Samiti	Yes		
Periodic JAS meetings in the last 6 months	Yes		
Minutes of meeting maintained	Yes		
Periodic VHND sessions undertaken	Yes		
K. Reporting			
<b>Online Platforms</b>	<b>Reporting</b>		
<input type="checkbox"/> AAM Portal/App	Yes		
<input type="checkbox"/> National NCD Portal/App	Yes		
<input type="checkbox"/> IHIP	Yes		
<input type="checkbox"/> HMIS	Yes		
<input type="checkbox"/> FPLMIS	Yes		
<input type="checkbox"/> DVDMS	Yes		
<input type="checkbox"/> Nikshay	Yes		
Specify others, if any:			
L. Finance			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	AAM-PHC Team (Salary)	Yes	Yes
	AAM-PHC Team (Team Based Incentives)	Yes	Yes

<b>Facility funds</b>	<b>Fund Source</b>		<b>Timely disbursement</b>
	Untied		Yes
	Other Sources		No
<b>Fund utilization</b>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
<b>NHM Fund/untied funds utilized during last year:</b>	<b>1,75,000</b>	<b>1,75,000</b>	<b>100%</b>
Is untied fund being spent on following activities?  <b>Ambulance repair</b> <b>Staff salary- Driver and Cleaner</b>	Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, specify; <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet  Regular purchase: Yes <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment  Payment of support/cleaning Staff: Yes		
<b>Status of JSY Payments</b>	Payment done till (month/ year) : December 2024 Average Delay in Payment (days): no Reasons for delay, if any- no issue		
<b>Availability of JSSK entitlements</b>	Yes If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges		

<b>M. Service delivery Output Indicators (Data of previous quarter) Oct-Dec 24</b>		
1	Total number of outpatient department visits	<b>3126</b>
2	No. of PW registered for ANC	<b>4</b>
3	No. of PW received 4 or more ANC check-ups	<b>6</b>
4	Total number of institutional deliveries	<b>4</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>2</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>9</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>4</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>2</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>6</b>
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	<b>-</b>
11	<b>TB patients undergoing treatment</b>	

	Indicators	Current year																													
	No. of presumptive TB patients identified	3																													
	No. of TB patients diagnosed out of the presumptive patients referred	2																													
	No. of TB patients taking treatment in the AAM	3																													
12	<b>Community Based Screening for NCDs</b>																														
	% of target population administered CBAC	24%																													
	% of target population with score below 4	80%																													
	% of target population with score 4 and above	20%																													
13	<table border="1"> <thead> <tr> <th>NCDs (No. of individuals in Last 6 Months)</th> <th>Screened Aug 24 – Jan 25</th> <th>Treated</th> <th>Follow-up</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>38</td> <td>38</td> <td>30</td> </tr> <tr> <td>Diabetes</td> <td>28</td> <td>28</td> <td>15</td> </tr> <tr> <th>NCDs (No. of individuals in Last 6 Months)</th> <th>Screened</th> <th>Referred</th> <th>Follow-up</th> </tr> <tr> <td>Oral Cancer*</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Cancer*</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Cancer*</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>			NCDs (No. of individuals in Last 6 Months)	Screened Aug 24 – Jan 25	Treated	Follow-up	Hypertension	38	38	30	Diabetes	28	28	15	NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up	Oral Cancer*	0	0	0	Breast Cancer*	0	0	0	Cervical Cancer*	0	0	0
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Cervical Cancer*	0	0	0																												

#### N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	Yes
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Commendation, 78%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control Available protocol followed	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care Available protocol followed	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions

		<input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems Available protocol followed	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	05/06/2024
2	Facility aggregate score using ODK Took kit	51%

Remarks & Observations	
<p>The government-owned healthcare facility was fully functional 24x7, equipped with IPD beds, a laboratory, a pharmacy, and dedicated spaces for wellness activities, including yoga sessions. The OPD room had an examination table with privacy curtains, and a well-maintained waiting area with proper seating arrangements for patients and attendants. The facility ensured essential amenities such as electricity, power backup, safe drinking water, running water, and separate functional toilets for males and females. Provisions were made for elderly and differently-abled individuals, including ramps and wheelchairs. For infection control, the facility followed Bio-Medical Waste (BMW) management protocols with color-coded waste bins and a proper disposal mechanism in place. Residential quarters were available for staff, ensuring better service availability. The facility also focused on awareness and education, displaying signages, IEC materials on various health programs (TB, RMNCHA, FP, eye and oral care, cancer, water, sanitation, and hygiene), and grievance redressal information. A TV/LED screen in the waiting area provided health-related information, while details about referral transport and the nearest referral facility were prominently displayed, making healthcare services more accessible and user-friendly.</p> <p>The healthcare facility had a well-structured human resource setup with both regular and contractual staff to ensure smooth service delivery. It was staffed with two Medical Officers (one regular and one contractual), a pharmacist, two laboratory technicians, and an ANM/MPW (F). Additionally, one MPW (M) and two sanitation staff were available to maintain hygiene and support healthcare operations. To further strengthen healthcare services, the facility had five ASHAs and one ASHA Facilitator working at the community level. There were some gaps in staffing, as there were no available AYUSH Medical Officers, dentists, lady health visitors, or dressers. The staff nurse, accountant, and data entry operator positions were filled through contractual appointments, ensuring continued operations. Despite certain shortages, the existing workforce played a crucial role in delivering essential healthcare services to the community, with a strong focus on accessibility and efficiency.</p> <p>The healthcare facility was well-equipped to provide comprehensive training and services across various healthcare domains, ensuring high-quality patient care. Medical Officers (MBBS), staff nurses, and ASHAs received extensive training in maternal and child health, family planning, communicable diseases (such as TB, leprosy, and malaria), and non-communicable diseases (NCDs). MPWs (F/M) had limited training in these areas, indicating a potential area for further capacity building. In addition, the expanded Comprehensive Primary Healthcare (CPHC) packages ensured that all key healthcare personnel, except MPWs (M), were trained in eye care, ENT care, oral health, mental health, elderly and palliative care, as well as trauma and emergency care. The facility provided a wide range of essential healthcare services, including antenatal and postnatal care, neonatal and infant care, adolescent health, family planning, and reproductive healthcare. It also effectively addressed communicable diseases such as vector-borne diseases, TB, leprosy, and acute illnesses, while offering screening and management services for non-communicable diseases like diabetes, hypertension, and various cancers (oral, breast, and cervical), along with mental health care. The expanded healthcare packages ensured that ophthalmic, ENT, oral, elderly, and palliative care services were fully functional, with adequate availability of drugs, diagnostics, and consumables. The facility was also equipped to provide</p>	

emergency medical services, strengthening its role in delivering accessible, efficient, and holistic healthcare to the community.

The healthcare facility maintained a robust supply of medicines and diagnostics, ensuring uninterrupted patient care. A total of 125 medicines were available, covering priority conditions such as tuberculosis, diabetes, hypertension, and fever. The facility followed a monthly indenting cycle, with a lead time of less than one week for the supply of indented drugs. A buffer stock of medicines was maintained, and stock management was efficiently handled through DVDMS or other software, ensuring seamless inventory control. Diagnostic services were well-integrated, with 34 tests available in-house and an additional 25 tests provided through the Hub & Spoke PPP model. The facility also had a functional sample transportation mechanism for improved efficiency. While X-ray services were not available, patients were not charged any user fees for diagnostic tests, ensuring affordable and accessible healthcare for all.

The healthcare facility actively promotes wellness and preventive healthcare, conducting periodic wellness sessions led by a trained instructor and celebrating Health Days as per the Wellness Activity Calendar. Governance mechanisms are well-structured, with the Jan Arogya Samiti (JAS) constituted and regular JAS meetings held in the last six months, with minutes of meetings properly maintained. Village Health Nutrition Days (VHND) sessions are conducted periodically, strengthening community health outreach. The facility ensures efficient digital reporting across multiple national health platforms, including AAM Portal, National NCD Portal, IHIP, HMIS, FPLMIS, DVDMS, and Nikshay, ensuring streamlined data management. Timely and complete disbursement of salaries and team-based incentives for the AAM-PHC team further supports operational efficiency. Financial governance is robust, with 100% utilization of NHM untied funds, amounting to ₹1,75,000, ensuring optimal resource allocation. The untied funds are utilized for essential services, including ambulance repairs and staff salaries for drivers and cleaners, enhancing the facility's functionality and patient care services.

The healthcare facility demonstrated strong service delivery in the previous quarter, with 3,126 outpatient department (OPD) visits recorded. Maternal and child health services were actively provided, with four pregnant women (PW) registered for antenatal care (ANC) and six receiving four or more ANC check-ups. Four institutional deliveries were conducted, and two high-risk pregnancies received treatment. Immunization efforts were also noteworthy, with nine children under 24 months receiving the first dose of the Pentavalent vaccine, while four completed the third dose. Referral services ensured continuity of care, with two cases referred from Sub-centre AAM to PHC AAM, and six cases further referred to CHC or higher centers. The facility is actively treating three TB patients, with two new cases diagnosed out of three presumptive TB patients identified. In non-communicable disease (NCD) screening, 24% of the target population underwent Community-Based Assessment Checklist (CBAC) screening, with 80% scoring below 4, indicating lower risk, and 20% scoring 4 and above, highlighting individuals needing further medical attention. The facility's comprehensive approach ensures efficient maternal and child healthcare, disease management, and preventive screenings, contributing to overall community well-being.

Over the last six months, the facility has actively screened and managed non-communicable diseases (NCDs), with 38 individuals screened and treated for hypertension, of whom 30 are under follow-up, and 28 individuals screened and treated for diabetes, with 15 receiving follow-up care. The facility has undergone an internal assessment for National Quality Assurance Standards (NQAS) but has not yet received certification at the state or national level. It is actively participating in the Kayakalp initiative, achieving a commendation with a score of 78%. The assessment using the ODK toolkit, conducted on June 5, 2024, resulted in an aggregate facility score of 51%, indicating areas for improvement in service quality and infrastructure.

**Annexure- List of equipment**

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope				
3	Radiant Warmer	Yes		Yes	
4	Pulse Oximeter-Finger Tip	Yes		Yes	
5	Pulse Oximeter-Table Top				
6	Labor Bed	Yes		Yes	
7	Foetal Doppler				
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
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				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
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	Yes		Yes	
29	Binocular Microscope				
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer				
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				
43	Exerciser Couch/Table				
44	Finger Exerciser Web				
45	Walking Aid for Training/ Reciprocal Walker				

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

Urban /Rural: **Urban**

Date of Visit: **15/02/2025**

A. General Information	
1. State	Assam
2. District Name	Nagaon
3. Block/Taluka Name	Nagaon – Urban
4. Name of Facility	<b>Dhing Gate UHC</b>
5. Type of Facility	UPHC-AAM
6. NIN of the facility	113226466
7. No. of days in a week facility is operational	6 days
8. OPD Timings	8:00 am- 1:30 pm
9. Month & Year of operationalization of AAM	December 2014
10. Details of co-location, if any	2023 – This location
11. (If any co-located SHC)	
12. Accessible from nearest road head (Yes/No)	Yes
13. Next Referral Facility Name	BPCH, NMCH
14. Distance of next referral facility (in Km)	3 km
15. If UPHC functions as a Polyclinic (Yes/No)	No
16. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	8
2. No. of Households	6473
3. Total catchment Population	32286
4. Population who are 30 years of age and above	12023

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

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

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

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

14	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)					15
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	No	No	No
Child Health (New Born Care/ HBNC/HBYC)	No	No	No	Yes
Family Planning	No	No	No	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	No	No	No	
NCD	Yes	Yes	No	Yes
Others (Specify)				

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

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

	<input type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	Yes	Yes	No
Basic ear, nose, throat (ENT) care services	Yes	Yes	No
Oral health care services	Yes	Yes	No
Elderly and Palliative care services	Yes	Yes	No
Screening & management of mental health ailments	No	No	No
Emergency Medical Services	No	No	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- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>
	<b>125</b>  <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
3	Availability of medicines for priority conditions  <input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever
4	Medicine categories with shortfall/stockouts on the day of assessment  <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy  <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?  <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
6	What is the lead time for supply of drugs which are indented? (record in days)  <input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?
8	DVDMS or any other software is being used for stock management

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	8 (Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	8 tests available
4	Number of tests Provided through In House Mode	8
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes Krsnaa Lab
9	User fee charged for diagnostics	No
10	Average downtime of equipment	No
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
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	Yes
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	No
4.	Urine Microscopy	No
5.	24 – hours urinary protein	No
6.	Stool for ova and cyst	No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	No
8.	MP Slide method	No
9.	Malaria Rapid test	No
10.	RPR/VDRL test for syphilis	No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	No
12.	Hepatitis B surface antigen test	No
13.	Sputum for AFB # - Microscopy	No
14.	Typhoid test (IgM)	No
15.	Blood Sugar	Yes
16.	HCV Antibody Test (Anti HCV)	No
17.	Bleeding time and clotting time	No
18.	Visual Inspection Acetic Acid (VIA)	No
19.	rK3 for Kala Azar ( <b>endemic areas only</b> )	No
20.	Filariasis ( <b>endemic areas only</b> )	No
21.	Japanese encephalitis ( <b>endemic areas only</b> )	No
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any: E Sanjivani HWC
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	No
Total teleconsultations in the last 01 month	ID login issue, oct 2024 (CDAC Mohali)

I. Wellness Activities	
Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes

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

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

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

<b>Facility funds</b>	<b>Fund Source</b>		<b>Timely disbursement</b>
	Untied		Yes
	Other Sources		No
<b>Fund utilization</b>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
<b>NHM Fund/untied funds utilized during last year:</b>	<b>29,21,111</b>	<b>21,12,285</b>	<b>72.31%</b>
<b>UPHC – 1L</b>	<p>Is untied fund being spent on following activities? 4 Accounts SNA&lt; HDFC PFMS – Dec24 4000/- RI HBNC JSY</p> <p>Regular payment of Bills: Yes</p> <p>If yes, specify; <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: Yes</p>		
<b>Status of JSY Payments</b> N.A	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
<b>Availability of JSSK entitlements</b>	<p><b>No</b></p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>		

<b>M. Service delivery Output Indicators (Data of previous quarter) Oct-Dec 24</b>		
1	Total number of outpatient department visits	<b>3556</b>
2	No. of PW registered for ANC	<b>69</b>
3	No. of PW received 4 or more ANC check-ups	<b>50</b>
4	Total number of institutional deliveries	<b>0</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>18</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>65</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>65</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>0</b>
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	<b>20</b>

10	Number of cases referred back from higher centre to PHC AAM for follow-up during last 3 months			0
11	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>			<b>Current year</b>
	No. of presumptive TB patients identified			-
	No. of TB patients diagnosed out of the presumptive patients referred			-
No. of TB patients taking treatment in the AAM			-	
12	<b>Community Based Screening for NCDs</b>			
	% of target population administered CBAC			20%
	% of target population with score below 4			-
	% of target population with score 4 and above			-
13	<b>NCDs (No. of individuals in Last 6 Months)</b>	<b>Screened Aug 24 -Jan 25</b>	<b>Treated</b>	<b>Follow-up</b>
	Hypertension	819	225	200
	Diabetes	819	213	215
	<b>NCDs (No. of individuals in Last 6 Months)</b>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	819	0	0
	Breast Cancer*	570	0	0
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Commendation price 50,000 & 72%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection

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

#### O. IPHS Compliance

1	Date of assessment using ODK tool kit	05-06-24
2	Facility aggregate score using ODK Took kit	30.66%

#### Remarks & Observations

The UPHC operates in a rented building with a dedicated team comprising one Medical Officer, two staff nurses, two ANMs, one MPW-M, one dresser, and 15 ASHAs. While proper training has not been provided for RMNCHA+ and Communicable & Non-Communicable Diseases, staff have received training for expanded CPHC packages. The facility has a stock of 90 essential medicines, with drugs being indented through the DVDMS portal and supplied within a week. A total of eight diagnostic tests are available.

Currently, teleconsultation services are non-functional due to a login issue faced by the Medical Officer since October. Governance and record-keeping remain efficient, with the Jan Arogya Samiti (JAS) meetings conducted regularly, the latest being on January 24, 2025, and a well-maintained register in place. All data portals are functioning properly, with accurate and timely data uploads. The facility is also well-equipped with IEC materials to enhance public awareness.

Community-Based Assessment Checklist (CBAC) screening has been administered to 20% of the target population. The latest IPHS compliance assessment, conducted via the ODK toolkit on June 5, 2024, resulted in a facility aggregate score of 30.66%, indicating areas requiring improvement in infrastructure and service delivery.

#### Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope		Yes		
3	Radiant Warmer		Yes		
4	Pulse Oximeter-Finger Tip		Yes		
5	Pulse Oximeter-Table Top		Yes		
6	Labor Bed		Yes		
7	Foetal Doppler		Yes		
8	Phototherapy Unit		Yes		
9	Shoulder Wheel		Yes		
10	Shoulder Pulley		Yes		
11	Shoulder Abduction Ladder		Yes		
12	Suction Machine		Yes		
13	Mobile Spotlight	Yes		Yes	
14	Manual Vacuum Aspirator		Yes		
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale		Yes		
17	Infantometer		Yes		
18	Ophthalmoscope		Yes		
19	Fully Loaded Dental Chair Electrically Operated		Yes		

S.No.	Equipment	Available	Not available	Functional	Non-Functional
20	Dental Chair-Basic		Yes		
21	Oxygen Hood Neonatal		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				
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part		Yes	Yes	
28	Semi-Automated Biochemistry Analyser		Yes	Yes	
29	Binocular Microscope		Yes	Yes	
30	HbA1C Analyser		Yes	Yes	
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			
38	BP Apparatus-Digital	Yes			
39	Stethoscope	Yes			
40	Thermometer	Yes			
41	Examination Table	Yes			
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle		Yes	Yes	
43	Exerciser Couch/Table		Yes	Yes	
44	Finger Exerciser Web		Yes	Yes	
45	Walking Aid for Training/ Reciprocal Walker		Yes	Yes	

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

Urban /Rural: **Rural**

Date of Visit: **17/02/2025**

A. General Information	
1. State	Assam
2. District Name	Nagaon
3. Block/Taluka Name	Samaguri
4. Name of Facility	<b>Samaguri BPHC</b>
5. Type of Facility	PHC-AAM
6. NIN of the facility	4717548335
7. No. of days in a week facility is operational	7 days
8. OPD Timings	8:30 am- 2pm
9. Month & Year of operationalization of AAM	14 <sup>TH</sup> Sept, 21
10. Details of co-location, if any	
11. (If any co-located SHC)	
12. Accessible from nearest road head (Yes/No)	Yes
13. Next Referral Facility Name	Kawaimari FRH
14. Distance of next referral facility (in Km)	8 km
15. If UPHC functions as a Polyclinic (Yes/No)	No
16. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	7
2. No. of Households	4446
3. Total catchment Population	23675
4. Population who are 30 years of age and above	8659

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

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

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

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

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

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	No	No	No	No	No	No
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

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

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

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	24 (Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	24
4	Number of tests Provided through In House Mode	22
5	Number of tests Provided through Hub & Spoke (Public Health System)	47
6	Number of tests Provided through Hub & Spoke- PPP Model	47
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes
9	User fee charged for diagnostics	No
10	Average downtime of equipment	-
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	-

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	Yes
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	Yes
Common conditions for teleconsultation	Fever/ HT/ DM
Total teleconsultations in the last 01 month	Jan 2025 Portal

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

	AAM-PHC Team (Team Based Incentives)	Yes	No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	
	Untied	Yes	
	Other Sources	No	
<b>Fund utilization</b>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
<b>NHM Fund/untied funds utilized during last year:</b>	2,90,70,000/-	2,87,09,952/-	98.76%
	1,75,000/-	1,73,607/-	99.20%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: Yes</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: Yes</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: Yes</p>		
<b>Status of JSY Payments</b>	<p>Payment done till (month/ year) Feb 2025</p> <p>Average Delay in Payment (days): Weekly</p> <p>Reasons for delay, if any non-availability of supporting documents such as bank account etc.</p>		
<b>Availability of JSSK entitlements</b>	<p>Yes</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>		
<b>Delivery GMC</b>			

<b>M. Service delivery Output Indicators (Data of previous quarter) Oct-Dec 24</b>		
1	Total number of outpatient department visits	<b>8518</b>
2	No. of PW registered for ANC	<b>87</b>
3	No. of PW received 4 or more ANC check-ups	<b>99</b>
4	Total number of institutional deliveries	<b>207</b>
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	<b>7/7</b>
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	<b>132</b>
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	<b>87</b>
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	<b>53</b>

9	Number of cases referred from PHC AAM to CHC or higher centre during last month	9	
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0	
11	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	No. of presumptive TB patients identified	2359	
	No. of TB patients diagnosed out of the presumptive patients referred	2359	
	No. of TB patients taking treatment in the AAM	85	
12	<b>Community Based Screening for NCDs</b>		
	% of target population administered CBAC	62%	
	% of target population with score below 4		
	% of target population with score 4 and above		
13	<b>NCDs (No. of individuals in Last 6 Months)</b>		
		<b>Screened Aug 24- Jan 25</b>	<b>Treated</b>
	Hypertension	10,154	3509
	Diabetes	9331	1860
	<b>NCDs (No. of individuals in Last 6 Months)</b>		
		<b>Screened</b>	<b>Referred</b>
	Oral Cancer*	22	4
Breast Cancer*	18	0	
		<b>Follow-up</b>	
	Cervical Cancer*	0	0

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

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

#### O. IPHS Compliance

1	Date of assessment using ODK tool kit	May, 2024
2	Facility aggregate score using ODK Took kit	60.29%

#### Remarks & Observations

The facility is a designated delivery point with a Nutrition Rehabilitation Centre (NRC) and proper Biomedical Waste (BMW) management, including sharps disposal and deep burial pits. The healthcare workforce consists of 3 Medical Officers (MBBS), 2 AYUSH Medical Officers, 3 Dentists, 4 Staff Nurses, 1 Laboratory Technician, 3 ANMs, 1 Accountant, 1 Data Entry Operator, 2 Sanitation Staff, 14 ASHAs, and 16 ASHA Facilitators. There are vacancies for 2 Pharmacists, and no multipurpose worker is available. Training under RMNCHA+ and communicable and non-communicable diseases has been provided to MOs, Staff Nurses, and ASHAs in maternal health, child health, family planning, communicable diseases (TB, leprosy, malaria, dengue, and filariasis), and NCDs. Expanded CPHC package training has been completed by MOs, Staff Nurses, ANMs, and ASHAs in eye care, ENT care, oral care, mental health and neurological disorders (MNS), elderly and palliative care, and trauma and emergency care. The facility has 125 medicines available and offers both in-house and outsourced diagnostic services. A total of 24 tests are available at the PHC/UPHC, with 22 provided in-house. A total 47 tests are facilitated through the public health system under the Hub & Spoke model, and another 47 tests are available through the PPP model.

The Primary Health Center (PHC) has governance, wellness activities, and portal reporting functioning effectively. The availability and functionality of IT equipment, including laptops and government-funded internet connectivity at the facility. Teleconsultation services are expected to be implemented across PHCs, CHCs, DHs, and MCHs, with the e-Sanjeevani platform identified as the designated teleconsultation medium. A schedule for teleconsultation services is prepared and displayed. The primary health concerns addressed through teleconsultation include fever, hypertension (HT), and diabetes (DM). The total number of teleconsultations conducted in January 2025 has been recorded on the portal. The facility is hub for teleconsultation for issues like hypertension, diabetes, diarrhoea.

Regarding remuneration and incentives, salary disbursement for the AAM-PHC team is ensured on time, and team-based incentives are also being provided. Facility funds, including untied funds, are disbursed timely. The NHM and untied funds were utilized efficiently in the last financial year, with an expenditure rate of 98.76% and 99.20%, respectively. The untied funds are allocated for essential expenses such as electricity bills, regular purchases of reagents, consumables, and equipment, as well as the payment of support and cleaning staff. Janani Suraksha Yojana (JSY) payments have been made up to February 2025, with an average delay of one week due to issues such as the non-availability of supporting documents. Under Janani Shishu Suraksha Karyakram (JSSK), delivery services at the Government Medical College

(GMC) are available, ensuring all entitlements, including free normal and C-section deliveries, diet, drugs, consumables, diagnostics, and referral transport services from home to facility and back, with no user charges.

In the previous quarter, the facility recorded 8,518 outpatient department visits, with 87 pregnant women registered for antenatal care (ANC) and 99 receiving four or more ANC check-ups. A total of 207 institutional deliveries were conducted, and all seven identified high-risk pregnancies received necessary treatment. Immunization efforts covered 132 children under 24 months with the first dose of the Pentavalent vaccine, while 87 received the third dose. Referral cases included 53 patients directed from sub-centres to the PHC and nine cases referred from the PHC to higher centres, with no cases referred back for follow-up. In tuberculosis (TB) management, 2,359 presumptive TB patients were identified and diagnosed, with 85 patients currently undergoing treatment at the facility. The percentage of the target population screened through CBAC stood at 62%. For non-communicable diseases (NCDs), 10,154 individuals were screened for hypertension, with 3,509 receiving treatments, while 9,331 individuals were screened for diabetes, of whom 1,860 received treatment. Cancer screenings identified 22 cases of oral cancer (with four referrals) and 18 cases of breast cancer (with no referrals). The facility underwent an assessment using the ODK toolkit in May 2024, achieving an aggregate compliance score of 60.29% under the Indian Public Health Standards (IPHS).

#### Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope	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		
8	Phototherapy Unit	Yes			
9	Shoulder Wheel		Yes		
10	Shoulder Pulley		Yes		
11	Shoulder Abduction Ladder		Yes		
12	Suction Machine	Yes		Yes	
13	Mobile Spotlight	Yes		Yes	
14	Manual Vacuum Aspirator	Yes			
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale			Yes	
17	Infantometer		Yes		
18	Ophthalmoscope		Yes		
19	Fully Loaded Dental Chair Electrically Operated		Yes		
20	Dental Chair-Basic		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	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
25	Deep Freezer-Small-Large	Yes		Yes	
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part	Yes			
28	Semi-Automated Biochemistry Analyser	Yes			
29	Binocular Microscope	Yes			
30	HbA1C Analyser		Yes		
31	Turbidometer		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		
43	Exerciser Couch/Table		Yes		
44	Finger Exerciser Web		Yes		
45	Walking Aid for Training/ Reciprocal Walker		Yes		

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

Date of Visit: 17-02-2025

A. General Information	
1. State	Assam
2. District Name	Nagaon
3. Ward Name	Bajiagaon
4. Name of Facility	<b>Gendhali AAM</b>
5. Type of Facility	SC – AAM
6. NIN of the facility	8545758180
7. No. of days in a week facility is operational	6
8. OPD Timings	8.30 A.M. to 1.30 P.M.
9. Month & Year of AAM operationalization	2008
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Samaguri BPHC
12. Distance of next referral facility (Km)	3 km

A.1 Demographic Details	
1. Number of Wards	4
2. No. of Households	925
3. Total catchment Population	3710
4. Population who are 30 years of age and above	1373

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

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

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

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

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

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

ANM/ MPW (F)	Yes	Yes	Yes	Yes	Yes	Yes
MPW (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

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

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

F. Essential medicines	
Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	35  (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	29
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever

Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	Yes	
DVDMS or any other software is being used for stock management	Yes	
<b>G. Essential diagnostics</b>		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	7 (Total diagnostics at AAM-SC as per national EDLis 14)	
Total number of diagnostic tests available at AAM-SC	7	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	Yes	
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit	
User fee charged for diagnostics	No	

<b>H. Information Technology &amp; Teleconsultation</b>		
Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify) – Internet Fund, Untied Fund	
Functionality (Mobile: Untied fund)	<input checked="" type="checkbox"/> <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)	

Arrangements for teleconsultation made	Yes
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input checked="" type="checkbox"/> Medical College <input checked="" type="checkbox"/> Any other, specify: NHM Assam Hub
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	Yes
Common Conditions for which teleconsultation being done	Hypertension, Diabetes Mellitus, Cough, Joint pain, Acidity etc
Total Teleconsultations in the last 01 month	27, January 2025

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

J. Finance			
<b>Remuneration &amp; Incentives</b>			
Timely disbursement of incentives to ASHAs	Yes		
Timely disbursement of remuneration to CHOs	Yes		
Timely disbursement of remuneration to AAM-SC team (other than CHO)	Yes		
Disbursement of performance-based incentives to CHO	No		
Disbursement of team-based incentives to AAM-SHC team	No		
<b>Facility funds</b>			
Timely disbursement of untied funds	Yes		
Fund flow through other sources	Yes		
Specify any other fund source:	Kayakalp Fund		
<b>Fund utilization</b>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
% NHM Fund utilized last year:			
<b>2023-24</b>	<b>98100</b>	<b>85325</b>	<b>86.9%</b>
Is untied fund being spent on following activities	<b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet <b>Regular purchase:</b> Yes		

		If yes, specify <input checked="" type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment <b>Payment of support/cleaning Staff: Yes</b>		
<b>K. Governance</b>				
<b>Community-based platforms</b>				
Constitution of Jan Arogya Samiti		Yes		
Periodic JAS meetings in the last 6 months (Once a month)		Yes		
JAS meeting minutes available		Yes		
VHSNC Meeting held and minutes available		Yes		
Periodic VHND sessions undertaken (Sessions held against planned)		Yes		
Involvement of CHO in community-based platforms		Yes		
<b>L. Wellness Activities</b>				
Wellness sessions being held periodically		Yes		
Availability of a trained instructor for wellness session		Yes		
Health Days are celebrated as per the Wellness Activity Calendar		Yes		
Number of Wellness sessions conducted in Last month		15		
<b>ASHA Functionality</b>				
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		Yes		
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		Yes		
Number of Village Health & Sanitation days conducted in last 6 months		18		
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits	780		
2	No. of PW registered for ANC	10		
3	No. of PW received 4 or more ANC check-ups	11		
4	Total number of institutional deliveries	0		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	3		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	17		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	13		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	15		
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	127		
	No. of TB patients diagnosed out of the presumptive patients referred	5		
	No. of TB patients taking treatment in the AAM	2		
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:		927/1373	
11	<b>NCDs</b> (No. of individuals in last 6 Months)	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>
	Hypertension	410	2	48
	Diabetes	410	2	35
	Oral Cancer	410	0	0

Breast Cancer	200	0	0
Cervical Cancer	0	0	0

#### N. Implementation of NQAS Quality Assurance and Patient Safety

1	Has there been an internal assessment for NQAS?	Yes
2	Is the facility certified at the State-level for NQAS?	Yes
3	Is the facility certified at the National level for NQAS?	Yes. (84.7)
4	Is Facility participating in Kayakalp?	Yes (90%)
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Commendation, 83%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

#### O. IPHS Compliance

1	Date of assessment using ODK tool kit	29-05-2024
2	Facility aggregate score using ODK Took kit	57.71/100

#### Remarks & Observations

The Community Health Officer (CHO) joined the facility in 2021, and while all staff members have received necessary training, the facility lacks a power backup system. A total of 29 medicines are available at AAM-SHC, with a buffer stock maintained and stock managed through DVDMS or similar software. The facility provides seven essential diagnostic tests in-house, with necessary diagnostic aids such as rapid testing kits, sphygmomanometer, glucometer, haemoglobinometer, thermometer, urine dipstick, and vaginal speculum available. Sputum sample transport for TB diagnosis is also arranged, and no user fees are charged for diagnostic services. In terms of information technology and teleconsultation, the facility is equipped with a laptop and internet connectivity funded through the Internet Fund and Untied Fund. Teleconsultation services are linked with PHC, DH, Medical College, and the NHM Assam Hub via the e-Sanjeevani.in platform. A teleconsultation schedule has been prepared and displayed, with common conditions treated including hypertension, diabetes mellitus, cough, joint pain, and acidity. In January 2025 alone, 27 teleconsultations were conducted, enhancing accessibility to specialized care for patients.

The facility ensures comprehensive reporting across all relevant portals. Timely disbursement of remuneration and incentives is maintained for ASHAs, CHOs, and the AAM-SC team, except for performance-based

incentives for CHOs and team-based incentives for the AAM-SHC team. Facility funds, including untied funds and other sources such as the Kayakalp Fund, are disbursed on time. Community engagement is actively promoted through the Jan Arogya Samiti (JAS), with periodic meetings held once a month, and documented minutes available. Additionally, VHSNC meetings and Village Health & Nutrition Days (VHND) are conducted regularly, ensuring active community participation. The CHO remains involved in various community-based platforms to enhance healthcare outreach. Wellness activities are conducted periodically, with a trained instructor available for wellness sessions. Health Days are celebrated in alignment with the Wellness Activity Calendar, and 15 wellness sessions were held in the last month. ASHA functionality is well-supported, with functional Home-Based Newborn Care (HBNC) kits and essential drug kits available. Over the past six months, 18 Village Health & Sanitation Days have been conducted, reinforcing the facility's commitment to preventive healthcare and community well-being.

In the previous quarter, the facility recorded 780 outpatient department visits. A total of 10 pregnant women were registered for antenatal care (ANC), with 11 receiving four or more ANC check-ups. No institutional deliveries were conducted, but three high-risk pregnancies received treatment. Among children under 24 months, 17 received the first dose of the Pentavalent vaccine, while 13 received the third dose. The facility referred 15 cases from the Sub-centre AAM to PHC AAM in the last three months. For tuberculosis (TB) management, 127 presumptive TB cases were identified, five were diagnosed, and two patients are currently undergoing treatment. The facility achieved a CBAC screening coverage of 927 out of the target population of 1,373.

Quality certification, internal assessments for the National Quality Assurance Standards (NQAS) have been conducted, with state and national-level certifications achieved. The facility also participates in the Kayakalp program, earning a commendation with a score of 83%. Patient rights are upheld through the display of citizen charters, IEC materials, and adherence to privacy, confidentiality, and respectful maternity care practices. All services are provided free of cost. Support services include facility maintenance, clinical record management, and data handling through digital technology. Infection control measures follow biomedical waste management guidelines, disinfection protocols, and personal protection standards. Clinical care ensures adherence to standard operating procedures (SOPs) and a bilateral referral system for continuity of care. Quality management systems include patient feedback collection, grievance redressal mechanisms, and periodic reviews for continuous improvement. The facility underwent an IPHS compliance assessment using the ODK toolkit on May 29, 2024, scoring 57.71 out of 100, indicating areas for further enhancement.

#### Appendix-List of equipment

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

**Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)**

Date of Visit: 15/2/25

A. General Information	
1. State	Assam
2. District Name	Nagaon
3. Ward Name	Lakhivagar
4. Name of Facility	Lakhivagar, AAM
5. Type of Facility	VHSWC
6. NIN of the facility	1128265251
7. No. of days in a week the facility is operational	6
8. OPD Timing	9.00 A.M. to 1.30 P.M.
9. Month & Year of UAAM operationalization	September, 2023
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	BP Civil/NMCH
12. Distance of next referral facility (Km)	2 km/ 5 km

A.1 Demographic Details	
1. Number of Wards	19
2. No. of Households	854
3. Total catchment Population	4493
4. Population who are 30 years of age and above	1662

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned building	No
2.	If there is no government-owned building, specify building type ( <i>Other Govt./Urban Local Body/ Rented etc.</i> )	Rented (Rs. 12000)
3.	Availability of boundary wall	Yes
4.	External branding as per CPHC guidelines ( <i>colour, logo</i> )	Yes
5.	OPD room	Yes
	Examination table with privacy curtain/ screen	Yes
6.	Day Care Beds available ( <i>Norm – 2</i> )	Yes
7.	Waiting area with sitting arrangements for patients/ attendants	Yes
8.	Availability of furniture	
	Table	Yes
	Chairs	Yes
	Almirah/Rack	Yes
9.	Laboratory	No
10.	Pharmacy /Drug store	Yes
11.	Space/ room identified for Wellness activities including Yoga sessions	Yes
12.	Separate functional toilets for males and females	No
13.	Availability of Running Water	Yes
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	No
15.	Electricity connection	Yes
16.	Power back up	Yes
17.	Availability of Safe drinking Water	Yes
18.	Functional Handwashing corner (designated) with running water and soap	Yes
19.	Provision of BMW management	Yes

20.	Colour coded waste bins	Yes
21.	Bio-medical waste disposal mechanism in place	No
22.	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	No

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

\*Desirable amenities

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

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

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

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

Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
MPW (F) / (M)	No	No	No	No	No	No
ASHA	No	No	No	No	No	No

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

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

F. Availability of Essential medicines	
1	Number of medicines at UAAM as per State Essential Medicine List (EML) <i>Reference link for national EML:</i> <a href="https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHWC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHWC%20IPHS%202022%20Guidelines%20pdf.pdf</a>
	70  Available as per EDL  (Total medicines at AAM-SHC as per national EML is 105)
2	Total number of medicines available at the UAAM
	70
3	Availability of medicines for priority conditions  <input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever
4	Medicine categories with shortfall/stockouts on the day of assessment  <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds
	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In-house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	5 (Total diagnostic tests at UAAM as per national EDL is 14)
3	Number of tests available at UAAM	5
4	Number of tests Provided through In House Mode	5
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	No
9	User fee charged for diagnostics	No
10	Average downtime of equipment (days)	-
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	-

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

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

### I. Wellness Activities

Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes

### J. Governance

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

### K. Reporting

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

Fund utilization	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
% NHM Fund utilized last year:			
2023-24	100,000	85325	86.9%
Is untied fund being spent on following activities <b>Sanitizer</b> <b>Banner</b> <b>Ceiling Fan Repair</b> <b>Bed Sheet</b> <b>Towel</b> <b>Wall Clock</b> <b>Disposable Cups</b> <b>A4 Paper</b>	<b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet <b>Regular purchase:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment <b>Payment of support/cleaning Staff:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms			

Constitution of Jan Arogya Samiti		Yes		
Periodic JAS meetings in the last 6 months (Once a month)		Yes		
JAS meeting minutes available		Yes		
VHSNC Meeting held and minutes available		No		
Periodic VHND sessions undertaken (Sessions held against planned)		No		
Involvement of CHO in community-based platforms		No		
<b>L. Wellness Activities</b>				
Wellness sessions being held periodically		Yes		
Availability of a trained instructor for wellness session		Yes		
Health Days are celebrated as per the Wellness Activity Calendar		Yes		
Number of Wellness sessions conducted in Last month				
<b>ASHA Functionality</b>				
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		Yes		
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		Yes		
Number of Village Health & Sanitation days conducted in last 6 months		18		
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits	365		
2	No. of PW registered for ANC	6		
3	No. of PW received 4 or more ANC check-ups	5		
4	Total number of institutional deliveries			
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	1		
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 to PHC AAM during last 3 months	-		
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	-		
	No. of TB patients diagnosed out of the presumptive patients referred	-		
	No. of TB patients taking treatment in the AAM	-		
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			
		16%		
11	<b>NCDs</b> (No. of individuals in last 6 Months)	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>
	Hypertension	395	42	42
	Diabetes	269	38	38
	Oral Cancer	102	-	-
	Breast Cancer	15	-	-
	Cervical Cancer	-	-	-

**N. Implementation of NQAS Quality Assurance and Patient Safety**

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

#### O. IPHS Compliance

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

#### Remarks & Observations

The healthcare facility operates from a rented building at a cost of ₹12,000 per month. It has external branding as per CPHC guidelines, including the prescribed color scheme and logo. The facility is equipped with an OPD room that includes an examination table with a privacy curtain, a designated waiting area with seating arrangements, and essential furniture such as tables, chairs, and an almirah/rack. There is a pharmacy/drug store and a dedicated space for wellness activities, including yoga sessions, the facility lacks a laboratory and separate functional toilets for males and females.

Basic amenities such as running water, electricity, power backup, and safe drinking water are available. A designated handwashing corner with running water and soap is in place. Accessibility features for the elderly and differently-abled individuals, such as ramps and wheelchairs, are not available. Biomedical waste management is implemented with the provision of color-coded waste bins.

Staff training, nurses and MPWs have received training in RMNCHA+ services, including maternal and child healthcare, family planning, communicable diseases, and NCD management. Additionally,

ANMs/MPWs (F) have undergone training in expanded CPHC packages covering eye care, ENT care, oral care, mental health and neurological services (MNS), elderly and palliative care, as well as trauma and emergency care. MO, MPWs (M), and ASHAs have not received training in these areas, highlighting a gap in capacity building.

During the financial year 2023-24, the facility received ₹1,00,000 under NHM funding, of which ₹85,325 was utilized, reflecting an expenditure rate of 86.9%. The untied fund was allocated towards essential items such as sanitizers, banners, ceiling fan repairs, bed sheets, towels, wall clocks, disposable cups, and A4 paper. Wellness activities were conducted at the facility. In terms of ASHA functionality, the availability of functional HBNC kits and drug kits, including PCM, Amoxicillin, IFA, ORS, Zinc, IFA Syrup, and Cotrimoxazole, remains unconfirmed. Over the last six months, 18 Village Health & Sanitation Days were organized. For the most recent quarter, the facility recorded 365 outpatient department (OPD) visits. A total of six pregnant women were registered for antenatal care (ANC), with five receiving four or more ANC check-ups. One high-risk pregnancy was identified and successfully treated. Among children under 24 months, five received the first dose of the Pentavalent vaccine, while five received the third dose. Institutional delivery data was not reported for the period.

#### 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		No		
10	Snellen vision chart		No		
11	Stadiometer	Yes		Yes	
12	Tuning fork		No		

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

Date of Visit: 08/02/2025

A. General Information	
1. State	Assam
2. District Name	Nagaon
3. Block/Taluka Name	Buragohain Than
4. Name of Facility	<b>Pathari AAM</b>
5. Type of Facility	SC
6. NIN of the facility	8382645276
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8 AM- 1:30 PM
9. Month & Year of AAM operationalization	Dec 2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Deodhan PHC
12. Distance of next referral facility (Km)	3 kms

A.1 Demographic Details	
1. Number of Villages	4
2. No. of Households	1090
3. Total catchment Population	4552
4. Population who are 30 years of age and above	1684

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

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1			1	1
2	ANM/MPW-F	2	1	1		
3	MPW-M		1	1		
3	ASHA (Population Norms -1 ASHA per 1000 population)					4
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)	No	No	No	No	No	No
MPW (M)	Yes	Yes	Yes	Yes	Yes	No
ASHA	Yes	Yes	Yes	Yes	Yes	No

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

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

F. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	33  (Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC	26		
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
Medicine categories with shortfall/stockouts on the day of assessment	<table border="0"> <tr> <td> <input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input type="checkbox"/> Anti-pyretic  <input type="checkbox"/> Anti-allergics  <input checked="" type="checkbox"/> Antidotes for poisoning  <input checked="" type="checkbox"/> Gastrointestinal meds  <input checked="" type="checkbox"/> Anti-filarial  <input type="checkbox"/> Antibiotics  <input checked="" type="checkbox"/> Anti-leprosy                 </td> <td> <input checked="" type="checkbox"/> Anti-tuberculosis  <input checked="" type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycemics  <input checked="" type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input checked="" type="checkbox"/> Multi-vitamins  <input checked="" type="checkbox"/> Dermatological (cream)                 </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)		

What is the indenting cycle that is followed at the facility? <b>Last indent – Nov 2024</b>	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	No
DVDMS or any other software is being used for stock management	Yes
<b>G. Essential diagnostics</b>	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	9 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	9
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	Yes
Availability of diagnostic testing aids/equipment	<input type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input checked="" type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	No

<b>H. Information Technology &amp; Teleconsultation</b>	
Infrastructure (Availability) <b>NA</b>	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality <b>NA</b>	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Arrangements for <b>teleconsultation</b> made	Yes
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify) NHM HUB
Whether teleconsultation schedule has been prepared and displayed	Yes
Common Conditions for which teleconsultation being done	joint pain

Total Teleconsultations in the last 01 month	3
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II. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	Yes
<input type="checkbox"/> National NCD Portal/App	Yes
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	Yes
<input type="checkbox"/> FPLMIS	Yes
<input type="checkbox"/> DVDMS	Yes
<input type="checkbox"/> Nikshay	Yes
Specify others, if any:	SSD Portal, IDSP, E sanjeevani, KOBO Collection

K. Finance			
<b>Remuneration &amp; Incentives</b>			
Timely disbursement of incentives to ASHAs	Yes		
Timely disbursement of remuneration to CHOs	No		
Timely disbursement of remuneration to AAM-SC team (other than CHO)	No		
Disbursement of performance-based incentives to CHO	Yes		
Disbursement of team-based incentives to AAM-SHC team	Yes		
<b>Facility funds</b>			
Timely disbursement of untied funds	Yes		
Fund flow through other sources	No		
Specify any other fund source:			
<b>Fund utilization</b>			
% NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	46,681	46,681	100%
Is untied fund being spent on following activities	<b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>BP instrument</b>	If yes, specify		
<b>Cleaning</b>	<input type="checkbox"/> Electricity		
<b>Furniture chair</b>	<input type="checkbox"/> Drinking Water		
	<input type="checkbox"/> Internet		
	<b>Regular purchase:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, specify		
	<input type="checkbox"/> Medicines		
	<input checked="" type="checkbox"/> Reagents/Consumables		
	<input checked="" type="checkbox"/> Equipment		
	<b>Payment of support/cleaning Staff:</b> Yes		

K. Governance	
<b>Community-based platforms</b>	
Constitution of Jan Arogya Samiti	Yes
Periodic JAS meetings in the last 6 months (Once a month)	Yes
JAS meeting minutes available	Yes
VHSNC Meeting held and minutes available	Yes
Periodic VHND sessions undertaken (Sessions held against planned)	Yes
Involvement of CHO in community-based platforms	Yes

L. Wellness Activities	
Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes
Number of Wellness sessions conducted in Last month	14

ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	Yes

Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		Yes		
Number of Village Health & Sanitation days conducted in last 6 months		24		
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits	1634		
2	No. of PW registered for ANC	14		
3	No. of PW received 4 or more ANC check-ups	7		
4	Total number of institutional deliveries	8		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	1		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	11		
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	41		
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	2		
	No. of TB patients diagnosed out of the presumptive patients referred	2		
	No. of TB patients taking treatment in the AAM	0		
10	<b>Community Based Screening for NCDs:</b>			
	% of target population administered CBAC:	100%		
	% of target population with score below 4:	70%		
	% of target population with score 4 and above:	30%		
11	<b>NCDs</b> (No. of individuals in last 6 Months)	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>
	Hypertension	685	90	150
	Diabetes	685	71	128
	Oral Cancer	685	0	0
	Breast Cancer	336	0	0
	Cervical Cancer	0		0

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

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

#### O. IPHS Compliance

1	Date of assessment using ODK tool kit	28.05.24
2	Facility aggregate score using ODK Tool kit	58.98%

#### Remarks & Observations

Infrastructure New building completed- to be shifted soon- prep for kayakalp, march 2025
HRH 2 staff, trainings on SOPs
IEC Available
Expanded service Packages Training done, drugs shortages, services available, registers available
IT System All apps available, no laptop/tab/smartphone
Any Other Meeting held monthly

#### 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	-			

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

Date of Visit: 08/02/2025

A. General Information	
1. State	Assam
2. District Name	Nagaon
3. Block/Taluka Name	Pakhimoria Block
4. Name of Facility	<b>Dakarghat AAM</b>
5. Type of Facility	SHC
6. NIN of the facility	8535648334
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8 AM- 2:30 PM
9. Month & Year of AAM operationalization	Dec 2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Buragohaithan PHC
12. Distance of next referral facility (Km)	9 kms

A.1 Demographic Details	
1. Number of Villages	4
2. No. of Households	1117
3. Total catchment Population	5005
4. Population who are 30 years of age and above	1951

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

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1			1	1
2	ANM/MPW-F	2			1	1
3	MPW-M		1	1		
3	ASHA (Population Norms -1 ASHA per 1000 population)	3				3
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	No	No	No	No	No	No

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

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

F. Essential medicines			
Number of medicines at AAM-SHC as per State Essential Medicines list  (Link for essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	30  (Total medicines at AAM-SHC as per national EML is 105)		
Total number of medicines available at AAM-SHC	30		
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
Medicine categories with shortfall/ stockouts on the day of assessment	<table border="0"> <tr> <td> <input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input type="checkbox"/> Anti-pyretic  <input type="checkbox"/> Anti-allergics  <input checked="" type="checkbox"/> Antidotes for poisoning                 </td> <td> <input checked="" type="checkbox"/> Anti-tuberculosis  <input checked="" type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycemics                 </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics		

	<input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotic <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility? Last indent – Nov 2024		<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)		<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?		No
DVDMS or any other software is being used for stock management		No
<b>G. Essential diagnostics</b>		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	7 (Total diagnostics at AAM-SC as per national EDLis 14)	
Total number of diagnostic tests available at AAM-SC	7	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	Yes	
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit	
User fee charged for diagnostics	No	

<b>H. Information Technology &amp; Teleconsultation</b>		
Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)	
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)	
Arrangements for <b>teleconsultation</b> made	Yes	
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College	

	Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify) NHM HUB
Whether teleconsultation schedule has been prepared and displayed	Yes
Common Conditions for which teleconsultation being done	Fever, cough, weakness, joint pain, headache, backache, hypertension, type 2 DM
Total Teleconsultations in the last 01 month	25

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

L. Finance			
<b>Remuneration &amp; Incentives</b>			
Timely disbursement of incentives to ASHAs	Yes		
Timely disbursement of remuneration to CHOs	Yes		
Timely disbursement of remuneration to AAM-SC team (other than CHO)	Yes		
Disbursement of performance-based incentives to CHO	No		
Disbursement of team-based incentives to AAM-SHC team	No		
<b>Facility funds</b>			
Timely disbursement of untied funds	Yes		
Fund flow through other sources	No		
Specify any other fund source:			
<b>Fund utilization</b>			
% NHM Fund utilized last year:		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)
<b>Untied 18500+18500=37000</b>		113500	112347
			% Expenditure 99%
Is untied fund being spent on following activities		<b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Untied fund</b>		If yes, specify	
<b>IEC material</b>		<input type="checkbox"/> Electricity	
<b>Floors</b>		<input type="checkbox"/> Drinking Water	
<b>RO</b>		<input type="checkbox"/> Internet	
		<b>Regular purchase:</b> Yes	
		If yes, specify	
		<input type="checkbox"/> Medicines	
		<input checked="" type="checkbox"/> Reagents/Consumables	
		<input checked="" type="checkbox"/> Equipment	
		<b>Payment of support/cleaning Staff:</b> Yes	

K. Governance	
Community-based platforms	

Constitution of Jan Arogya Samiti		Yes		
Periodic JAS meetings in the last 6 months (Once a month)		Yes		
JAS meeting minutes available		Yes		
VHSNC Meeting held and minutes available		Yes		
Periodic VHND sessions undertaken (Sessions held against planned)		Yes		
Involvement of CHO in community-based platforms		Yes		
<b>L. Wellness Activities</b>				
Wellness sessions being held periodically		Yes		
Availability of a trained instructor for wellness session		Yes		
Health Days are celebrated as per the Wellness Activity Calendar		Yes		
Number of Wellness sessions conducted in Last month		10		
<b>ASHA Functionality</b>				
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		Yes		
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		Yes		
Number of Village Health & Sanitation days conducted in last 6 months		18		
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits	799		
2	No. of PW registered for ANC	17		
3	No. of PW received 4 or more ANC check-ups	11		
4	Total number of institutional deliveries	-		
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	4		
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	16		
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	15		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	17		
9	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	0		
	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			
	82.76			
11	<b>NCDs</b> (No. of individuals in last 6 Months)	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>
	Hypertension	552	13	255
	Diabetes	552	2	60
	Oral Cancer	552	0	0
	Breast Cancer	380	0	0
	Cervical Cancer			
<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>				
1	Has there been an internal assessment for NQAS?	Yes		
2	Is the facility certified at the State-level for NQAS?	No		

3	Is the facility certified at the National level for NQAS?	No
4	Is Facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	85.8%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

#### O. IPHS Compliance

1	Date of assessment using ODK tool kit	28.05.24
2	Facility aggregate score using ODK Took kit	58.67%

#### Remarks & Observations

The facility operates from 8 AM to 2:30 PM and is staffed with one Community Health Officer (CHO), one Auxiliary Nurse Midwife (ANM), one Male Multi-Purpose Worker (MPW-M), and three Accredited Social Health Activists (ASHAs). All staff members have received training in RMNCHA+, communicable and non-communicable diseases, and the Expanded CPHC packages. The facility provides comprehensive healthcare services, including reproductive, maternal, neonatal, infant, childhood, and adolescent healthcare, as well as family planning and contraceptive services. It also offers treatment for communicable diseases such as vector-borne diseases, tuberculosis, leprosy, and acute illnesses, along with screening and management of non-communicable diseases, including hypertension, diabetes, and common cancers like oral and breast cancer.

The facility has 30 essential medicines and provides seven diagnostic tests. A teleconsultation schedule has been prepared and displayed, with common conditions treated including fever, cough, weakness, joint pain, hypertension, and type 2 diabetes. In the last month, 25 teleconsultations were conducted. Governance initiatives include the active involvement of the Jan Arogya Samiti (JAS), with periodic meetings held and minutes recorded. Jan Arogya Samiti (JAS) register has been well-maintained, reflecting the facility's commitment to efficient governance and healthcare service delivery. Village

Health, Sanitation, and Nutrition Committee (VHSNC) meetings are regularly conducted, and Village Health and Nutrition Days (VHND) sessions are carried out as planned.

Wellness activities are conducted periodically, with a trained instructor facilitating wellness sessions. Health Days are celebrated according to the Wellness Activity Calendar, with 10 wellness sessions conducted in the last month. ASHAs are equipped with functional Home-Based Newborn Care (HBNC) kits and essential drug kits containing PCM, amoxicillin, iron-folic acid (IFA), oral rehydration salts (ORS), zinc, IFA syrup, and cotrimoxazole. In the last six months, 18 Village Health and Sanitation Days have been conducted, reinforcing the facility's commitment to community health and wellness.

During the previous quarter, the facility recorded a total of 799 outpatient department visits. Seventeen pregnant women were registered for antenatal care (ANC), with 11 receiving four or more ANC check-ups. Four high-risk pregnancies were identified and received treatment, while 16 children under 24 months received the first dose of the Pentavalent vaccine, and 15 received the third dose. 17 cases were referred from the Sub-centre AAM to PHC AAM in the last three months.

The facility actively participated in community-based screening for non-communicable diseases (NCDs), achieving a screening rate of 82.76%. Over the last six months, 552 individuals were screened for hypertension, with 13 referred and 255 followed up. Similarly, 552 were screened for diabetes, with two referrals and 60 follow-ups. Oral cancer screening was conducted for 552 individuals, and breast cancer screening for 380 individuals, though no referrals or follow-ups were required. The facility is also part of the Kayakalp program, achieving an impressive score of 85.8%. An internal assessment using the ODK toolkit was conducted on May 28, 2024, yielding an aggregate score of 58.67% for IPHS compliance.

#### Appendix-List of equipment

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

**Field Monitoring Format - Community Level**

Date of Visit	17/2/2025
Name of Village/ Slum visited	Amoni
Details of nearest public health facility (from residence)	Facility name: AAM Gendhali Facility type: AAM Distance: 10 km
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	Yes
Accessible from nearest road	Yes

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

Questions	Probes	Responses to be recorded here	
<b>Topic: Community's choice of provider</b>			
<p><i>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</i></p> <p><i>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound- dressing, etc.,) Reasons, thereof.</i></p>	<p><b>Healthcare provider probes:</b> Self (home remedies), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</p> <p><b>Reasons probes:</b> Proximity, convenience, availability of staff, free of cost services, trust on the provider.</p>		√ Reason for the choice
		Self (home remedies)	• Proximity, • Convenience
		Informal healers	• Economical • Trust/Faith on the provider/ Practice .
		private practitioners/ hospitals,	
		public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),	
		secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)	
		AYUSH practitioners.	
Self (home remedies)			
		<p>The community had been referred to government health facilities for their check-ups. Many also sought care at the AAM Gendhali facility for antenatal care (ANC) check-ups, non-communicable disease (NCD) screenings, and treatment for common illnesses such as coughs and colds. The</p>	

		<p>facility also offered wound dressing, family planning counseling, and support for adolescent girls regarding menstrual hygiene and personal concerns, with a female CHO available to assist them. The community preferred AAM Gendhali as all services were provided free of cost. The facility had a doctor, staff nurse, ANM, and ASHA, all of whom maintained a cordial relationship with the community. As a result, people relied more on public healthcare services rather than home or informal remedies. When asked about the facility's condition, residents expressed satisfaction with both its infrastructure and the quality of services provided.</p>
<p><b>Topic: Community's Awareness of AAM-SC/ PHC/ UPHC</b></p>		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p> <p><i>How long has it been there?</i></p> <p><i>What are the health services being provided there?</i></p>	<p><i>May use local terms as recognized by the community</i></p> <p><i>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p> <p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p> <p><i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i></p>	<p>People were highly satisfied with the services at AAM, where medicines and the CHO were consistently available, ensuring seamless access to healthcare. The facility effectively conducted immunization programs, family planning counseling, and NCD check-ups for the elderly. The community had a good understanding of hypertension and diabetes. Many who had been using the facility's services for the past 2–3 years expressed satisfaction with the care they received.</p> <p>AAM provided a comprehensive range of services, including RMNCHA+N, treatment for communicable diseases, NCD management, elderly care, and palliative care. Patients appreciated the staff's courteous behavior and found the prescribed medications effective in their recovery. The community had been visiting AAM for many years and remained highly satisfied with its services. They were well-informed about the available healthcare options, including NCD screenings, antenatal care, and expanded package services. This awareness was largely due to the efforts of ASHAs, ANMs, and the CHO, who actively educated the community about these services.</p>
<p><b>Topic: Accessibility to primary healthcare services</b></p>		

<p><b>How do you access the facility from your residence?</b></p>	<p><i>Probes: Walk to the facility</i> <i>Use public transport</i> <i>Use personal transport</i></p>	<p>People in the village reached the facility by walking, using public transport, or traveling in their own vehicles.</p>
<p><b>What are the challenges you face in accessing this facility?</b></p>	<p><b>Barriers may include:</b> <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p>	<p>There was no geographical barrier in accessing the facility; however, people had to spend money on public transportation as they travelled from distant villages.</p>
<p><b>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/visits?</b></p>		<p>The CHO, ASHA, and ANM organized outreach camps within the community, providing immunizations, family planning services, and NCD check-ups. They also assisted community members in creating ABHA IDs, ensuring better access to healthcare services. ANMs and ASHAs conducted these camps in villages, and residents shared positive experiences, appreciating the well-structured sessions for ANC, RI, and NCD check-ups. ASHAs played a key role in generating ABHA IDs and counseling eligible couples. Additionally, they educated the community about the free healthcare services available at government facilities under central government provisions.</p> <p>People did not face any challenges in accessing the facility. ASHAs and ANMs, with the participation of the CHO, organized outreach campaigns within the community. These camps provided services such as antenatal care (ANC) check-ups, NCD screenings, family planning counseling, distribution of eligible couple coupons, and contraception.</p>

**Topic: Availability of primary health care infrastructure and services**

<p><b>What are your opinions on the building in which the primary healthcare facility is functioning?</b></p>	<p><b>Probes</b></p>	<p><b>Infrastructure and services</b></p>	<p><b>Response</b></p>
<p><b>What more needs to be added to improve the treatment-seeking experience in this place?</b></p>	<ul style="list-style-type: none"> <li>- Condition of the building</li> <li>- Maintenance</li> <li>- Dedicated space for waiting and examination</li> <li>- Adequate seating arrangement</li> <li>- Functional toilet</li> <li>- Potable and drinking water</li> <li>- Power supply</li> </ul>	<p><i>Condition of the building</i></p> <p><i>Maintenance</i></p> <p><i>Dedicated space for waiting and examination</i></p> <p><i>Adequate seating arrangement</i></p>	<p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad</p> <p><input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad</p> <p>Yes</p> <p>Yes</p>

		<i>Functional toilet</i>	Yes
		<i>Potable/ drinking water</i>	Yes
		<i>Power supply</i>	Yes
<p><b>When you visit the facility, are the staff available to provide services?</b></p> <p><b>Do you feel that the staff available are adequate at the facility?</b></p>	<p><b>Staff may include:</b> Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</p>	<p>The staff was consistently available at the facility; however, during outreach camps, the center remained unattended. The community was aware of this and understood that the staff's absence was due to their involvement in outreach activities. All services remained accessible at the facility.</p>	
<p><b>Is the facility providing all the medicines prescribed for your condition?</b></p> <p><b>If not, reasons thereof.</b></p>	<p><b>Probe</b> If there had been instances of non-availability of medicines, what do you do?</p>	<p>All the medicines were available at the facility. The CHO dispensed prescribed medications to beneficiaries and provided prescriptions, ensuring that community members maintained proper records of their treatments. The facility consistently stocked all necessary medicines, and no community members reported any complaints or difficulties in accessing them.</p>	
<p><b>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</b></p> <p><b>If not, reasons thereof.</b></p>	<p><b>Probe</b> If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</p>	<p>All essential tests were accessible at the facility. For any tests that could not be performed there, people visited the CHC or district hospital to get them done.</p>	
<b>Topic: Acceptability of healthcare services</b>			
<p><b>Do you feel that the staff at the facility is capable to provide health care?</b></p>	<p><b>Probe:</b> Adequate skills and knowledge</p>	<p>All the staff had adequate knowledge of their work, and the community was satisfied with the services provided by AAM-SC.</p>	
<p><b>Do you feel that the primary healthcare facility uses innovative methods or technology for delivering healthcare?</b></p> <p><b>Do you find the current methods/ technology acceptable when administered on you or your family?</b></p>	<p><b>Innovative may include</b> painless, time-saving or cost-saving methods or technology</p> <p><b>Alternate phrasing:</b> Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></p>	<p>The community was satisfied with the performance of AAM, as it provided them with easy access to treatment. Additionally, all services at the government facility were free of cost, which proved highly beneficial for them. Community members did not face any difficulties when hospital staff used methods, devices, or instruments for diagnosis or treatment.</p>	

<p>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</p>		
<p><b>Topic: Appropriateness of primary healthcare services delivered through AAM</b></p>		
<p>What are the main healthcare concerns that exist or emerge in your community?</p> <p>In the event of its occurrence, is the AAM providing relevant healthcare services?</p> <p>Are those services economical in terms of time and money?</p>	<p><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</p> <p><b>Probe:</b> To share some insights</p>	<p>The facility primarily served patients seeking treatment for hypertension, diabetes, immunization, cough, cold, fever, ANC, and family planning counseling. Comprehensive care was provided for all conditions, with all services available free of charge. People visited the facility for ANC services, treatment of hypertension and diabetes, and immunization for their children. Pregnant women were also informed about the necessity of having an Aadhaar card and an active bank account to avail themselves of benefits under the JSSK scheme. Hypertension and diabetes were the most common health issues in the community. However, all medicines and tests were provided free of cost, ensuring that people did not have to spend money on healthcare services.</p>
<p><b>Topic: Community's involvement / participation</b></p>		
<p>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</p> <p>How is the local community helping the AAM to function better? Please mention the activity and your contribution</p>	<p><b>Probes</b></p> <p>Setting health-related priorities</p> <p>Engagement with the Community Health Workers (ASHA/ equivalents)</p> <p>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</p>	<p>Community members actively participated in <i>Saas Bahu Sammelan</i>, yoga sessions, outreach camps, and sanitation programs, promoting health awareness, well-being, and improved hygiene. People of all age groups attended yoga sessions at the facility, as they found them beneficial for their health. Some community members expressed that the facility felt welcoming due to the staff's warm and supportive attitude. As a result, they actively assisted the staff in implementing various health programs. Participation of the community people in outreach camps helps ASHAs to generate community people ABHA ID.</p>
<p><b>Topic: Unmet Needs</b></p>		
<p>According to you, what other services may be provided through the facilities to improve the health needs of the community?</p>		<p>Community members had adequate knowledge of contraceptive methods and actively used options such as Antara, PPIUCD, IUCD, and condoms. Most families in the community had one to two children. They were well-informed about family planning, and</p>

<p><i>How are the community members currently meeting these unmet needs? Do they have to incur personal expenditure as a result?</i></p>		<p>condoms were used appropriately. Men visiting the facility received condoms as needed. Family planning services were provided free of cost, ensuring no out-of-pocket expenses for the community. Proper counseling on family planning was offered to ensure informed decision-making.</p>
<p><b>Topic: Quality of Care provided through the primary healthcare facility</b></p>		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p><b>Probes</b></p> <ul style="list-style-type: none"> <li>- Provider behaviour/ attitude</li> <li>- Waiting time</li> <li>- Cleanliness of the premises</li> <li>- Provision for Grievance redressal and escalation</li> <li>- Practice of soliciting and implementing feedback</li> <li>- Right diagnosis</li> <li>- Accuracy of diagnostic tests done at the facility</li> <li>- Effectiveness of medicines dispensed at the facility</li> </ul>	<p>The staff is supportive and approachable. The facility had a well-equipped waiting area with proper infrastructure, and any concerns raised by the community were promptly addressed and resolved by the staff. The community were satisfied with the services available at AAM-SC, some felt the need for additional services, as they had to visit the district hospital for certain tests that were not available locally. Despite this, community members expressed overall satisfaction with the services provided at the AAM Gendhali facility. The facility was consistently clean, including the toilets. All check-ups were conducted free of cost, and medicines and diagnostic services were provided at no charge.</p>

### Summary:

- The community had been referred to government health facilities for their check-ups. Many also sought care at the AAM Gendhali facility for antenatal care (ANC) check-ups, non-communicable disease (NCD) screenings, and treatment for common illnesses such as coughs and colds. The facility also offered wound dressing, family planning counseling, and support for adolescent girls regarding menstrual hygiene and personal concerns, with a female CHO available to assist them. The community preferred AAM Gendhali as all services were provided free of cost. The facility had a doctor, staff nurse, ANM, and ASHA, all of whom maintained a cordial relationship with the community. As a result, people relied more on public healthcare services rather than home or informal remedies. When asked about the facility's condition, residents expressed satisfaction with both its infrastructure and the quality of services provided.
- People were highly satisfied with the services at AAM, where medicines and the CHO were consistently available, ensuring seamless access to healthcare. The facility effectively conducted immunization programs, family planning counseling, and NCD check-ups for the elderly. The community had a good understanding of hypertension and diabetes. Many who had been using the facility's services for the past 2–3 years expressed satisfaction with the care they received. AAM provided a comprehensive range of services, including RMNCHA+N, treatment for communicable diseases, NCD management, elderly care, and palliative care. Patients appreciated the staff's courteous behavior and found the prescribed medications

effective in their recovery. The community had been visiting AAM for many years and remained highly satisfied with its services. They were well-informed about the available healthcare options, including NCD screenings, antenatal care, and expanded package services. This awareness was largely due to the efforts of ASHAs, ANMs, and the CHO, who actively educated the community about these services.

- People in the village reached the facility by walking, using public transport, or traveling in their own vehicles. There was no geographical barrier in accessing the facility; however, people had to spend money on public transportation as they travelled from distant villages. The CHO, ASHA, and ANM organized outreach camps within the community, providing immunizations, family planning services, and NCD check-ups. They also assisted community members in creating ABHA IDs, ensuring better access to healthcare services. ANMs and ASHAs conducted these camps in villages, and residents shared positive experiences, appreciating the well-structured sessions for ANC, RI, and NCD check-ups. ASHAs played a key role in generating ABHA IDs and counseling eligible couples. Additionally, they educated the community about the free healthcare services available at government facilities under central government provisions. People did not face any challenges in accessing the facility. ASHAs and ANMs, with the participation of the CHO, organized outreach campaigns within the community. These camps provided services such as antenatal care (ANC) check-ups, NCD screenings, family planning counseling, distribution of eligible couple coupons, and contraception.
- The staff was consistently available at the facility; however, during outreach camps, the center remained unattended. The community was aware of this and understood that the staff's absence was due to their involvement in outreach activities. All services remained accessible at the facility.
- All the medicines were available at the facility. The CHO dispensed prescribed medications to beneficiaries and provided prescriptions, ensuring that community members maintained proper records of their treatments. The facility consistently stocked all necessary medicines, and no community members reported any complaints or difficulties in accessing them
- All essential tests were accessible at the facility. For any tests that could not be performed there, people visited the CHC or district hospital to get them done.
- All the staff had adequate knowledge of their work, and the community was satisfied with the services provided by AAM-SC.
- The community was satisfied with the performance of AAM, as it provided them with easy access to treatment. Additionally, all services at the government facility were free of cost, which proved highly beneficial for them. Community members did not face any difficulties when hospital staff used methods, devices, or instruments for diagnosis or treatment.
- The facility primarily served patients seeking treatment for hypertension, diabetes, immunization, cough, cold, fever, ANC, and family planning counseling. Comprehensive care was provided for all conditions, with all services available free of charge. People visited the facility for ANC services, treatment of hypertension and diabetes, and immunization for their children. Pregnant women were also informed about the necessity of having an Aadhaar card and an active bank account to avail themselves of benefits under the JSSK scheme. Hypertension and diabetes were the most common health issues in the community. However, all medicines and tests were provided free of cost, ensuring that people did not have to spend money on healthcare services.
- Community members actively participated in *Saas Bahu Sammelan*, yoga sessions, outreach camps, and sanitation programs, promoting health awareness, well-being, and improved

hygiene. People of all age groups attended yoga sessions at the facility, as they found them beneficial for their health. Some community members expressed that the facility felt welcoming due to the staff's warm and supportive attitude. As a result, they actively assisted the staff in implementing various health programs. Participation of the community people in outreach camps helps ASHAs to generate community people ABHA ID.

- Community members had adequate knowledge of contraceptive methods and actively used options such as Antara, PPIUCD, IUCD, and condoms. Most families in the community had one to two children. They were well-informed about family planning, and condoms were used appropriately. Men visiting the facility received condoms as needed. Family planning services were provided free of cost, ensuring no out-of-pocket expenses for the community. Proper counseling on family planning was offered to ensure informed decision-making.
- The staff is supportive and approachable. The facility had a well-equipped waiting area with proper infrastructure, and any concerns raised by the community were promptly addressed and resolved by the staff.
- The community were satisfied with the services available at AAM-SC, some felt the need for additional services, as they had to visit the district hospital for certain tests that were not available locally. Despite this, community members expressed overall satisfaction with the services provided at the AAM Gendhali facility. The facility was consistently clean, including the toilets. All check-ups were conducted free of cost, and medicines and diagnostic services were provided at no charge.

### Community Interaction Photos

