

FEBRURAY, 2025

A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE NATIONAL HEALTH MISSION

NALBARI DISTRICT ASSAM

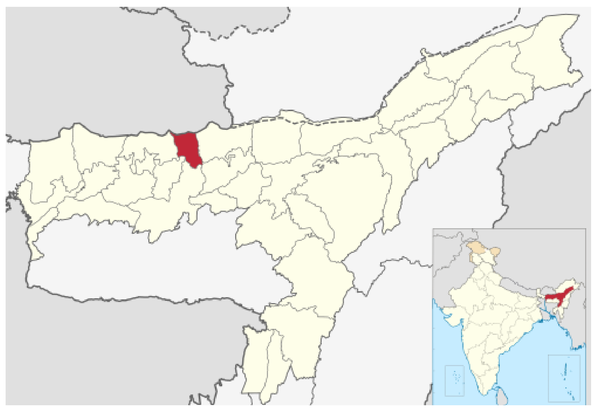
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DELHI

NALBARI, ASSAM

MC	DH	SDH	CHC	AAM-PHC	AAM-SHC
1	1	1	16	66	287

OVERVIEW



The Ministry of Health and Family Welfare (MoHFW), Government of India, has entrusted the Population Research Centre (PRC) with the task of field monitoring essential components of the National Health Mission (NHM) State Programme Implementation Plan for the year 2024–25. This report presents key findings from the field monitoring exercise conducted in Tamulpur District of Assam in February 2025.

The monitoring visits in Nalbari were carried out primarily at the level of primary healthcare facilities, focusing on AAM Primary Health Centres (AAM-PHCs) and AAM Sub-Health Centres (AAM-SHCs). In total, 10 facilities were covered, which included two Community Health Centre (CHC), four AAM-PHCs, and, under each AAM-PHC, one corresponding AAM-SHCs. The objective of this exercise was to evaluate infrastructure, human resources, service availability, and overall implementation of NHM components, with the ultimate goal of identifying strengths, weaknesses, and areas in need of improvement.

FACILITIES VISITED

DH	-	
Block	CHAMATA	PASCHIM NALBARI
CHC	CHAMATA CHC	BARNARDI CHC
PHC	U.DHARAMPUR PHC-AAM CHMATA BPHC	SOLMARA MPHC BHADRA ARARA MPHC
SHC	NIZPAKOWA AAM-SHC BARKHETRI BORNI AAM	NAKERBARI AAM-SHC PAKHURA AAM-SHC

KEY OBSERVATIONS: DISTRICT

1. Facility HR and Infrastructure

- ***Critical Shortages:*** Despite proactive district-level planning, Kamrup faces critical shortages of specialists, staff nurses, and, in some instances, medical officers. Rationalizing human resources—particularly in facilities upgraded from a CHC-FRU to a District Hospital—needs key consideration.
- ***Infrastructure and 108 Services:*** Most visited facilities demonstrated basic infrastructure adequacy, including functional ambulance services. However, some remote areas still report difficulty accessing 108 services.

2. AAM Services

- ***Central to Healthcare Delivery***: AAM-PHCs and AAM-SHCs form a central pillar of healthcare delivery in the district. While these facilities consistently follow NHM protocols, workforce and supply constraints occasionally hamper optimal service delivery.
- C***ertified Facilities:*** Service delivery and infrastructure were notably better in NQAS- or Kayakalp-certified facilities, reflecting the positive impact of quality benchmarking.

3. NCD Screening Implementation of National Health Programme

- ***Implementation Gaps with CBAC :*** In several PHCs and SCs, CBAC (Community Based Assessment Checklist) screening is conducted effectively.
- ***Limited Cancer Screening:*** Less than 1% of women aged 30–49 have undergone screening for cervical, breast, or oral cancers, underscoring the need for greater awareness and proactive screening efforts.

4. Drugs and Diagnostics

- ***Free Drugs Service Initiative:*** The initiative is in place, ensuring availability of essential medicines at no cost.
- ***Central List Gap***: While SHC-HWCs typically stock 31 drugs mandated by the state, PHC-HWCs maintain around 120–150 of the expected 172.The central government–mandated drug list for AAM-SHCs includes 70–80 drugs, which the state has not fully implemented. CHOs consistently report a need for an expanded Essential Drug List, in line with central guidelines.

5. Delivery Care Services

- ***No Home Delivery Pockets:*** The district observes no home-delivery pockets; however, the District Hospital bears a disproportionate load of overall deliveries.
- ***Underutilized Lower-Tier Points***: Delivery points at lower-tier facilities are either not fully equipped (in terms of human resources and equipment) or are not preferred by beneficiaries. This reflects both supply- and demand-side constraints.

6. Untied Funds Utilization

- ***Advanced Planning Gaps***: Although many facilities use untied funds for minor repairs, sanitation, and consumables, a lack of advanced planning limits optimal resource use.
- ***Effective Recordkeeping***: Cash book registers are well-maintained across visited SHCs and audited by block PHCs.
- ***Role of JAS Committees:*** JAS Committee meetings have effectively guided untied fund utilization to enhance overall facility operations.

7. Data Portal and Reporting

- ***RCH and ANMOL***: The RCH portal effectively tracks pregnant women from antenatal to delivery stages, while ANMOL supports frontline workers with real-time data entry.
- ***HMIS and AB-HWC Dashboards:*** District officials regularly review these dashboards for planning and monitoring, though intermittent internet connectivity remains a concern.

8. Teleconsultation

- ***e-Sanjeevani Platform:*** Telemedicine consultations, offered by Community Health Officers (CHOs), are active and functional.
- ***24×7 Command and Control Centre***: Initiatives like “eSampark,” “Sarathi 104,” and “Consult a Doctor” have broadened remote healthcare access across the district.

9. Quality Program

- ***Certifications Achieved***: Multiple facilities have obtained NQAS and Kayakalp certifications, indicating adherence to established quality standards.
- ***LaQshya Certification***: Further strengthening of LaQshya certification efforts could significantly improve maternal care services.

10. Family Planning Services

- ***Availability of Methods:*** Short-term and spacing methods (such as oral contraceptive pills) are widely available, and no significant issues have been noted regarding stock management or patient counseling.
- ***FP-LMIS Utilization:*** The fplmis portal is being used effectively throughout the district to procure and manage family planning commodities.

11. Community Interaction

- ***Public Awareness:*** Engagement with ASHAs, Anganwadi workers, and NGOs shows generally good awareness of government health schemes.
- ***Out-of-Pocket Expenditures***: Despite awareness, remote areas lacking reliable ambulance coverage still incur notable transportation costs, representing a financial burden for beneficiaries.

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1	1	1	16	66	287

KEY OBSERVATIONS: FACILITY

1. Rationalisation of Human Resources

- ***Critical HR Gaps:*** Despite ongoing efforts, there is an urgent need to rationalize staffing at upgraded facilities. Facilities transitioning from lower-tier centers (e.g., CHC-FRU to District Hospital) often lack the necessary specialists and supporting staff, undermining service delivery and patient care.
- ***Shortage of Counsellors:*** A pronounced gap exists in the availability of professional counselors across the district. This shortage impacts the provision of essential psychosocial support, including mental health services and chronic disease counseling.

2. Water and Power Backup Needs

- ***Limited Water Supply***: Multiple health facilities report erratic or insufficient water supply, significantly affecting sanitation, infection control, and overall service provision.
- ***Inadequate Electricity Provisions***: A consistent power supply is crucial for essential healthcare services such as deliveries, laboratory tests, and vaccine refrigeration. Currently, power backup systems are insufficient in many centers.
-

3. Strengthening Imaging and Diagnostic Facilities

- ***Imaging Equipment:*** The district hospital's X-ray machine has low penetrative power, leading to inconclusive results. Ultrasound services are unavailable locally, with patients referred to Medical Collegel for advanced diagnostics.
- ***Lab Services in PPP Mode:*** Aditional laboratory services are largely contracted to a single private entity (Krishna Lab). Depending on one diagnostic agency can create coverage gaps, constrain service accessibility, and may limit competitive pricing.

4. Strengthening Referral Transport and Mobility Support

- ***Transport Constraints:*** Lack of public transport and organized referral services is particularly problematic for remote localities. With no private centres/clinics operating in the remote areas district, patients from distant areas rely solely on the District Hospital for specialized and delivery care.

5. LaQshya Certification Training

- ***Quality Assurance Gap***: Several facilities have not fully integrated LaQshya (Labor Room Quality Improvement Initiative) standards, reflecting gaps in staff training and infrastructure preparedness.

6. Underutilisation of Facilities, Especially as Delivery Points

- ***Disproportionate Load:*** While there are no specific home-delivery "pockets," the District Hospital handles most deliveries. Lower-tier facilities often remain underutilized for childbirth due to a lack of skilled staff, requisite equipment, or community confidence.

KEY RECOMMENDATIONS

- ***Strategic Human Resource Deployment:*** Ensure specialists, nurses, medical officers, and counselors are distributed across upgraded and underserved facilities, with targeted recruitment incentives and continuous skill-building programs to retain staff.
- ***Infrastructure Strengthening***: Coordinate with local civil bodies to secure reliable water supply, electricity, and adequate power backup in critical service areas such as labor rooms, diagnostic suites, and vaccine storage units.
- ***Enhancement of Imaging and Diagnostics:*** Modernize outdated equipment (e.g., X-ray machines) and diversify laboratory partnerships to reduce overreliance on a single private provider, thereby improving diagnostic accuracy and availability.
- ***Expanded Referral and Transport Services***: Increase ambulance coverage and introduce subsidized travel options for remote regions, minimizing delays in accessing specialized and maternal care.
- ***Focused Quality Assurance:*** Prioritize LaQshya-focused training, on-site mentorship, and targeted facility upgrades to strengthen intrapartum care, encourage utilization of lower-tier delivery points, and relieve the disproportionate burden on the district hospital.

SNAPSHOTS FROM THE FIELD


















CHECKLISTS SUBMITTED

- HMIS Data Verification Checklist - DH
- 1 District Hospital Checklist
- 2 CHCs Checklists
- 4 AAM-PHCs Checklists
- 4 AAM-SHCc Chcklists

General Information	
Name of facility visited	**Paschim Nalbari**
Facility Type	☑ CHC ☐ U-CHC
FRU	No
Accessible from nearest road head	☑ Yes ☐No
Next Referral Point	Facility: Guwahati MC Distance: 60km

A. INFRASTRUCTURE		**Means of Verification**
Indicator	**INFRASTRUCTURE**	
1. OPD Timing	8:30 am- 2:00 pm	Reported/ Citizen Charter Board
2. Whether facility is functioning in PPP mode	No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good and well maintained but seepage issue	Observation
	☑ 24*7 running water facility ☑ Facility is geriatric and disability friendly (ramps etc.) ☑ Clean functional toilets available (separate for Male and female) ☑ Drinking water facility available ☑ OPD waiting area has sufficient sitting arrangement ☑ ASHA rest room is available ☑ Drug storeroom with rack is available ☑ Power backup: Complete Hospital	Observation
4. Number of functional in-patient beds	30	As reported/Citizen Charter Board
5. List of Services available	Yes	As reported/Citizen Charter Board
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services		As reported/Hospital Citizen Charter Board

Sl.	Service	Y/N
1	Medicine	No
2	O&G	No
3	Pediatric	No
4	General Surgery	No
5	Anesthesiology	No
6	Ophthalmology	Yes
7	Dental	No
8	Imaging Services (X – ray)	No
9	Imaging Services (USG)	Yes
10	Newborn Stabilization Unit	No

A. INFRASTRUCTURE		Means of Verification
Indicator	**INFRASTRUCTURE**	
• If any of the specialists are available 24*7	Yes available ☑ Yes, available only on-call ☐ Not available	As reported
• If Yes, Mention the specialists available 24*7	☒ Pediatrician ☑ Ob-Gyn ☑ Anesthetist	As reported
• Emergency	General emergency: Yes Facilities available for: 1. Triage: Yes 2. Resuscitation: Yes 3. Stabilization: Yes	Observation: Verify if triage area is marked
6. Tele-medicine/Consultation services available	Yes If yes, average number of teleconsultations per day for the last month.....45 If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) ....Yes	Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	Yes If yes, ☑ Major OT ☑ Minor OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Storage Unit	Yes • If yes, number of units of blood currently available: _____No • No. of blood transfusions done in last month: _____No	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	☑ ☐Free for BPL ☑ ☐Free for elderly ☑ ☐Free for JSSK beneficiaries ☑ Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	☑ Sharp pit: ☑ Deep Burial pit: Incinerator: Using Common Bio Medical Treatment plant: ☐ ☑ Managed through outsourced agency ☐	Observation

A. INFRASTRUCTURE		Means of Verification
Indicator	**INFRASTRUCTURE**	
	Other System, if any: (Specify)	
11. IT Services infrastructure	☑ Desktop/ Laptop available ☑ Internet connectivity Quality/strength of internet connection: _____Good	As reported

B. Human Resources						As reported
12. Details of HR available in the facility (Sanctioned and In-place)	**HR**		**Regular**		**Contractual**	
			Sanctioned	**Available**	**Sanctioned**	**Available**
	MO (MBBS)		4	4	1	1
	Aayush MO					
	Specialists	Medicine	-	-	-	-
		Ob-Gyn	-	-	-	-
		Pediatrician	-	-	-	-
		Anesthetist	-	-	-	-
	Dentist		-	-	1	-
	SNs/ GNMs		6	9	-	2
	LTs		2	1		1
	Pharmacist		2	3		
	Dental Assistant/ Hygienist					
	Hospital/ Facility Manager					
	EmOC trained doctor					
	LSAS trained doctor					
	Ward boy		3	3		
	Ward girl		3	3		1
	Grade IV		0	1		
	Contratual staff under HMC					15

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: Yes Facility score:70.71 Award received: Winner ☐	Kayakalp Assessm

<table>
<tr><td></td><td>☑ Commendation</td><td>ent report
Verify certificat e if awarded</td></tr>
<tr><td>14. NQAS</td><td>Assessment done: NA

(Traing gap) Internal/State
Facility score:
Certification Status:</td><td>NQAS assessme nt report
Verify certificat e if awarded</td></tr>
<tr><td>15. LaQshya</td><td>Labour Room:
No LaQshya Certified

If No, Assessment Done - ☐Yes/ ☐No

Operation Theatre:
No LaQshya Certified

If No, Assessment Done - ☐Yes/ ☐No</td><td>LaQshya Assessm ent Report – check score
Verify certificat e if awarded</td></tr>
<tr><td colspan="3">D. DRUGS AND DIAGNOSTICS</td></tr>
<tr><td>16. Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>Yes

If yes, total number of drugs in EDL____240____

EDL displayed in OPD Area:
Yes

No. of drugs available on the day of visit (out of the EDL) _____</td><td>Verify EDL Displaye d</td></tr>
<tr><td>17. Implementation of DVDMS or similar supply chain management system

(Training gap reported)</td><td>Yes</td><td>Observat ion, Check software</td></tr>
<tr><td>18. Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td><table><tr><td>1</td><td>No shortage</td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr></table></td><td>As reported, check DVDMS , E-</td></tr>
</table>

	5 aushadhi, etc.	
19. Availability of Essential Consumables:	☑ Sufficient Supply Minimal Shortage ☐Acute shortage In last 6 months, how many times there was a shortage_____	As reported Stock/Indent register
20. Availability of essential diagnostics	☑ In-house ☑ Outsourced/ PPP ☐Both/ Mixed	As reported;
• In-house tests (24*7 emergency test available)	Timing: 8:00 am- 1:00pm Total No. of tests available against Essential Diagnostic tests list for CHC _____39	Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Yes, 8:00- 1:00 pm 49 types	
21. X-ray services is available	☑ Yes If Yes, type & no. of functional X-ray machine is available in the hospital:1 Is the X-ray machine AERB certified: No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☑ Free for BPL ☑ Free for elderly ☑ Free for JSSK beneficiaries ☑ Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	☑ Sufficient Supply ☐Minimal Shortage ☐Acute shortage	As reported

24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf)	NA	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	One month	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	☑ Yes	As reported
• If the facility is designated as FRU, whether C-sections are performed	☑ Yes Number of normal deliveries performed in last month: _____42_ No. of C-sections performed in last month: _____0 Last c-section in July 2024.	Verify C-section records from Maternity OT registers
• 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)—2-3 weeks Payment done till: February Last 3 Months Reasons for delay: Documentation Gap	Verify from JSY status report
28. Availability of JSSK entitlements	☑ Yes ☑ If yes, whether all entitlements being provided	As reported/ As Displaye

	☑ Free delivery services (Normal delivery/ C-section) ☑ Free diet ☑ Free drugs and consumables ☑ Free diagnostics ☒ Free blood services ☑ Free referral transport (home to facility) ☑ Free referral transport (drop back from facility to home) ☑ No user charges	d in Maternity Ward
29. PMSMA services provided on 9th of every month	Yes If yes, how many high risks pregnancies are identified on 9th for previous month …18 If No, reasons thereof:	PMSMA Register/ High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	Yes	Verify Register availability
31. Practice related to Respectful Maternity Care	☑ Privacy maintained during examination ensured ☑ Birth attendant allowed in Labour room ☑ Obtaining Informed consent of the mother/ custodian ☑ Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	Yes	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records
34. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records

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		Immunisation Register
38. Newborns breastfed within one hour of birth during last month		Verify BF records
39. Number of sterilizations performed in last one month	0	FP Sterilizations register
40. Availability of trained provider for IUCD/ PPIUCD	Yes	As reported, Verify training received
41. Who counsels on FP services?	☑ Counsellor ☑ Staff Nurse ☑ Medical Officer Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Good acceptance PPIUCD Pref. more Antra Prof. is also	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: ___Counsellor____ Separate male and female counselors available: No	Observation, check AFHC register

45. Whether facility has functional NCD clinic	☑ Yes/ ☐No If No, is there any fixed day or days in a week for NCD care at the facility? _____1_____ days (Mention number of days)- Tuesday				Check NCD register
46. Are service providers trained in cancer services?	Yes				
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register	
	a. Hypertension				
	b. Diabetes				
	c. Oral Cancer				
	d. Breast Cancer				
	e. Cervical Cancer				
48. Whether reporting weekly data in P, S and L form under IDSP	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) _____4%				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 ____				DBT/Nikshay Report

	Is there a sample transport mechanism in place for:No Investigations within public sector for TB testing? Yes Investigations within public sector for other tests? Yes Outsouced testing? No	As reported
	Are all TB patients tested for HIV? Yes Are all TB patients tested for Diabetes Mellitus: Yes	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 98%	DBT/Nikshay Report
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 35 Out of those, how many are having Gr. II deformity: -	Facility Register/ Record for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	☑ TB Treatment Card cases (both for drug sensitive and drug resistant cases) ☑ TB Notification Registers ☑ Malaria cases ☑ Palliative cases ☑ Cases related to Dengue and Chikungunya ☑ Leprosy cases	Respective records
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Yes In September, month Fund utilized last year: Yes	

	Fund in prev. FY Received: 5,00,000 | Utilized: 5,00,000 | % Utilization: 100%	
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Contractual staff payment Desel for Generator Furniture repairing, Patient sitting chair Ambulance maintenace	RKS Register
	Reasons for underutilization of fund (if any)	Staff review
53. Status of data entry in (match with physical records)	☑ HMIS: Updated ☑ MCTS: instead of this using ANMOL Portal ☑ IHIP: Updated ☑ HWC Portal: Updated ☑ Nikshay Portal: Updated	Check portals at facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Monthly one	RKS Register
55. Availability of ambulance services in the area	☑ CHC own ambulance available ☐ CHC has contracted out ambulance services ☑ Ambulances services with Centralized call centre ☐Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 1 (No proper record) Types of cases referred in:	Referral-in register
• How many cases from the CHC were referred to the MC last month?	Number: 24 Types of cases referred out: Prolonged labour	Referral Out register

KEY OBSERVATION WITH CHALLENGES:

CHC Tengakhat is a functional 30 bedded healthcare facility accessible from the nearest road ahead. This facility is located near the Arunachal Pradesh border, serving not only the local population but also patients from Arunachal Pradesh. The facility has a well-maintained infrastructure with essential amenities such as running water, clean toilets, drinking water, adequate waiting area seating, and labour room was LaQshya certified. It has 30 bedded facility (FRU), with an average OPD load of 300-350 patients per day. The next referral point of this facility is Dibrugarh Medical College, which is 40 km away from here. Referral cases primarily involve gynecology. General OPD, ANC, deliveries, PNC, immunization, family planning, Mental health and Adolescent Friendly health clinic, Physiotherapy, and Dental surgeon services are available. Specialist services are reported to be unavailable, except for a psychiatrist. The facility has the proper infrastructure and equipment's, only having the gap of manpower, due to which unable to provide the specialized services. Normal delivery care and emergency care services were reported to be 24*7. Both in-house and outsourced diagnostic tests are available, and 24×7 emergency services are operational. Family planning services are well-implemented, with strong acceptance of female sterilization. It conducts an average of 350 female sterilization procedures annually. The facility is Kayakalp-certified with a score of 71% and a commendation award. Some IEC display boards, including laboratory services, EDL list requires updating. This facility was using DVDMS portal for Supply chain management system for indenting medication. Strengthening specialized services and addressing these gaps is essential for enhancing the quality of care, ensuring comprehensive service delivery.

COMMUNITY HEALTH CENTRE (CHC), JOKAI MODEL

General Information	
Name of facility visited	**JOKAI MODEL**
Facility Type	☑ CHC ☐ U-CHC
FRU	☒No (24*7)
Accessible from nearest road head	☑ Yes ☐No
Next Referral Point	Facility: MC Dibrugarh Distance: 18 KM

A. INFRASTRUCTURE		**Means of Verification**
Indicator	**INFRASTRUCTURE**	
1. OPD Timing	OPD: 8:30 am- 1:30 pm 24*7: Emergency services, Delivery care	Reported/ Citizen Charter Board
2. Whether facility is functioning in PPP mode	No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good and well maintained	Observation
	☑ 24*7 running water facility ☑ Facility is geriatric and disability friendly (ramps etc.) ☑ Clean functional toilets available (separate for Male and female) ☑ Drinking water facility available ☑ OPD waiting area has sufficient sitting arrangement ☒ ASHA rest room is available ☑ Drug storeroom with rack is available ☑ Power backup: Complete Hospital	Observation
4. Number of functional in-patient beds	30	As reported/Citizen Charter Board
5. List of Services available	Yes 40 per day OPD Load	As reported/Citizen Charter Board
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services		As reported/Hospital Citizen Charter Board

Sl.	Service	Y/N
1	Medicine	No
2	O&G	No
3	Pediatric	Yes
4	General Surgery	No
5	Anesthesiology	No
6	Ophthalmology	No
7	Dental	No
8	Imaging Services (X – ray)	Yes

A. INFRASTRUCTURE		Means of Verification
Indicator	**INFRASTRUCTURE**	
	9 Imaging Services (USG) No 10 Newborn Stabilization Unit Yes	
• If any of the specialists are available 24*7	☐ Yes, available only on-call No ☑ Not available	As reported
• If Yes, Mention the specialists available 24*7	Emergency and delivery	As reported
• Emergency	General emergency: Yes Facilities available for: 1. Triage: Yes 2. Resuscitation: Yes 3. Stabilization: Yes	Observation: Verify if triage area is marked
6. Tele-medicine/Consultation services available	Yes (45-50 per month, and mostly general cases) If yes, average number of teleconsultations per day for the last month	Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	No If yes, ☒ Major OT ☑ Minor OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Storage Unit	No • If yes, number of units of blood currently available: _____NA • No. of blood transfusions done in last month: NA_____	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	☑ ☐Free for BPL ☑ ☐Free for elderly ☑ Free for JSSK beneficiaries ☑ ☐Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	☑ Sharp pit: ☑ Deep Burial pit: Incinerator: Using Common Bio Medical Treatment plant Managed through outsourced agency	Observation
11. IT Services infrastructure	☑ Desktop/ Laptop available ☑ Internet connectivity	As reported

A. INFRASTRUCTURE		Means of Verification
Indicator	**INFRASTRUCTURE**	
	Quality/strength of internet connection: _____Good	

A. 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)		8	6	-	-
	- Specialists	Medicine	-	-	-	--
		Ob-Gyn				
		Pediatrician	2	2	-	-
		Anesthetist	-	-	-	-
	Dentist					
	SNs/ GNMs		6	5	-	-
	LTs		1	1	1	1
	Pharmacist		1	1	1	1
	Dental Assistant/ Hygienist		-	-	-	-
	Hospital/ Facility Manager		-	-	-	-
	EmOC trained doctor		-	-	-	-
	LSAS trained doctor		-	-	-	-
	Others					
	Radiographer		1	1	-	-
	Ward boy		2	2	-	-
	Ward Girl		3	3	-	-
	Housekeeping		-	-	-	5

B. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: Yes Facility score: 70 Award received: ☑ Commendation 2024	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Yes, Internal assessment done Facility score: 29.6% Certification Status: No	NQAS assessment report Verify certificate if awarded

<table>
<tr><td>15. LaQshya</td><td>Labour Room:
☒ LaQshya Certified
If No, Assessment Done – Training gap

Operation Theatre:
☑ LaQshya Certified
If No, Assessment Done – No, Training gap</td><td>LaQshya Assessment Report – check score
Verify certificate if awarded</td></tr>
<tr><td colspan="3">C. DRUGS AND DIAGNOSTICS</td></tr>
<tr><td>Availability of list of essential medicines (EML)/ drugs (EDL)</td><td>Yes

If yes, total number of drugs in EDL____272____

EDL displayed in OPD Area: Yes

No. of drugs available on the day of visit (out of the EDL) ____264___</td><td>Verify EDL Displayed</td></tr>
<tr><td>Implementation of DVDMS or similar supply chain management system

(Training part done)</td><td>☑ Yes/ ☐No</td><td>Observation, Check software</td></tr>
<tr><td>Shortage of 5 priority drugs from EDL in last 30 days, if any</td><td><table><tr><td>1</td><td>Iron folic acid tablet</td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>5</td><td></td></tr></table></td><td>As reported, check DVDMS, E-aushadhi, etc.</td></tr>
<tr><td>16. Availability of Essential Consumables:</td><td>☑ Sufficient Supply
Minimal Shortage
Acute shortage

In last 6 months, how many times there was a shortage_____no</td><td>As reported

Stock/Indent register</td></tr>
<tr><td>17. Availability of essential diagnostics</td><td>☑ In-house
☑ Outsourced/ PPP
☑ Both/ Mixed</td><td>As reported;</td></tr>
<tr><td>• In-house tests</td><td>Timing: 8:30 am- 1:30pm</td><td>Obtain the complete list of diagnostic tests performed in-house</td></tr>
</table>

	Total No. of tests available against Essential Diagnostic tests list for CHC _____32 inhouse 47- outsourced	
• Outsourced/ PPP	Yes, 3 TYPES	
18. X-ray services is available	Yes If Yes, type & no. of functional X-ray machine is available in the hospital: 1 Is the X-ray machine AERB certified: Yes	Observation
19. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	☑ Free for BPL ☑ Free for elderly ☑ Free for JSSK beneficiaries ☑ Free for all (For X-ray is only free for ANC)	As reported
20. Availability of Testing kits/ Rapid Diagnostic Kits	☑ Sufficient Supply ☐Minimal Shortage ☐Acute shortage	As reported
21. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf)	Radiant Warmer is not functional in nbsu	As reported
22. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	5 days AOB Compan	As reported
D. KEY NATIONAL HEALTH PROGRAMMES		
23. Availability of delivery services	☑ Yes	As reported
• If the facility is designated as FRU, whether C-sections are performed	No	Verify C-section records from

	Number of normal deliveries performed in last month: _____0 (April 2024- Feb 2025- total 17 delivery) No. of C-sections performed in last month: _____NA	Maternity OT registers
• Comment on condition of:	Labour room: Satisfactory OT: - Only minor Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): Yes	Observation
24. Status of JSY payments	Payment is up to date: Yes Average delay: (Average for how many days/patients)—15-20 Payment done till- December 2024 Last 3 Months Reasons for delay: (Document issue) Account no. not available and Funding issue	Verify from JSY status report
25. Availability of JSSK entitlements	☑ Yes/ ☐No ☑ If yes, whether all entitlements being provided ☑ Free delivery services (Normal delivery) ☑ Free diet- Packed food ☑ Free drugs and consumables ☑ Free diagnostics ☒ Free blood services ☒ Free referral transport (home to facility) ☒ Free referral transport (drop back from facility to home) ☑ No user charges	As reported/As Displayed in Maternity Ward
26. PMSMA services provided on 9th of every month	Yes If yes, how many high risks pregnancies are identified on 9th for previous month …0 If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review

27. Line listing of high-risk pregnancies	No	Verify Register availability
28. Practice related to Respectful Maternity Care	☑ Privacy maintained during examination ensured ☑ Birth attendant allowed in Labour room ☑ Obtaining Informed consent of the mother/ custodian ☑ Safe care environment maintained	Observation, Patient review
29. Whether facility have registers for entering births and deaths	Yes	Birth Register, Death Records
30. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records
31. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records
32. If Comprehensive Abortion Care (CAC) services available	Yes	CAC register
33. Availability of vaccines and hub cutter	Yes Nurses/ ANM aware about open vial policy: Yes	Observation Staff review
34. Number of newborns immunized with birth dose at the facility in last 3 months	6	Immunisation Register
35. Newborns breastfed within one hour of birth during last month	0 (No delivery)	Verify BF records
36. Number of sterilizations performed in last one month	NA	FP Sterilizations register
37. Availability of trained provider for IUCD/ PPIUCD	Yes	As reported, Verify training received
38. Who counsels on FP services?	☒ Counsellor ☑ Staff Nurse ☑ Medical Officer Others (Specify)_____	As reported

39. Please comment on utilization of other FP services including Condoms, OCPs, Antra	All are accepted but mainly go for OCP		Observation/ FP records and registers	
40. FPLMIS has been implemented	Yes		Check software	
41. Availability of functional Adolescent Friendly Health Clinic	Yes If yes, who provides counselling to adolescents: _____MO_ Counselor is here (Wednesday and Saturday) Separate male and female counselors available: No		Observation, check AFHC register	
42. Whether facility has functional NCD clinic	☑ Yes/ ☐No If No, is there any fixed day or days in a week for NCD care at the facility? _____6___ days (Mention number of days)		Check NCD register	
43. Are service providers trained in cancer services?	Yes			
44. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	f. Hypertension	9461	241	
	g. Diabetes	9461	391	
	h. Oral Cancer	-	-	
	i. Breast Cancer	-	-	
	j. Cervical Cancer	-	-	
45. Whether reporting weekly data in P, S and L form under IDSP	Yes (P and L Form)		Verify from IDSP reporting records	
46. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): No		As reported, Observation	
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____3%		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: No		DBT/Nikshay Report	

	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months ____7.37% (146 positive cases)	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Yes Investigations within public sector for TB testing? Yes Investigations within public sector for other tests? No Outsourced testing? ☐Yes/ ☒No	As reported
	Are all TB patients tested for HIV? Yes Are all TB patients tested for Diabetes Mellitus: Yes	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: (From PHC Level payment)	DBT/Nikshay Report
47. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 0 Out of those, how many are having Gr. II deformity: 0 Frequency of Community Surveillance:	Facility Register/Record for leprosy
E. RECORDS, FINANCE, OTHERS		
48. Maintenance of records on	☑ TB Treatment Card cases (both for drug sensitive and drug resistant cases) ☑ TB Notification Registers ☑ Malaria cases ☒ Palliative cases ☑ Cases related to Dengue and Chikungunya ☒ Leprosy cases	Respective records
	Fund Received last year: Yes, September (Ist installment), 2nd 13th March- 2nd	Facility FMR

<table>
<tr><td rowspan="3">49. How much fund was received and utilized by the facility under NHM?</td><td>Fund utilized last year: Yes
<table><tr><td colspan="3">Fund in prev. FY</td></tr><tr><td>Received</td><td>Utilized</td><td>% Utilization</td></tr><tr><td>5.65</td><td>5.65</td><td>100%</td></tr></table></td><td></td></tr>
<tr><td>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:

Minor construction and Infra development

Contractual staff payment from Untied fund</td><td>RKS Register</td></tr>
<tr><td>Reasons for underutilization of fund (if any)</td><td>Staff review</td></tr>
<tr><td>50. Status of data entry in (match with physical records)</td><td>☑ HMIS: Updated
☑ MCTS: instead of this using ANMOL Portal
☑ IHIP: Updated
☑ HWC Portal: Updated
☑ Nikshay Portal: Updated</td><td>Check portals at facility wrt last entries</td></tr>
<tr><td>51. Frequency of RKS meeting (check and obtain minutes of last meeting held)</td><td>2-3 months</td><td>RKS Register</td></tr>
<tr><td rowspan="2">52. Availability of ambulance services in the area</td><td>☐ CHC has contracted out ambulance services
☑ CHC own ambulance available
Ambulances services with Centralized call centre
☐Government ambulance services are not available</td><td>As reported</td></tr>
<tr><td>Comment (if any): CHC have one ambulance</td><td></td></tr>
<tr><td>• How many cases from sub centre/ PHC were referred to this CHC last month?</td><td>Number: No Record maintenance

Types of cases referred in: Mostly high risk cases ANC, Delivery care services</td><td>Referral-in register</td></tr>
<tr><td>• How many cases from the CHC were referred to the DH/MC last month?</td><td>Number: 13

Types of cases referred OUT: TRAFFIC Accidendent cases, Melina, UNCONCIOUSNESS VOMITING</td><td>Referral Out register</td></tr>
</table>

KEY OBSERVATION WITH CHALLENGES:

CHC Jokai Model is a 30-bedded, non-FRU health facility covering a population of 22,483, with a low OPD load of just 40 patients per day due to its scattered population. Further, it has a low OPD load as patients often prefer seeking care directly at the nearby medical college instead of this facility. It serves as a delivery point, with the nearest referral center, Dibrugarh Medical College, located 18 km away. The facility primarily refers out cases include of traffic accidents, melena, unconsciousness, and severe vomiting. While the infrastructure is well-maintained and clean, the washrooms require attention. Biomedical waste management follows standard protocols, and IT infrastructure, including desktops and internet connectivity, is in place. A dedicated ultrasound room exists but lacks a specialist or technician, and only a minor OT has been initiated under LaQshya. Security remains a concern as there is no night guard, posing risks for the largely female staff. Challenges include its remote location, delays in untied fund allocation leading to inefficient utilization, and security issues, all of which impact the facility's efficiency and service delivery.

Ayushman Arogya Mandir- AAM-PHC, BARBARUAH

A. General Information	
1. State	Assam
2. District Name	Dibrugarh
3. Block/Taluka Name	BARBARUAH
4. Name of Facility	BARBARUAH PHC
5. Type of Facility	☑ PHC-AAM ☐ UPHC-AAM
6. NIN of the facility	
7. No. of days in a week facility is operational	7days (24*7)
8. OPD Timings	8:30 am to 1:30 pm
9. Month & Year of operationalization of AAM	January 2024
10. Details of co-location, if any (*If any co-located SHC*)	-
11. Accessible from nearest road head (**Yes/No**)	Yes
12. Next Referral Facility Name	Medical college Assam
13. Distance of next referral facility (in Km)	15 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	No

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

B. Physical Infrastructure		
Infrastructure Status and details		**Availability**
1.	Availability of Govt owned Building	☑ Yes ☐ No
2.	If there is no government-owned Building, specify building type 250-300 Per day / OPD load	**S.no** / **Building** / **√ Mark** A / Other Govt. / B / Panchayat Bhawan / C / Urban Local Body / D / Rented etc /
3.	Is the facility functional 24 x 7?	☑ Yes ☐ No
4.	Availability of IPD Beds- 10 bedded	☑ Yes ☐ No
5.	If yes, Number of functional IPD Beds	☑ Yes ☐ No
6.	Availability of boundary Wall	☑ Yes ☐ No
7.	External branding as per CPHC guidelines (Colour & Logo)	☑ Yes ☐ No

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

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		4		
2.	AYUSH MO*	1		0		
3.	Dentist*	1		0		
4.	Staff Nurse	2				6

5.	Pharmacist	1		1		
6.	Laboratory Technician	1		3		
7.	ANM/MPW (F)#	1		2		
8.	MPW (M)	1		33		
9.	Lady Health Visitor	1		3		
10.	Dresser	1				1
11.	Accountant	1				1
12.	Data entry operator	1				1
13.	Sanitation staff	1		1		
14.	ASHA				195(All Block) At centre 2	
15.	ASHA Facilitator (If any, only for Rural areas)					15
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022	**About Sanctioned post , Staff is not aware, There is no any system, it should be**				

*Desirable

For PHC sub centre-Co-located

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

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

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

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

	F. Availability of Essential medicines	
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) *(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)*	***142*** *(Total number of medicines at AAM-PHC/UPHC as per National EML -172)*
2	Total number of medicines available at AAM-PHC/UPHC	132
3	Availability of medicines for priority conditions	✓ Tuberculosis ✓ Diabetes ✓ Hypertension ✓ Fever

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	☑ In house lab Outsource (Hub/PPP mode) ☐ Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	47
4	Number of tests Provided through In House Mode	47
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes
9	User fee charged for diagnostics	Yes
10	Average downtime of equipment	One week

11	Details of equipment which are non-functional for 7 Days *(List of equipment is provided as annexure for reference)*	-

G.2 Diagnostic Tests Available		
1.	Haemoglobin	Yes
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	Yes
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	Yes
4.	Urine Microscopy	Yes
5.	24 – hours urinary protein	Yes
6.	Stool for ova and cyst	No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	Yes
8.	MP Slide method	Yes
9.	Malaria Rapid test	Yes
10.	RPR/VDRL test for syphilis	Yes
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	Yes
12.	Hepatitis B surface antigen test	Yes
13.	Sputum for AFB # - Microscopy	Yes
14.	Typhoid test (IgM)	Yes
15.	Blood Sugar	Yes
16.	HCV Antibody Test (Anti HCV)	Yes
17.	Bleeding time and clotting time	Yes
18.	Visual Inspection Acetic Acid (VIA)	Yes
19.	rK3 for Kala Azar **(endemic areas only)**	No
20.	Filariasis (**endemic areas only)**	Yes
21.	Japanese encephalitis (**endemic areas only**)	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	☑ Tablet ☑ Smartphone ☑ Laptop ☑ Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	Tablet ☑ Smartphone ☑ ☐ Laptop ☑ Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	Yes

Teleconsultation platforms	e-Sanjeevani OPD ☐ e-Sanjeevani.in ☐ State specific app Specify, if any
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	-
Total teleconsultations (last 1 month)	No record

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 ☐ No
Periodic JAS meetings in the last 6 months	☑ Yes ☐ No
Minutes of meeting maintained	☑ Yes ☐ No
Periodic VHND sessions undertaken	☑ Yes ☐ No

K. Reporting	
Online Platforms	**Reporting**
☐ AAM Portal/App	Yes
☐ National NCD Portal/App	☑ Yes ☐ No
☐ IHIP	☑ Yes ☐ No
☐ HMIS	☑ Yes ☐ No
☐ FPLMIS	☑ Yes ☐ No
☐ DVDMS	Yes
☐ Nikshay	☑ Yes ☐ No
Specify others, if any:	

L. Finance

Renumeration & Incentives

Cadre	**Timely disbursement**	**Complete disbursement as entitled**
AAM-PHC Team (Salary)	☑ Yes ☐ No	☐ Yes ☐ No
AAM-PHC Team (Team Based Incentives)	☑ Yes ☐ No	☐ Yes ☐ No

Facility funds

Fund Source	**Timely disbursement**
Untied	No, September Received, 2nd installment in March
Other Sources	☐ Yes , User fund

Fund utilization **NHM Fund/untied funds utilized during last year:**	<table><tr><td>Funds received **(Amount in Rs.)** **1, 75, 000**</td><td>Expenditure **(Amount in Rs.)** **1,73, 254**</td><td>% Expenditure **99%**</td></tr></table>
Is untied fund being spent on following activities?	Yes Regular payment of Bills: □ Yes □ No If yes, specify; ☑ □ Electricity ☑ □ Drinking Water □ Internet Regular purchase: □ Yes □ No ☑ □ Medicines ☑ Reagents/Consumables □ Equipment Payment of support/cleaning Staff: Yes
Status of JSY Payments	Payment done till (month/ year) : February Average Delay in Payment (days): No Reasons for delay, if any
Availability of JSSK entitlements	Yes If yes, whether all entitlements being provided ☑ Free delivery services (Normal delivery) ☑ Free diet (One Basket – One time diet, provided by state govt.) ☑ Free drugs and consumables ☑ Free diagnostics Free blood services Free referral transport (home to facility) ☑ Free referral transport (drop back from facility to home) ☑ No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	
2	No. of PW registered for ANC	390
3	No. of PW received 4 or more ANC check-ups	147
4	Total number of institutional deliveries	50
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	112
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	578
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	461
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	11

10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	Nil

11

TB patients undergoing treatment

Indicators	Current year
No. of presumptive TB patients identified	173
No. of TB patients diagnosed out of the presumptive patients referred	
No. of TB patients taking treatment in the AAM	173

12

% of target population administered CBAC	75%
% of target population with score below 4	
% of target population with score 4 and above	

13 **Community Based Screening for NCDs**

NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Treated**	**Follow-up**
Hypertension	3058	462	462
Diabetes	3058	379	379
NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Referred**	**Follow-up**
Oral Cancer*	2035		
Breast Cancer*	1130		
Cervical Cancer*	1130		

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Yes (82%)
6	Patient Rights	☑ Display of citizen's charter ☑ Display of IEC materials ☑ Provision for ensuring privacy ☑ Respectful Maternity Care being practiced ☑ All services provided free of cost ☑ Confidentiality assured for patient information
7	Support Services	☑ Maintenance and upkeep of facility ensured ☑ Maintenance of clinical records ☑ Data management using digital technology ☑ Systematic inventory management (medicines/consumables)
8	Infection control	☑ Adherence to biomedical waste management ☑ Adherence to SOPs for disinfection / sterilization of equipment ☑ Adherence to SOPs for personal protection

9	Clinical care	☑ Adherence to SOPs for clinical management of conditions ☑ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☑ Provision for collecting patient feedback ☑ Availability of Grievance Redressal Mechanisms ☑ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	20/09/2024
2	Facility aggregate score using ODK Took kit	71.61

KEY OBSERVATION WITH CHALLENGES:

Barbaruah PHC provides essential healthcare services, namely OPD, IPD, maternal care, and communicable disease. On an average, the facility has an OPD load of 200-250 patients per day, during winter and rainy season OPD load is decreased. This facility holds its strength in Well-equipped biochemistry lab with specialized equipment like HBA1C and screening of NCDs at OPD level as well in camps. The next referral point of this facility is Assam Medical college, which is just (15 km away). This facility was Kayakalp awarded with 82% score. Proper updated IEC displays were missing at this facility. This facility has been converted in AAM, training part of expanded services related to eye, ENT, Oral and emergency and trauma has been done, and services regarding the same have available. The facility having the enough medication SS as per demand. With regards to fund, it was reported that facility has received late untied fund in the last year. Overall, the facility is well-equipped with essential services, trained personnel, and medicine availability, though gaps exist in untied fund, which disbursement reported in the month of September. A major challenge is the shortage of human resources, including doctors, lab technicians, nurses, clerical staff, and support personnel, despite the high OPD load. Additionally, the absence of a security officer remains a concern.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	✓		✓	
2	Laryngoscope		✓		
3	Radiant Warmer	✓	-	✓	
4	Pulse Oximeter-Finger Tip	✓		✓	
5	Pulse Oximeter-Table Top		✓		
6	Labor Bed	✓	-	✓	
7	Foetal Doppler	✓	-	✓	
8	Phototherapy Unit	✓	-		
9	Shoulder Wheel		-		
10	Shoulder Pulley		-		

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

AYUSHMAN AROGYA MANDIR- AAM-PHC, KACHARIPATHAR

A. General Information	
1. State	Assam
2. District Name	Dibrugarh
3. Block/Taluka Name	TENGAKHAT
4. Name of Facility	Kacharipathar Mini-PHC
5. Type of Facility	☑ PHC-AAM ☐ UPHC-AAM
6. NIN of the facility	3138674464
7. No. of days in a week facility is operational	7 DAYS
8. OPD Timings	8:30 am to 2:00 pm
9. Month & Year of operationalization of AAM	2024
10. Details of co-location, if any (*If any co-located SHC*)	Yes
11. Accessible from nearest road head (**Yes/No**)	Yes
12. Next Referral Facility Name	Tengakhat CHC
13. Distance of next referral facility (in Km)	12 KM
14. If UPHC functions as a Polyclinic (Yes/No)	NA
15. If Yes, please take note of available specialist services at the Polyclinic	-

A.1 Demographic Details	
5. Number of Villages/Wards	**52**
6. No. of Households	19089
7. Total catchment Population	84552
8. Population who are 30 years of age and above	31284

B. Physical Infrastructure		
Infrastructure Status and details		**Availability**
1.	Availability of Govt owned Building	☑ Yes ☐ No
2.	If there is no government-owned Building, specify building type	**S.no** / **Building** / **√ Mark** A / Other Govt. / B / Panchayat Bhawan / C / Urban Local Body / D / Rented etc /
3.	Is the facility functional 24 x 7? (Only For Delivery)	☑ Yes ☐ No
4.	Availability of IPD Beds	☑ Yes ☐ No
5.	If yes, Number of functional IPD Beds (8)	☑ Yes ☐ No
6.	Availability of boundary Wall (Partially)	☑ Yes ☐ No
7.	External branding as per CPHC guidelines (Colour & Logo)	☑ Yes ☐ No

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

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	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	2	1	1	0
2.	AYUSH MO*	1				
3.	Dentist*	1				

4.	Staff Nurse	2	2	1		3
5.	Pharmacist	1	1	1		
6.	Laboratory Technician	1	1	1		
7.	ANM/MPW (F)#	1	1	1		
8.	MPW (M)	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					
15.	ASHA Facilitator (If any, only for Rural areas)					
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022	**(About Sanctioned post, staff was not aware)**				

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care **(Y/N)**	Trained in ENT care **(Y/N)**	Trained in oral care **(Y/N)**	Trained in MNS **(Y/N)**	Elderly & Palliative Care **(Y/N)**	Trained in Trauma & Emergency care **(Y/N)**
MO (MBBS)	No	No	No	No	No	No
Staff Nurse	No	No	No	No	No	No
ANM/ MPW-F	No	No	No	No	No	No
MPW- M	No	No	No	No	No	No
ASHA	No	No	No	No	No	No
Training part on Expanded services was not done of staff						

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

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

	F. Availability of Essential medicines	
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) *(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)*	**125** *(Total number of medicines at AAM-PHC/UPHC as per National EML -172)*
2	Total number of medicines available at AAM-PHC/UPHC	119
3	Availability of medicines for priority conditions	✓ Tuberculosis ✓ Diabetes

		✓ Hypertension ✓ Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	Oral Contraceptives Analgesics / NSAIDs) Anti-pyretic Anti-allergics Antidotes for poisoning Gastrointestinal meds ✓ Anti-filarial Antibiotics Anti-leprosy	Anti-tuberculosis Anti-fungal Anti-malarial Anti-hypertensive Oral hypoglycaemics ✓ Hypolipidemic ORS ☑ Multi-vitamins Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	☐ Fortnightly ☑ Monthly ☐ Quarterly ☐ As required ☐ Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	☑ Less than 1 Week 1-2 Weeks More than 2 Weeks	
7	Is buffer stock for drugs maintained?	Yes	
8	DVDMS or any other software is being used for stock management	Yes	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	☑ In house lab ☑ Outsource (Hub/PPP mode) ☐ Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	63 (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	59
4	Number of tests Provided through In House Mode	12
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	Around 20 days
11	Details of equipment which are non-functional for 7 Days *(List of equipment is provided as annexure for reference)*	One week

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	Yes
9.	Malaria Rapid test	Yes
10.	RPR/VDRL test for syphilis	Yes
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	Yes
12.	Hepatitis B surface antigen test	Yes
13.	Sputum for AFB # - Microscopy	Yes
14.	Typhoid test (IgM)	No
15.	Blood Sugar	Yes
16.	HCV Antibody Test (Anti HCV)	Yes
17.	Bleeding time and clotting time	No
18.	Visual Inspection Acetic Acid (VIA)	No
19.	rK3 for Kala Azar **(endemic areas only)**	No
20.	Filariasis (**endemic areas only)**	Yes
21.	Japanese encephalitis (**endemic areas only**)	NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	Tablet Smartphone ☑ Laptop ☑ Internet connectivity (No Government funded or other, specify- personel)
Infrastructure: Functionality	Tablet Smartphone ☑ Laptop

	☑ Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	Yes (Training part not done of MO)
Teleconsultation platforms	e-Sanjeevani OPD ☐ e-Sanjeevani.in ☑ State specific app Specify, if any
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	-
Total teleconsultation (last 01 month)	0

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

J. Governance	
Constitution of Jan Arogya Samiti	☑ Yes ☐ No
Periodic JAS meetings in the last 6 months	☑ Yes ☐ No
Minutes of meeting maintained	☑ Yes ☐ No
Periodic VHND sessions undertaken	☑ Yes ☐ No

K. Reporting	
Online Platforms	**Reporting**
☐ AAM Portal/App	☑ Yes ☐ No
☐ National NCD Portal/App	☑ Yes ☐ No
☐ IHIP	☑ Yes ☐ No
☐ HMIS	☑ Yes ☐ No
☐ FPLMIS	☑ Yes ☐ No
☐ DVDMS	☑ Yes ☐ No
☐ Nikshay	☑ Yes ☐ No
Specify others, if any: RCH, ANMOL	

L. Finance

Renumeration & Incentives	**Cadre**	**Timely disbursement**	**Complete disbursement as entitled**
	AAM-PHC Team (Salary)	☑ Yes ☐ No	☑ Yes ☐ No
	AAM-PHC Team (Team Based Incentives)	NA	NA

Facility funds	**Fund Source**	**Timely disbursement**

<table>
<tr><td></td><td><table>
<tr><td>Untied</td><td>Yes</td></tr>
<tr><td>Other Sources</td><td>☐ Yes ☐ No</td></tr>
</table></td></tr>
<tr><td>Fund utilization

NHM Fund/untied funds utilized during last year:</td><td><table>
<tr><td>Funds received
(Amount in Rs.)
1,61,093</td><td>Expenditure
(Amount in Rs.)
1,61,093</td><td>% Expenditure

100%</td></tr>
<tr><td colspan="3">September month fund received- Ist disbursement</td></tr>
</table></td></tr>
<tr><td>Is untied fund being spent on following activities?</td><td>Equipment repairing-

Regular payment of Bills: □ Yes □ No
If yes, specify;
Mostly on Infrastructer, and pest control
□Electricity- Yes, repairing
□ Drinking Water
☑ Internet
Regular purchase: Yes
□ Medicines- No
□ Reagents/Consumables- yes
□ Equipment- Yes
Payment of support/cleaning Staff: No</td></tr>
<tr><td>Status of JSY Payments</td><td>Payment done till (month/ year) : December 2025
Average Delay in Payment (days): Two month approx.. and record not updated
Reasons for delay, if any
Documentation gap, No bank account of beneficiaries</td></tr>
<tr><td>Availability of JSSK entitlements

(12 Delivery last month)</td><td>Yes
If yes, whether all entitlements being provided
☑ Free delivery services (Normal delivery/ C-section)
☒ No Free diet- (No Samahar)
☑ Free drugs and consumables
☑ Free diagnostics
☒ Free blood services
☑ Free referral transport (home to facility)
☑ Free referral transport (drop back from facility to home)
☑ No user charges</td></tr>
</table>

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1786
2	No. of PW registered for ANC	-
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	29
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	6

6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	- (SC collocated)
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	- (SC collocated)
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	14
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	3+2 (Gynea, Surgery Dept., Burn case, HRP cases)
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0

11 **TB patients undergoing treatment**

Indicators	**Current year**
No. of presumptive TB patients identified	470
No. of TB patients diagnosed out of the presumptive patients referred	2
No. of TB patients taking treatment in the AAM	0

12

% of target population administered CBAC	37%
% of target population with score below 4	54%
% of target population with score 4 and above	46%

Community Based Screening for NCDs

13

NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Treated**	**Follow-up**
Hypertension			
Diabetes			
NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Referred**	**Follow-up**
Oral Cancer*			
Breast Cancer*			
Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No, Not initiated
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	72 (External assessment score)
6	Patient Rights	☑ Display of citizen's charter ☑ Display of IEC materials ☑ Provision for ensuring privacy ☑ Respectful Maternity Care being practiced ☑ All services provided free of cost ☑ Confidentiality assured for patient information

7	Support Services	☑ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☒ Data management using digital technology ☑ Systematic inventory management (medicines/consumables)
8	Infection control	☑ Adherence to biomedical waste management ☑ Adherence to SOPs for disinfection / sterilization of equipment ☑ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ provision for collecting patient feedback ☑ Availability of Grievance Redressal Mechanisms ☑ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	No Assessment
2	Facility aggregate score using ODK Took kit	

KEY OBSERVATION WITH CHALLENGES:

Kacharipathar Mini- PHC is running in government building, with a 24/7 emergency and delivery service. On an average OPD load of 30-35 patients daily noted at this facility. The nearest referral point is Tenghakhat Model Hospital. This MPHC is Kayakalp awarded facility with well-maintained infrastructure, however the major drawback was noted regarding the record maintenance. The record maintenance of the NCD were not found up-to the mark, during the visit. This facility provides reproductive, maternal, child health, communicable and non-communicable disease services, except cervical cancer screening. This facility has been converted in AAM, training part of expanded services related to eye, ENT, Oral and emergency and trauma has not been done, which needs to be addressed. Yoga activities are conducted monthly, and a patient feedback system is in place. Some medication shortage, and delayed in Untied Fund disbursement was reported a concern at this facility.

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	One non-functional
4	Pulse Oximeter-Finger Tip	Yes		Yes	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
5	Pulse Oximeter-Table Top				
6	Labor Bed	Yes		Yes	
7	Foetal Doppler				
8	Phototherapy Unit	Yes		Yes	
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine	Yes		Yes	One non- functional
13	Mobile Spotlight	Yes		Yes	
14	Manual Vacuum Aspirator	Yes		Yes	
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale	Yes		Yes	✓ (1)
17	Infantometer				
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal	Yes		Yes	
22	ILR With Voltage Stabilizer-Small				
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	Yes		Yes	
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer	Yes		Yes	
35	Electrolyte Analyzer				
36	Oxygen Cylinder- B Type	Yes		Yes	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
37	BP Apparatus-Aneroid	Yes		Yes	
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer				
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				

Ayushman Arogya Mandir- AAM-PHC, SISSIA BOKULONI

A. General Information	
1. State	Assam
2. District Name	Dibrugarh
3. Block/Taluka Name	-
4. Name of Facility	Sissia Bokuloni PHC
5. Type of Facility	☑ PHC-AAM ☐ UPHC-AAM
6. NIN of the facility	8771427336
7. No. of days in a week facility is operational	7 (24*7)
8. OPD Timings	8:30 am to 1:30 pm
9. Month & Year of operationalization of AAM	2024
10. Details of co-location, if any (*If any co-located SHC*)	Sissia Bokuloni
11. Accessible from nearest road head (**Yes/No**)	Yes
12. Next Referral Facility Name	TENGAKHAT
13. Distance of next referral facility (in Km)	30KM
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	No

A.1 Demographic Details	
9. Number of Villages/Wards	60
10. No. of Households	15412
11. Total catchment Population	72220
12. Population who are 30 years of age and above	28880

B. Physical Infrastructure		
Infrastructure Status and details		**Availability**
1.	Availability of Govt owned Building	Yes, but land donated by tea garden
2.	If there is no government-owned Building, specify building type	**S.no** / **Building** / **√ Mark** A / Other Govt. / B / Panchayat Bhawan / C / Urban Local Body / D / Rented etc /
3.	Is the facility functional 24 x 7?	☑ Yes ☐ No
4.	Availability of IPD Beds	☑ Yes ☐ No
5.	If yes, Number of functional IPD Beds	☑ Yes ☐ No
6.	Availability of boundary Wall	☑ Yes ☐ No

7.	External branding as per CPHC guidelines (Colour & Logo)	☑ Yes ☐ No
8.	OPD room Examination table with privacy curtains/screen	☑ Yes ☐ No NO
9.	Waiting area with sitting arrangements for patients/ attendants	No
10.	Availability of furniture:	Table Yes Chairs Yes Almirah/Shelf Yes
11.	Laboratory	☑ Yes ☐ No
12.	Pharmacy /Drug store	☑ Yes ☐ No
13.	Space/ room identified for Wellness activities including Yoga sessions	☑ Yes ☐ No
14.	Separate functional toilets for males and females	☑ Yes ☐ No
15.	Availability of Running Water	☑ Yes ☐ No
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	Yes
17.	Electricity connection	☑ Yes ☐ No
18.	Power back up	☑ Yes ☐ No
19.	Safe drinking Water for staff and patients	☑ Yes ☐ No
20.	Functional Handwashing corner (designated) with running water and soap	Yes
21.	Provision of BMW management	Yes
22.	Colour coded waste bins	☑ Yes ☐ No
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	No
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	No
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	1	1	1
2.	AYUSH MO*	1				

3.	Dentist*	1				
4.	Staff Nurse	2			5	5
5.	Pharmacist	1	1	1		
6.	Laboratory Technician	1			1	1
7.	ANM/MPW (F)#	1			1	1
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	-			66	66
15.	ASHA Facilitator (If any, only for Rural areas)				5	-
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022	Dresser through hospital committee				

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

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	**Services Available**	**Drugs available**	**Diagnostics & consumables available**
Ophthalmic care services	No	No	No
Basic ear, nose, throat (ENT) care services	No	No	No
Oral health care services	No	No	No
Elderly and Palliative care	No	No	No
Screening & management of mental health ailments	No	No	No
Emergency Medical Services	Yes	Yes	Yes
	Note: Under expanded package they are provided just basic healthcare services and for basic services facility have medicine		

	F. Availability of Essential medicines	
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) *(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)*	***125*** *(Total number of medicines at AAM-PHC/UPHC as per National EML -172)*
2	Total number of medicines available at AAM-PHC/UPHC	112
3	Availability of medicines for priority conditions	✓ Tuberculosis ✓ Diabetes ✓ Hypertension

		✓ Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	Oral Contraceptives Analgesics / NSAIDs) Anti-pyretic Anti-allergics Antidotes for poisoning Gastrointestinal meds Anti-filarial Antibiotics Anti-leprosy	anti-tuberculosis Anti-fungal Anti-malarial Anti-hypertensive Oral hypoglycaemics Hypolipidemic ORS ☑ Multi-vitamins ☑ Calcium Shortage Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	☐ Fortnightly ☑ Monthly ☐ Quarterly ☐ As required ☐ Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	☑ Less than 1 Week 1-2 Weeks 1-3 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:	☑ In house lab ☐ Outsource (Hub/PPP mode) ☐ Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	19 (Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	12 Rapid test
4	Number of tests Provided through In House Mode	12
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	Less than one week
11	Details of equipment which are non-functional for 7 Days *(List of equipment is provided as annexure for reference)*	NO

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	Tablet ☐ Smartphone ✓ Computer ✓ Internet connectivity (Government funded -NO)
Infrastructure: Functionality	Tablet ☐ Smartphone ✓ Desktop ✓ Internet connectivity- good
Teleconsultation services (PHC/ CHCs/DH/MCH)	Yes
Teleconsultation platforms	☑ e-Sanjeevani OPD

	☐ e-Sanjeevani.in ☐ State specific app Specify, if any
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	-
Total teleconsultations in the last 01 month	0 (In jan-37)

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

J. Governance	
Constitution of Jan Arogya Samiti	☑ Yes ☐ No
Periodic JAS meetings in the last 6 months	☑ Yes ☐ No
Minutes of meeting maintained	☑ Yes ☐ No
Periodic VHND sessions undertaken	☑ Yes ☐ No

K. Reporting	
Online Platforms	**Reporting**
☐ AAM Portal/App	☑ Yes ☐ No
☐ National NCD Portal/App	☑ Yes ☐ No
☐ IHIP	☑ Yes ☐ No
☐ HMIS	☑ Yes ☐ No
☐ FPLMIS	☑ Yes ☐ No
☐ DVDMS	☑ Yes ☐ No
☐ Nikshay	☑ Yes ☐ No
Specify others, if any:	

L. Finance

Renumeration & Incentives

Cadre	**Timely disbursement**	**Complete disbursement as entitled**
AAM-PHC Team (Salary)	☑ Yes ☐ No	Yes
AAM-PHC Team (Team Based Incentives)	Yes	Yes

Facility funds

Fund Source	**Timely disbursement**
Untied	No
Other Sources	Yes, Facility user fee

Fund utilization

Funds received	Expenditure	% Expenditure

NHM Fund/untied funds utilized during last year:	**(Amount in Rs.) 85, 000**	**(Amount in Rs.) 85, 000**	**100%**
Is untied fund being spent on following activities?	Exp. on Infrastructure development, White wash, BMW Repair Regular payment of Bills: No If yes, specify; □ Electricity □ Drinking Water □ Internet Regular purchase: No □ Medicines □ Reagents/Consumables □ Equipment Payment of support/cleaning Staff: No		
Status of JSY Payments	Payment done till (month/ year : January Average Delay in Payment (days): one month approx.. Reasons for delay, if any Documentation		
Availability of JSSK entitlements	Yes If yes, whether all entitlements being provided ☑ Free delivery services (Normal delivery) ☒ Free diet (Food Packet- By state) ☑ Free drugs and consumables ☑ Free diagnostics ☒ Free blood services ☒ Free referral transport (home to facility) ☒ Free referral transport (drop back from facility to home) ☑ No user charges		

M. Service delivery Output Indicators (Data of previous quarter):		
1	Total number of outpatient department visits	4500
2	No. of PW registered for ANC	125
3	No. of PW received 4 or more ANC check-ups	115
4	Total number of institutional deliveries	56
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	7
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	315
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	255

8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	8
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	15
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	20

11 **TB patients undergoing treatment**

Indicators	**Current year**
No. of presumptive TB patients identified	4
No. of TB patients diagnosed out of the presumptive patients referred	4
No. of TB patients taking treatment in the AAM	4

12

% of target population administered CBAC	Record not Available
% of target population with score below 4	-
% of target population with score 4 and above	-

Community Based Screening for NCDs

13

NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Treated**	**Follow-up**
Hypertension			
Diabetes			
NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Referred**	**Follow-up**
Oral Cancer*	-	-	-
Breast Cancer*	-	-	-
Cervical Cancer*	-	-	-
During visit Record not Found: NCD data record were missing			

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 and score	EXTERNAL SCORE 70% (2023)
6	Patient Rights	☑ Display of citizen's charter ☑ Display of IEC materials ☒ Provision for ensuring privacy ☒ Respectful Maternity Care being practiced ☑ All services provided free of cost (Just user charges 10 Rs) ☑ Confidentiality assured for patient information
7	Support Services	☑ Maintenance and upkeep of facility ensured ☑ Maintenance of clinical records ☒ Data management using digital technology ☑ Systematic inventory management (medicines/consumables)
8	Infection control	☑ Adherence to biomedical waste management

		☑ Adherence to SOPs for disinfection/ sterilization of equipment ☑ Adherence to SOPs for personal protection
9	Clinical care	☑ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☑ Provision for collecting patient feedback ☑ Availability of Grievance Redressal Mechanisms ☑ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Yes (6th June 2024)
2	Facility aggregate score using ODK Took kit	Don't know

KEY OBSERVATION WITH CHALLENGES:

AAM-PHC Sissia Bokuloni PHC running in a government-owned building on donated tea garden land. facility is over 50 years old and faces significant space constraints. The lack of a proper waiting area and privacy poses challenges, especially for 24/7 delivery care services. The facility name board is missing due to a recent thunderstorm. It has essential infrastructure, including power backup, drinking water, functional toilets, and BMW management, though some IEC materials and grievance redressal information are missing. For 24/7delivery care services, the facility requires more doctor and pharmacy. MO and Staff nurse/ ANM were not trained under the expanded AAM packages. A sufficient medicine supply is maintained as per demand except calcium, multivitamin and dyclo pain related. Teleconsultation services are currently provided at the facility.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		Yes	
2	Laryngoscope	No			
3	Radiant Warmer	Yes		Yes	
4	Pulse Oximeter-Finger Tip	No			
5	Pulse Oximeter-Table Top				
6	Labor Bed	Yes		Yes	
7	Foetal Doppler				
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
11	Shoulder Abduction Ladder				
12	Suction Machine	Yes		Yes	
13	Mobile Spotlight				
14	Manual Vacuum Aspirator	Yes		Yes	
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale	Yes		Yes	
17	Infantometer	No			
18	Ophthalmoscope	No			
19	Fully Loaded Dental Chair Electrically Operated	No			
20	Dental Chair-Basic	No			
21	Oxygen Hood Neonatal	Yes		Yes	
22	ILR With Voltage Stabilizer-Small	Yes		Yes	
23	Deep Freezer-Small	No			
24	ILR With Voltage Stabilizer-Large	No			
25	Deep Freezer-Small-Large	No			
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part	-		-	
28	Semi-Automated Biochemistry Analyser	No			
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser	Yes		Yes	
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	Yes
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table	Yes		Yes	
42		-		-	
43	Exerciser Couch/Table	--		--	
44	Finger Exerciser Web				
45	Walking Aid for Training/ Reciprocal Walker	No			

URBAN AYUSHMAN AROGYA MANDIR (UAAM-PHC), DIBRUGARH

A. General Information	
1. State	**Assam**
2. District Name	**Dibrugarh**
3. Ward Name	**16**
4. Block	**Dibrugarh**
5. Name of Facility	DIBRUGARH
6. Type of Facility	**HWC-PHC (U)**
7. NIN of the facility	**1115318188**
8. No. of days in a week the facility is operational	**6 days**
9. OPD Timing	**8:00 am to 4:00pm**
10. Month & Year of UAAM operationalization	**December 2023**
11. Is the facility accessible from nearest road head? **(Yes/No)**	**Yes**
12. Next Referral Facility	**Assam Medical College**
13. Distance of next referral facility (Km)	**2.7 km**

A.1 Demographic Details	
13. Number of Wards	**22**
14. No. of Households	35501
15. Total catchment Population	136934
16. Population who are 30 years of age and above	50666

B. Physical Infrastructure		
Infrastructure Status and details		**Availability**
25.	Availability of Govt owned building (Running in Donated building)	Yes
26.	If there is no government-owned building, specify building type (*Other Govt./Urban Local Body/ Rented etc.*)	
27.	24*7 (Delivery care and emergency)	Yes
28.	Availability of boundary wall	Yes
29.	External branding as per CPHC guidelines (*colour, logo)*	Yes
30.	OPD room Examination table with privacy curtain/ screen	Yes Yes
31.	Day Care Beds available (*Norm – 2*)	Yes
32.	Waiting area with sitting arrangements for patients/ attendants	Yes
33.	Availability of furniture Table Chairs Almirah/Rack	 Yes Yes Yes
34.	Laboratory	Yes

35.	Pharmacy /Drug store	Yes
36.	Space/ room identified for Wellness activities including Yoga sessions	Yes
37.	Separate functional toilets for males and females	No
38.	Availability of Running Water	Yes
39.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	Yes
40.	Electricity connection	Yes
41.	Power back up	Yes
42.	Availability of Safe drinking Water	Yes
43.	Functional Handwashing corner (designated) with running water and soap	Yes
44.	Provision of BMW management	Yes
45.	Colour coded waste bins	Yes
46.	Bio-medical waste disposal mechanism in place	Yes
47.	*Residential Quarters available for Staff* *If yes, Specify the staff for which quarters available*	No

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

*Desirable amenities

C. Human Resource Availability						
S. N	**Staff**	**Required as per IPHS-2022**	**Regular**		**Contractual**	
			Sanctioned	**Available**	**Sanctioned**	**Available**
1	MO	**1**	1	1	2	2
	Aayush	**1**	1	1	-	-
2	Staff Nurse	**1**	3	3	-	-
3	MPW (Male)	**1**	-	-	-	-
	ANM		1	4	1	1
	LHV		-	2	-	-
	Dressor		1	1	-	-
	DEO	-	-	-	1	1
	Accountant	-	-	-	1	1
4	Sanitary Staff*	1	-	-	1	1

5	Security Staff**	1	-	-	-	-
	IV Grade	-	1	4	-	-
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)				67 SANCTIONED-66 available	

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

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

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

Non-Communicable Diseases	☒ Screening of common cancers – breast ☒ 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	No	Yes	Yes
Basic ear, nose, throat (ENT) care services	No	Yes	Yes
Oral health care services	No	Yes	Yes
Elderly and Palliative care services	No	Yes	Yes
Screening & management of mental health ailments	Yes	Yes	Yes
Emergency Medical Services	Yes	Yes	Yes
Just basic services for ENT ,Oral, ...and basic drugs available for all			

	F. Availability of Essential medicines	
1	Number of medicines at UAAM as per State Essential Medicine List (EML) *Reference link for national EML:* https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHWC%20IPHS%202022%20Guidelines%20pdf.pdf	152 *(Total medicines at UAAM as per national EML is **105**)*
2	Total number of medicines available at the UAAM	107
3	Availability of medicines for priority conditions	☑ Tuberculosis ☑ Diabetes ☑ Hypertension ☑ Fever
4	Medicine categories with shortfall/ stockouts on the day of assessment	No shortage
5	What is the indenting cycle that is followed at the facility?	As required
6	What is the lead time for supply of drugs which are indented? (record in days)	Less than 1 Week
7	Is buffer stock for drugs maintained?	Yes
8	DVDMS or any other software is being used for stock management	Yes

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	In-house lab and outsourced

2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	49 *(Total diagnostic tests at UAAM as per national EDL is **14**)*
3	Number of tests available at UAAM	42
4	Number of tests Provided through In House Mode	42
5	Number of tests Provided through Hub & Spoke (Public Health System)	No
6	Number of tests Provided through Hub & Spoke- PPP Model	7
7	Availability of X-ray services	No
8	Availability of Sample transportation mechanism	Yes
9	User fee charged for diagnostics	No
10	Average downtime of equipment (days)	1 week
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	

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, hemoglobin, 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	Yes
8.	MP Slide method	Yes
9.	Malaria Rapid test	Yes
10.	RPR/VDRL test for syphilis	Yes
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	Yes
12.	Hepatitis B surface antigen test	Yes
13.	Sputum for AFB # - Microscopy	Yes
14.	Typhoid test (IgM)	No
15.	Blood Sugar	Yes
16.	HCV Antibody Test (Anti HCV)	Yes
17.	Bleeding time and clotting time	Yes
18.	Visual Inspection Acetic Acid (VIA)	No
19.	rK3 for Kala Azar **(endemic areas only)**	No
20.	Filariasis (**endemic areas only)**	No
21.	Japanese encephalitis (**endemic areas only**)	No

22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	Internet connectivity (government funded) Desktop
Infrastructure: Functionality	Internet connectivity (government funded) Laptop
Teleconsultation services Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	Yes, This IS HUB (SO RECEIVED Call from lower tier) ☐ UPHC - Polyclinic ☐ DH ☐ Medical College Hospital Other, specify: AAM-HSC
Teleconsultation platforms used	e-Sanjeevani OPD
Teleconsultation schedule prepared and displayed	Yes
Common conditions for teleconsultation	NCD,
Total teleconsultations in the last 01 month	36

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	No
Availability of functional MAS	Yes

K. Reporting	
Online Platforms	**Reporting**
☐ AAM Portal/HWC App	Yes
☐ National NCD Portal/App	Yes
☐ IHIP	Yes
☐ HMIS	Yes

☐ FPLMIS	Yes
☐ DVDMS	Yes
☐ Nikshay	Yes
Specify others:	RCH, MCH

L. Finance

Renumeration & Incentives

Cadre	Timely disbursement	Complete disbursement as entitled
UAAM Team (Salary)	Yes	Yes
UAAM Team (Team Based Incentives)	NA	NA

Facility funds

Fund Source	Timely disbursement	Details
Untied	Yes	June (Ist Installment)
Other Sources	Yes	User fund, 10 Rs.

United Fund utilized during last year

(Fund received as per the requirement as there is no CHO appointment in the facility)

Funds received **(Amount in Rs.)**	Expenditure **(Amount in Rs.)**	% Expenditure
Rs 1, 72, 000	**Rs 1, 72, 000**	**100% utilized**

Is untied fund being spent on following activities?

Regular payment of Bills: Yes

If yes, specify;

☒ Electricity
☒ Drinking Water

☑ Internet

Regular purchase: No

☒ Medicines
☑ Reagents/Consumables
☒ Equipment

Repairing, Electrical,

Payment of support/cleaning Staff: Yes

Status of JSY Payments

Payment done till: Yes, Feb 2025

	Average Delay in Payment (days): 2 weeks **Reasons for delay, if any.... Bank account not available**
Availability of JSSK entitlements **(<u>No deliveries taking place in UHWC</u>)**	NA (No delivery point) If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☑ ☐ Free drugs and consumables ☑ ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility)- provide Rs. ☑ ☐ Free referral transport (drop back from facility to home) ☐ No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	**9208**
2	No. of PW registered for ANC	**366**
3	No. of PW received 4 or more ANC check-ups	**424**
4	Total number of institutional deliveries	**71**
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	**102**
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	**614**
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	**500**
	Number of cases referred from SC AAM to PHC or Other higher facilities during last month	**2**
8	Number of cases referred from UPHC AAM to CHC or Other higher facilities during last month	**20**
9	Number of cases referred back to UPHC AAM from CHC or higher centre for follow-up during last 3 months	**0**
8	**TB patients undergoing treatment**	
	Indicators	**Current year**

	No. of presumptive TB patients identified	1566
	No. of TB patients diagnosed out of the presumptive patients referred	6
	No. of TB patients taking treatment in the AAM	6

9 **Community Based Screening for NCDs**

% of target population administered CBAC	**50320 (99%)**
% of target population with score below 4	**30373 (60%)**
% of target population with score 4 and above	**19947 (40%)**

10

NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Treated**	**Follow-up**
Hypertension	4457	432	432
Diabetes	2630	90	90
NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Referred**	**Follow-up**
Oral Cancer*	704	0	0
Breast Cancer*	334	0	0
Cervical Cancer*	**334**	**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, recommendation) and score	Yes (81%)
6	Patient Rights	☑ Display of citizen's charter ☑ Display of IEC materials ☑ Provision for ensuring privacy ☑ Respectful Maternity Care being practiced ☑ All services provided free of cost ☑ Confidentiality assured for patient information

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	30/05/2024
2	Facility aggregate score using ODK Took kit	57%

Key Observations

Urban-PHC, Dibrugarh serves a high OPD load, averaging 70-80 patients daily and rising to 120-150 on Tuesdays and Fridays. It provides 24/7 delivery services, though only Samahar packed food is offered due to the absence of an in-house kitchen. The facility has a well-established power backup system, conducts regular yoga sessions, and owns an ambulance. A JAS has been formed, and only basic services are provided under the expanded AAM package. The facility houses a Panchkarma Therapy Room, mental health services, and AYUSH care, with a dedicated mental health counselor for patient support. NCD camps and cancer screening are organized periodically, while teleconsultation services actively address hypertension, diabetes, and other non-communicable diseases. Strengths include antenatal care, mental health counseling, and strong immunization coverage. The facility has been recognized with a Kayakalp Award (82%) and performed well in the Swasthya Seva Utsav (81%). However, challenges persist, including a shortage of manpower—no permanent ANM, sanitation staff, or data entry operator—hindering immunization services. Additionally, the inability to provide expanded AAM services is attributed to a lack of staff training.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	Yes		No	
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	Yes		Yes	
8	Phototherapy Unit	-			
9	Shoulder Wheel	-			
10	Shoulder Pulley	-			
11	Shoulder Abduction Ladder	-			
12	Suction Machine	Yes		No	
13	Mobile Spotlight	Yes		No	
14	Manual Vacuum Aspirator	-			
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale	Yes		Yes	
17	Infantometer	-			
18	Ophthalmoscope	-			
19	Fully Loaded Dental Chair Electrically Operated	-			
20	Dental Chair-Basic	-			
21	Oxygen Hood Neonatal	-			
22	ILR With Voltage Stabilizer-Small	Yes		Yes	
23	Deep Freezer-Small	Yes		Yes	
24	ILR With Voltage Stabilizer-Large	-		-	
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		No		
31	Turbidometer		No		

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

AYUSHMAN AROGYA MANDIR- SUB HEALTH CENTRE, BOKPARA

A. General Information	
1. State	**Assam**
2. District Name	Dibrugarh
3. Block/Taluka Name	BARBARUAH
4. Name of Facility	Bokpara
5. Type of Facility	AAM-SHC
6. NIN of the facility	7326344376
7. No. of days in a week facility is operational	6 DAYS
8. OPD Timings	8:30 TO 1:30 PM
9. Month & Year of AAM operationalization	February 2024
10. Accessible from nearest road head (**Yes/No**)	Yes
11. Next Referral Facility	BARBARUAH
12. Distance of next referral facility (Km)	12km

A.1 Demographic Details	
1. Number of Villages	**3**
2. No. of Households	-
3. Total catchment Population	4525
4. Population who are 30 years of age and above	1900+

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 (*Other Govt./Urban Local Body/ Rented etc.*)	
3.	Availability of boundary wall	Yes
4.	External branding as per CPHC guidelines (*colour, logo)*	Yes
5.	OPD room Examination table with privacy curtain/ screen	Yes Yes
6.	Day Care Beds available (*Norm – 2*)	Yes, 1 Bedded
7.	Waiting area with sitting arrangements for patients/ attendants	Yes
8.	Availability of furniture Table Chairs Almirah/Rack	 Yes Yes Yes
9.	Laboratory	Yes
10.	Pharmacy /Drug store	Yes
11.	Space/ room identified for Wellness activities including Yoga sessions	Yes
12.	Separate functional toilets for males and females	Yes
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	No
19.	Provision of BMW management	Yes
20.	Colour coded waste bins	Yes
21.	Bio-medical waste disposal mechanism in place	Yes
22.	*Residential Quarters available for Staff* *If yes, Specify the staff for which quarters available*	No

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

*Desirable amenities

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

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

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

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

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

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
Basic services available			

	F. Availability of Essential medicines	
1	Number of medicines at AAM as per State Essential Medicine List (EML) *Reference link for national EML:* https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHWC%20IPHS%202022%20Guidelines%20pdf.pdf	31 *(Total medicines at UAAM as per national EML is **105**)*
2	Total number of medicines available at the AAM	31
3	Availability of medicines for priority conditions	☒ Tuberculosis ☑ Diabetes ☑ Hypertension ☑ Fever
4	Medicine categories with shortfall/ stockouts on the day of assessment	Gastrointestinal Hypolipidemic Colostrol Multivitamin Dermatological
5	What is the indenting cycle that is followed at the facility?	Monthly
6	What is the lead time for supply of drugs which are indented? (record in days)	Less than 1 Week
7	Is buffer stock for drugs maintained?	No
8	DVDMS or any other software is being used for stock management	Yes

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	In-house lab & outsourced
2	Number of diagnostic tests at AAM as per State Essential Diagnostic list	*(Total diagnostic tests at UAAM as per national EDL is **14**)*
3	Number of tests available at UAAM	6
4	Number of tests Provided through In House Mode	
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	No
8	Availability of Sputam transportation mechanism for TB	Yes

	Availability of diagnostic testing aids/ equipment	RDK KITS Glucometer Haemoglobinometer Thermometer Sphygmomanometer
9	User fee charged for diagnostics	Yes
10	Average downtime of equipment (days)	10-15 days
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	Yes, Internet connectivity (government funded-No) Yes, Desktop/ laptop
Infrastructure: Functionality	Internet connectivity (government funded-No) Desktop functional
Teleconsultation services Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	Yes ☑ PHC ☑ CHC ☐ DH ☐ Medical College Hospital ☑ Other, specify… HUB Guhwati
Teleconsultation platforms used	e-Sanjeevani OPD
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	Severe Hypertension, Diabetes
Total teleconsultations in the last 01 month	54

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**
☐ AAM Portal/App/ HWC/ SSD	Yes
☐ National NCD Portal/App	Yes

☐ IHIP	Yes
☐ HMIS	Yes
☐ FPLMIS	Yes
☐ DVDMS	No
☐ Nikshay	Yes
Specify others: RCH/ Anmol, UVIN	Yes

L. Finance

Renumeration & Incentives

Cadre	Timely disbursement	Complete disbursement as entitled
UAAM Team (Salary)	Yes	Yes
UAAM Team (Team Based Incentives)	Yes	Yes

Facility funds

Fund Source	Timely disbursement	Details
Untied	No	September received
Other Sources	No	-

United Fund utilized during last year

This year fund details 2024-25, as CHO is new

Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
Rs 17000	**Rs 17000**	**100% utilized**

Is untied fund being spent on following activities?

Regular payment of Bills: Yes

If yes, specify;

- ☒ Electricity
- ☒ Drinking Water
- ☒ Internet

Regular purchase: Yes

- ☒ Medicines
- ☒ Reagents/Consumables
- ☒ Equipment
- ☒ Furniture

Payment of support/cleaning Staff: No

	BMW – sharp pit expenditure untied fun, yoga haal
Status of JSY Payments	**Payment done till:** Not Applicable **Average Delay in Payment (days):** **Reasons for delay, if any**
Availability of JSSK entitlements **(<u>No deliveries taking place in UHWC</u>)**	NA If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	**735**
2	No. of PW registered for ANC	**13**
3	No. of PW received 4 or more ANC check-ups	
4	Total number of institutional deliveries	**NA**
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	**6**
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	**7**
8	Number of cases referred from AAM to PHC AAM /Polyclinic/Other higher facilities during last month	
9	Number of cases referred back to AAM from PHC AAM or higher centre for follow-up during last 3 months	
8	**TB patients undergoing treatment**	

Indicators	**Current year**
No. of presumptive TB patients identified	6
No. of TB patients diagnosed out of the presumptive patients referred	6
No. of TB patients taking treatment in the AAM	6

9	**Community Based Screening for NCDs**

	% of target population administered CBAC	
	% of target population with score below 4	
	% of target population with score 4 and above	

10	**NCDs** ***(No. of individuals in Last 6 Months)***	**Screened**	**Treated**	**Follow-up**
	Hypertension	460	39	
	Diabetes	460	9	
	NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Referred**	**Follow-up**
	Oral Cancer*	12	2	
	Breast Cancer*	15	0	
	Cervical Cancer*	0	0	

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	Yes, 63%
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, score	76% Commendation
6	Patient Rights	☑ Display of citizen's charter ☑ Display of IEC materials ☑ Provision for ensuring privacy ☑ Respectful Maternity Care being practiced ☑ All services provided free of cost ☑ Confidentiality assured for patient information
7	Support Services	☑ Maintenance and upkeep of facility ensured ☑ Maintenance of clinical records ☑ Data management using digital technology ☒ Systematic inventory management (medicines/consumables)
8	Infection control	☑ Adherence to biomedical waste management ☑ Adherence to SOPs for sterilization of equipment ☑ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions

		☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☑ Provision for collecting patient feedback ☑ Availability of Grievance Redressal Mechanisms ☑ Periodic reviews undertaken for quality assurance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	September 2024
2	Facility aggregate score using ODK Took kit	71%

Key Observations with challenges

The facility handles an average OPD load of 10-15 patients per day. The facility has equipped with a yoga room, separate male and female washrooms, and six diagnostic tests were conducted at the facility. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs, ensuring effective implementation. The facility is unable to provide expanded AAM services due to a lack of staff training. Teleconsultation services are functioning efficiently. Although a labor room was established in 2024, delivery services are not yet available. Biomedical waste management systems, including a sharp pit, deep burial, and waste storage, are in place, along with power backup through an inverter and a functional laptop for teleconsultation services. The facility is *Kayakalp*-certified and NQAS implementation is also initiated at this facility. However, it faces challenges such as limited physical space, space crunch, delayed and insufficient funds, and a shortage of some rapid test kits.

Annexure- List of essential equipment

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

AYUSHMAN AROGYA MANDIR- SUB HEALTH CENTRE, GAJALA BASTI

A. General Information	
13. State	**Assam**
14. District Name	Dibrugarh
15. Block/Taluka Name	TENGHEKHAT
16. Name of Facility	Gajala Basti
17. Type of Facility	AAM-HWC
18. NIN of the facility	3548675820
19. No. of days in a week facility is operational	6 DAYS
20. OPD Timings	8:00 TO 2:00 PM
21. Month & Year of AAM operationalization	
22. Accessible from nearest road head (**Yes/No**)	Yes
23. Next Referral Facility	PHC Kacharipathar
24. Distance of next referral facility (Km)	5 km

A.1 Demographic Details	
5. Number of Villages	**4**
6. No. of Households	1307
7. Total catchment Population	5558
8. Population who are 30 years of age and above	2058

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 (*Other Govt./Urban Local Body/ Rented etc.*)	
3.	Availability of boundary wall	Yes
4.	External branding as per CPHC guidelines (*colour, logo)*	Yes
5.	OPD room Examination table with privacy curtain/ screen	Yes Yes
6.	Day Care Beds available (*Norm – 2*)	No
7.	Waiting area with sitting arrangements for patients/ attendants	Yes
8.	Availability of furniture Table Chairs Almirah/Rack	 Yes Yes Yes
9.	Laboratory	Yes
10.	Pharmacy /Drug store	Yes
11.	Space/ room identified for Wellness activities including Yoga sessions	Yes
12.	Separate functional toilets for males and females	Yes

13.	Availability of Running Water	Yes
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	Yes
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	No
4	IEC/Poster on BMW displayed at the facility.	No
5	Installation of TV/ LED screen in the waiting area for IEC display*	No
7	Display of citizen charter	Yes
8	Information on grievance redressal displayed	No
9	Information on referral transport displayed	No
10	Information on nearest referral facility displayed	No

*Desirable amenities

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

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

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	CHO **(Yes/No)**	ANM **(Yes/No)**	MPW (M) **(Yes/No) ANM**	ASHA **(Yes/No)**

Maternal Health *(ANC/PNC Care)*	Yes	Yes	Yes	Yes
Child Health *(New Born Care/ HBNC/ HBYC)*	Yes	Yes	Yes	Yes
Family Planning	Yes	Yes	**Yes**	Yes
Communicable Diseases *(TB/Leprosy/Malaria/Dengue/Filariasis etc.)*	Yes	Yes	**Yes**	Yes
NCD	Yes	Yes	**Yes**	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)**
CHO	No	No	No	No	No	No
ANM	No	No	No	No	No	No
ASHA	No	No	No	No	No	No

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

E.2 Availability of Expanded Packages of Services			
Service Packages	**Services Available**	**Drugs available**	**Diagnostics & consumables available**
Ophthalmic care services	No	No	No
Basic ear, nose, throat (ENT) care services	No	No	No

Oral health care services	No	No	No
Elderly and Palliative care services	No	No	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 as per State Essential Medicine List (EML) *Reference link for national EML:* https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHWC%20IPHS%202022%20Guidelines%20pdf.pdf	33 *(Total medicines at UAAM as per national EML is **105**)*
2	Total number of medicines available at the AAM	22
3	Availability of medicines for priority conditions	☒ Tuberculosis ☑ Diabetes ☑ Hypertension ☑ Fever
4	Medicine categories with shortfall/ stockouts on the day of assessment	Gastrointestinal Meds Multivitamins Hypolipidemic Dermatological cream
5	What is the indenting cycle that is followed at the facility?	Monthly
6	What is the lead time for supply of drugs which are indented? (record in days)	Less than 1 Week
7	Is buffer stock for drugs maintained?	No
8	DVDMS or any other software is being used for stock management	Yes

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	In-house lab
2	Number of diagnostic tests at AAM as per State Essential Diagnostic list	- *(Total diagnostic tests at UAAM as per national EDL is **14**)*
3	Number of tests available at AAM	9
4	Number of tests Provided through In House Mode	9
5	Number of tests Provided through Hub & Spoke (Public Health System)	NA
6	Number of tests Provided through Hub & Spoke- PPP Model	NA
7	Availability of X-ray services	No

8	Availability of Sample transportation mechanism	Yes (TB)
	Availability of diagnostic testing aids/ equipment	RDK KITS Glucometer Haemoglobinometer Thermometer Sphygmomanometer Urine dipstick
9	User fee charged for diagnostics	No
10	Average downtime of equipment (days)	One week
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	Internet connectivity (government funded- No) Laptop- Yes
Infrastructure: Functionality	Internet connectivity (government funded- No) Laptop Yes
Teleconsultation services Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	Yes PHC ☑ DH ☐ Medical College Hospital Other, specify
Teleconsultation platforms used	e-Sanjeevani app
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	Hypertension, Fever
Total teleconsultations in the last 01 month	2-3, Internet issue

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

J. Governance	
Constitution of Jan Arogya Samiti	Yes
Periodic JAS meetings in the last 6 months (once a month)	Yes
Minutes of meetings maintained	Yes
Availability of functional MAS	NA

K. Reporting	
Online Platforms	**Reporting**
☐ AAM Portal/App/ HWC/ SSD	Yes
☐ National NCD Portal/App	Yes
☐ IHIP	Yes
☐ HMIS	Yes, PHC Level
☐ FPLMIS	Yes
☐ DVDMS	Yes
☐ Nikshay	Yes
Specify others: RCH/ Anmol, UVIN	Yes

L. Finance

Renumeration & Incentives

Cadre	**Timely disbursement**	**Complete disbursement as entitled**
UAAM Team (Salary)	Yes	Yes
UAAM Team (Team Based Incentives)	NA, CHO New so not ititiated	NA

Facility funds

Fund Source	**Timely disbursement**	**Details**
Untied	Yes, But not timely	September
Other Sources	No	-

United Fund utilized during last year

Funds received **(Amount in Rs.)**	Expenditure **(Amount in Rs.)**	% Expenditure
Rs 41,654	**Rs 23, 654**	**% utilized**

Is untied fund being spent on following activities?	Regular payment of Bills: Yes If yes, specify; ☒ Electricity ☒ Drinking Water ☒ Internet Regular purchase: Yes ☒ Medicines ☒ Reagents/Consumables ☑ Equipment ☒ FurnituRE, White wash Payment of support/cleaning Staff: No
Status of JSY Payments	**Payment done till:** Not Applicable (From PHC level **Average Delay in Payment (days):** **Reasons for delay, if any**
Availability of JSSK entitlements **(<u>No deliveries taking place in HWC</u>)**	NA If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	**743**
2	No. of PW registered for ANC	**30**
3	No. of PW received 4 or more ANC check-ups	**20**
4	Total number of institutional deliveries	**NA**
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	**5**
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	**35**
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	**26**

8	Number of cases referred from AAM to PHC AAM /Polyclinic/Other higher facilities during last month	**12**
9	Number of cases referred back to AAM from PHC AAM or higher centre for follow-up during last 3 months	

8 **TB patients undergoing treatment**

Indicators	**Current year**
No. of presumptive TB patients identified	3
No. of TB patients diagnosed out of the presumptive patients referred	
No. of TB patients taking treatment in the AAM	5

9 **Community Based Screening for NCDs**

% of target population administered CBAC	**41%**
% of target population with score below 4	**10%**
% of target population with score 4 and above	**31%**

10

	Screened	**Treated**	**Follow-up**
Hypertension	344	22	18
Diabetes	344	10	8
NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Referred**	**Follow-up**
Oral Cancer*	344	0	0
Breast Cancer*	344	0	0
Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score	No, But staff is not aware about this done by PHC level staff self

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	6 june 2024
2	Facility aggregate score using ODK Took kit	Don't know

KEY OBSERVATIONS

Gajalabasti AAM-SHC, provides essential services, including general OPDs, maternal and child health, NCD services, however, it is unable to provide expanded AAM services due to a lack of staff training. Training of ANM, MPW and ASHAs worker is required for enhancing service delivery. Strengthening staff training can enhance service delivery. Teleconsultation services are not functioning efficiently due to internet connectivity. Very less IEC display was observed at the facility. Lack of updated display of IEC material noticed at the facility. The facility reported delays in untied fund disbursement, affecting fund utilization efficiency. The facility is highly lacking in the quality care program implementation, which can be strengthen.

Annexure- List of essential equipment

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

AYUSHMAN AROGYA MANDIR- SUB HEALTH CENTRE, LAHOLIAL

A. General Information	
1. State	**Assam**
2. District Name	Dibrugarh
3. Block/Taluka Name	TENGAKHAT
4. Name of Facility	Nawholia AAM
5. Type of Facility	AAM-HWC
6. NIN of the facility	734182726
7. No. of days in a week facility is operational	6 DAYS
8. OPD Timings	8:30 TO 2:30 PM
9. Month & Year of AAM operationalization	December 2023
10. Accessible from nearest road head (**Yes/No**)	Yes
11. Next Referral Facility	Sessai Bokuloni
12. Distance of next referral facility (Km)	10km

A.1 Demographic Details	
9. Number of Villages	**9**
10. No. of Households	2578
11. Total catchment Population	12445
12. Population who are 30 years of age and above	5724

B. Physical Infrastructure		
Infrastructure Status and details		**Availability**
23.	Availability of Govt owned building	Yes
24.	If there is no government-owned building, specify building type (*Other Govt./Urban Local Body/ Rented etc.*)	
25.	Availability of boundary wall	Yes
26.	External branding as per CPHC guidelines (*colour, logo)*	Yes
27.	OPD room Examination table with privacy curtain/ screen	Yes Yes
28.	Day Care Beds available (*Norm – 2*)	Yes
29.	Waiting area with sitting arrangements for patients/ attendants	Yes
30.	Availability of furniture Table Chairs Almirah/Rack	 Yes Yes Yes
31.	Laboratory	Yes
32.	Pharmacy /Drug store	Yes

33.	Space/ room identified for Wellness activities including Yoga sessions	Yes
34.	Separate functional toilets for males and females	Yes
35.	Availability of Running Water	Yes
36.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	Yes
37.	Electricity connection	Yes
38.	Power back up	Yes
39.	Availability of Safe drinking Water	Yes
40.	Functional Handwashing corner (designated) with running water and soap	Yes
41.	Provision of BMW management	Yes
42.	Colour coded waste bins	Yes
43.	Bio-medical waste disposal mechanism in place	**No**
44.	*Residential Quarters available for Staff* *If yes, Specify the staff for which quarters available*	No

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

*Desirable amenities

C. Human Resource Availability						
S. N	**Staff**	**Required as per IPHS-2022**	**Regular**		**Contractual**	
			Sanctioned	**Available**	**Sanctioned**	**Available**
1	CHO	**1**	-	0	1	1
2	Staff Nurse	**1**	2	1	1	1
3	MPW (Male)	**1**	1	-	-	-
4	Sanitary Staff*	1	-	-	-	1
5	Security Staff**	1	-	-	-	-
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)				9 ASHA	

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

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

Services	CHO **(Yes/No)**	ANM **(Yes/No)**	MPW (M) **(Yes/No) ANM**	ASHA **(Yes/No)**
Maternal Health *(ANC/PNC Care)*	Yes	Yes	Yes	Yes
Child Health *(New Born Care/ HBNC/ HBYC)*	Yes	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes	Yes
Communicable Diseases *(TB/Leprosy/Malaria/Dengue/Filariasis etc.)*	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	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)**
CHO	No	No	No	No	No	No
ANM	No	No	No	No	No	No
ASHA	No	No	No	No	No	No

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

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

Basic ear, nose, throat (ENT) care services	No	No	No
Oral health care services	No	No	No
Elderly and Palliative care services	No	No	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 as per State Essential Medicine List (EML) *Reference link for national EML:* https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHWC%20IPHS%202022%20Guidelines%20pdf.pdf	34 *(Total medicines at UAAM as per national EML is **105**)*
2	Total number of medicines available at the AAM	34
3	Availability of medicines for priority conditions	☑ Tuberculosis ☑ Diabetes ☑ Hypertension ☑ Fever
4	Medicine categories with shortfall/ stockouts on the day of assessment	Anti-pyretic Gastrointestinal meds Anti hypertensive Multivitamins Dermatological cream
5	What is the indenting cycle that is followed at the facility?	Monthly
6	What is the lead time for supply of drugs which are indented? (record in days)	Less than 1 Week
7	Is buffer stock for drugs maintained?	Yes
8	DVDMS or any other software is being used for stock management	Yes

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	In-house lab
2	Number of diagnostic tests at AAM as per State Essential Diagnostic list	8 *(Total diagnostic tests at UAAM as per national EDL is **14**)*
3	Number of tests available at UAAM	7
4	Number of tests Provided through In House Mode	7
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
	Availability of diagnostic testing aids/ equipment	Glucometer Haemoglobinometer Thermometer Sphygmomanometer Urine dipstick
9	User fee charged for diagnostics	No
10	Average downtime of equipment (days)	10-15 days
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	Yes, see list of equipment table

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	Internet connectivity (government funded- NO) Laptop Smartph. – ASHAs received , Functional reported
Infrastructure: Functionality	Internet connectivity issue reported (No-government funded) Laptop
Teleconsultation services Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	Yes ☑ PHC ☐ DH ☐ Medical College Hospital ☑ Other, specify
Teleconsultation platforms used	e-Sanjeevani.OPD
Teleconsultation schedule prepared and displayed	Yes
Common conditions for teleconsultation	Severe ,Hypertension, HRP
Total teleconsultations in the last 01 month	20

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**
☐ AAM Portal/App/ HWC/ SSD	Yes
☐ National NCD Portal/App	Yes
☐ IHIP	Yes
☐ HMIS	Yes
☐ FPLMIS	Yes
☐ DVDMS	Yes
☐ Nikshay	Yes
Specify others: RCH/ Anmol, UVIN	Yes

L. Finance

Renumeration & Incentives	**Cadre**	**Timely disbursement**	**Complete disbursement as entitled**
	UAAM Team (Salary)	Yes	Yes
	UAAM Team (Team Based Incentives)	Yes	Yes
Facility funds	**Fund Source**	**Timely disbursement**	**Details**
	Untied	No , September received	
	Other Sources		
United Fund utilized during last year			
	Funds received	Expenditure	% Expenditure

	(Amount in Rs.)	**(Amount in Rs.)**	
	Rs 50,000	**Rs 38,231**	**76% utilized**

Is untied fund being spent on following activities?	Regular payment of Bills: Yes If yes, specify; ☑ Electricity ☑ Drinking Water ☒ Internet Regular purchase: Yes ☒ Medicines ☒ Reagents/Consumables ☑ Equipment ☒ Furniture Payment of support/cleaning Staff: Yes BMW, Boundry wall
Status of JSY Payments	**Payment done till:** Not Applicable **Average Delay in Payment (days):** **Reasons for delay, if any**
Availability of JSSK entitlements **(<u>No deliveries taking place in UHWC</u>)**	NA If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet ☐ Free drugs and consumables ☐ Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	**744**
2	No. of PW registered for ANC	**46**
3	No. of PW received 4 or more ANC check-ups	**43**
4	Total number of institutional deliveries	**NA**

5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	**26**
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	**56**
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	**47**
8	Number of cases referred from AAM to PHC AAM /Polyclinic/Other higher facilities during last month	**42**
9	Number of cases referred back to AAM from PHC AAM or higher centre for follow-up during last 3 months	**-**

8 **TB patients undergoing treatment**

Indicators	**Current year**
No. of presumptive TB patients identified	5
No. of TB patients diagnosed out of the presumptive patients referred	2
No. of TB patients taking treatment in the AAM	2

9 **Community Based Screening for NCDs**

% of target population administered CBAC	**46%**
% of target population with score below 4	-
% of target population with score 4 and above	-

10

NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Treated**	**Follow-up**
Hypertension	452	48	64
Diabetes	452	36	58
NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Referred**	**Follow-up**
Oral Cancer*	452	5	**64**
Breast Cancer*	160	**0**	**58**
Cervical Cancer*	**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, recommendation) and score	External Score was not informed to facility, December 2024 assesment done and result
6	Patient Rights	☑ Display of citizen's charter ☑ Display of IEC materials ☑ Provision for ensuring privacy ☑ Respectful Maternity Care being practiced ☑ All services provided free of cost ☑ Confidentiality assured for patient information
7	Support Services	☑ Maintenance and upkeep of facility ensured ☒ Maintenance of clinical records ☑ Data management using digital technology ☑ Systematic inventory management (medicines/consumables)
8	Infection control	☑ Adherence to biomedical waste management ☑ Adherence to SOPs for disinfection / sterilization of equipment ☑ Adherence to SOPs for personal protection
9	Clinical care	☒ Adherence to SOPs for clinical management of conditions ☒ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	☒ Provision for collecting patient feedback ☒ Availability of Grievance Redressal Mechanisms ☒ Periodic reviews undertaken for quality assurance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	NO NA
2	Facility aggregate score using ODK Took kit	-

KEY OBSERVATIONS

Nawholia AAM-SHC, unable to provide expanded 12 package of AAM services due to a lack of the staff training. Teleconsultation services are functioning effectively, primarily managing severe hypertension and HRP cases, however internet connectivity issue was reported. On an average 230-240 monthly OPD load was reported at the facility. The facility underwent a

Kayakalp external assessment in December 2024, but the score was not communicated. There is a shortage of diagnostic strips (HB, RBS blood sugar), and essential equipment like a weighing machine and tuning fork is unavailable. Medicine shortages include anti-pyretics, gastrointestinal medications, antihypertensives, multivitamins, and dermatological creams. Additionally, the facility lacks an MPW. The facility reported delays in untied fund disbursement, which received late in September, affecting fund utilization efficiency.

Annexure- List of essential equipment

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

URBAN AYUSHMAN AROGYA MANDIR (UAAM-HWC), CHRINGCHAPORI

A. General Information	
1. State	**Assam**
2. District Name	**Dibrugarh**
3. Ward Name	**6**
4. Name of Facility	**Chring chapori AAM**
5. Type of Facility	**UAAM-HWC-SC**
6. NIN of the facility	**1128362157**
7. No. of days in a week the facility is operational	**6 days**
8. OPD Timing	**9:00am to 2:00pm**
9. Month & Year of UAAM operationalization	**July 2024**
10. Is the facility accessible from nearest road head? **(Yes/No)**	**Yes**
11. Next Referral Facility	**UPHC Dibrugarh**
12. Distance of next referral facility (Km)	**3 km**

A.1 Demographic Details	
17. Number of Wards	**8 wards total Under this facility**
18. No. of Households	-
19. Total catchment Population	51395
20. Population who are 30 years of age and above	19016

B. Physical Infrastructure		
	Infrastructure Status and details	**Availability**
1.	Availability of Govt owned building (Running in Donated building)	No
2.	If there is no government-owned building, specify building type (*Other Govt./Urban Local Body/ Rented etc.*)	Rented
3.	24*7	No
4.	Availability of boundary wall	Yes
5.	External branding as per CPHC guidelines (*colour, logo)*	No
6.	OPD room Examination table with privacy curtain/ screen	Yes Yes
7.	Day Care Beds available (*Norm – 2*)	Yes
8.	Waiting area with sitting arrangements for patients/ attendants	Yes
9.	Availability of furniture Table Chairs Almirah/Rack	Yes Yes Yes Yes
10.	Laboratory	No
11.	Pharmacy /Drug store	Yes
12.	Space/ room identified for Wellness activities including Yoga sessions	No

13.	Separate functional toilets for males and females	No
14.	Availability of Running Water	Yes
15.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	Yes
16.	Electricity connection	Yes
17.	Power back up	No
18.	Availability of Safe drinking Water	Yes
19.	Functional Handwashing corner (designated) with running water and soap	Yes
20.	Provision of BMW management (Collection based)	Yes
21.	Colour coded waste bins	Yes
22.	Bio-medical waste disposal mechanism in place	No
23.	*Residential Quarters available for Staff* *If yes, Specify the staff for which quarters available*	No

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

*Desirable amenities

C. Human Resource Availability						
S. N	**Staff**	**Required as per IPHS-2022**	**Regular**		**Contractual**	
			Sanctioned	**Available**	**Sanctioned**	**Available**
1	MO	**1**	-	-	1	0
2	Staff Nurse	**1**	-	-	1	1
3	MPW (Male)	**1**	-	-	0	0
	ANM		-	-	-	1 Community level)
4	Sanitary Staff*	1	-	-	2	0
5	Security Staff**	1	-	-	0	0
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)				23	

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

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

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

E.2 Availability of Expanded Packages of Services

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	No	Yes, Basic	No
Basic ear, nose, throat (ENT) care services	No	Yes	No
Oral health care services	No	No	No
Elderly and Palliative care services	No	No	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 UAAM as per State Essential Medicine List (EML) *Reference link for national EML:* https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHWC%20IPHS%202022%20Guidelines%20pdf.pdf	*(Total medicines at UAAM as per national EML is **105**)*
2	Total number of medicines available at the UAAM	32
3	Availability of medicines for priority conditions	☒ Tuberculosis ☑ Diabetes ☑ Hypertension ☑ Fever
4	Medicine categories with shortfall/ stockouts on the day of assessment	Anti- Tuberculosis Anti-malarial Anti- Leprosy Anti- Filaral
5	What is the indenting cycle that is followed at the facility?	Monthly
6	What is the lead time for supply of drugs which are indented? (record in days)	1-2 Week
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:	Refer to UPHC
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	*(Total diagnostic tests at UAAM as per national EDL is **14**)*
3	Number of tests available at UAAM	2 (Only Sugar and HB test)

4	Number of tests Provided through In House Mode	
5	Number of tests Provided through Hub & Spoke (Public Health System)	No
6	Number of tests Provided through Hub & Spoke- PPP Model	No
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)	2 weeks
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	Internet connectivity (Personal Mobile and personel data use) Laptop/ Ph. – Not received
Infrastructure: Functionality	Internet connectivity – Personal data use Laptop- NA
Teleconsultation services Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	Yes ☑ ☐ UPHC - Polyclinic ☑ ☐ DH ☑ ☐ Medical College Hospital Other, specify:
Teleconsultation platforms used	e-Sanjeevani.in
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	Hypertension
Total teleconsultations in the last 01 month	3

I. Wellness Activities	
Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	Yes, twice in a month
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	Yes

K. Reporting	
Online Platforms	**Reporting**
☐ AAM Portal/HWC App	Yes
☐ National NCD Portal/App	Yes
☐ IHIP	Yes
☐ HMIS	Yes
☐ FPLMIS	Yes
☐ DVDMS	No
☐ Nikshay	Yes
Specify others:	

L. Finance

Renumeration & Incentives

Cadre	Timely disbursement	Complete disbursement as entitled
UAAM Team (Salary)	Yes	Yes
UAAM Team (Team Based Incentives)	NA	NA

Facility funds

Fund Source	Timely disbursement	Details
Untied	No	Not received fund
Other Sources	No	No

United Fund utilized during last year

(Fund Not received,)

Funds received **(Amount in Rs.)**	Expenditure **(Amount in Rs.)**	% Expenditure

Is untied fund being spent on following activities?

Major on stationary, purchase inverter

Regular payment of Bills: Yes

If yes, specify;

☒ Electricity

☒ Drinking Water

☑ Internet

Regular purchase: No

	☒ Medicines ☒ Reagents/Consumables ☒ Equipment Payment of support/cleaning Staff: Yes
Status of JSY Payments	**Payment done till:** NA **Average Delay in Payment (days):** **Reasons for delay, if any**
Availability of JSSK entitlements	(No delivery point)- NA If yes, whether all entitlements being provided ☐ Free delivery services (Normal delivery/ C-section) ☐ Free diet Free drugs and consumables Free diagnostics ☐ Free blood services ☐ Free referral transport (home to facility) ☐ Free referral transport (drop back from facility to home) ☐ No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	**270**
2	No. of PW registered for ANC	**156**
3	No. of PW received 4 or more ANC check-ups	**121**
4	Total number of institutional deliveries	**NA**
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	**32**
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	**182**
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	**138**
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	**122**
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	**0**

8	**TB patients undergoing treatment**	
	Indicators	**Current year**
	No. of presumptive TB patients identified	0
	No. of TB patients diagnosed out of the presumptive patients referred	0
	No. of TB patients taking treatment in the AAM	0
9	**Community Based Screening for NCDs**	
	% of target population administered CBAC	**19016**
	% of target population with score below 4	**14877**
	% of target population with score 4 and above	**4139**

10	**NCDs** ***(No. of individuals in Last 6 Months)***	**Screened**	**Treated**	**Follow-up**
	Hypertension	1032	210	210
	Diabetes	921	128	128
	NCDs ***(No. of individuals in Last 6 Months)***	**Screened**	**Referred**	**Follow-up**
	Oral Cancer*	1953	0	0
	Breast Cancer*	0	0	0
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	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?	No
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score	No
6	Patient Rights	☑ Display of citizen's charter ☑ Display of IEC materials ☒ Provision for ensuring privacy

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	05/10/2024
2	Facility aggregate score using ODK Took kit	22.93%

KEY OBSERVATIONS

Chring chapori Urban AAM-SHC, functioning in rented building, which poses challenges in community mobilization. This facility appears to be non-functional, with an OPD load of just 3-4 patients per day due to the absence of a permanent Medical Officer (MO). Although an MO was posted earlier, served for two months, later transferred to a higher-tier facility, reflecting a broader reluctance of doctors to serve at the SC level, particularly in rented setups. Limited physical space further restricts infrastructure development, and key issues include the absence of proper branding, inadequate record maintenance, lack of referral system displays. Establishing a government-owned facility could enhance stability and encourage doctors' long-term postings, ensuring better service delivery.

Annexure- List of essential equipment

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

Field Monitoring Format- Community Level

Date of Visit	**7/3/2025**
Name of Village/ Slum visited	**1no. Bordubi Gaon ,Gajalbasti**
Details of nearest public health facility (from residence)	*Facility name: Gojal basti AAM* *Facility type:* AAM-SC *Distance*: 250m
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	AAM-SC
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
Topic: Community's choice of provider		

<table>
<tr>
<td>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.

What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.,) Reasons, thereof.</td>
<td>Healthcare provider probes: 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.

Reasons probes: Proximity, convenience, availability of staff, free of cost services, trust on the provider.</td>
<td>
<table>
<tr><td></td><td>√</td><td>Reason for the choice</td></tr>
<tr><td>Self (home remedies)</td><td>yes</td><td rowspan="8">Proximity,
Convenience
Economical
Trust/Faith on the provider/ Practice .</td></tr>
<tr><td>Informal healers</td><td></td></tr>
<tr><td>private practitioners/ hospitals,</td><td>yes</td></tr>
<tr><td>public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</td><td>Yes</td></tr>
<tr><td>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</td><td></td></tr>
<tr><td>AYUSH practitioners.</td><td></td></tr>
<tr><td>Self (home remedies)</td><td></td></tr>
</table>
People in the community were referred to government health facilities for their check-ups. However, many also visited the Gojalbasti-AAM facility for antenatal care (ANC) check-ups, non-communicable disease (NCD) screenings, and treatment for common illnesses such as coughs and colds.
</td>
</tr>
<tr><td colspan="3">Topic: Community’s Awareness of AAM-SC/ PHC/ UPHC</td></tr>
<tr>
<td>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?

How long has it been there?</td>
<td>May use local terms as recognized by the community

Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</td>
<td>People in the community had been visiting AAM for around 10-11 years, were highly satisfied with the services provided. They were well-informed about the various services available at the facility, including non-communicable disease (NCD) screenings, antenatal care (ANC), and expanded package services. This awareness was largely due to the</td>
</tr>
</table>

What are the health services being provided there?	***Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)*** ***Probes-RCH, NCD, Communicable diseases, expanded packages)***	efforts of ASHAs, ANMs, and the CHO, who actively informed the community about these services.	
Topic: Accessibility to primary healthcare services			
How do you access the facility from your residence?	*Probes: Walk to the facility* *Use public transport* *Use personal transport*	People traveled to the facility using personal transport, while those living nearby walked to the facility on foot.	
What are the challenges you face in accessing this facility?	***Barriers may include:*** *Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers…*	According to the community at current they do not face any challenge to access the health care facility	
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?		Yes, NCD camp for screening is organized by the staff in the facility	
Topic: Availability of primary health care infrastructure and services			
What are your opinions on the building in which the primary healthcare facility is functioning?	***Probes*** - *Condition of the building* - *Maintenance* - *Dedicated space for waiting and examination* - *Adequate seating arrangement* - *Functional toilet* - *Potable and drinking water*	**Infrastructure and services**	**Response**
		Condition of the building	☑ Good ☐ Neither good nor bad ☐ Bad
		Maintenance	☑ Good ☐ Neither good nor bad ☐ Bad

What more needs to be added to improve the treatment-seeking experience in this place?	- *Power supply*	*Dedicated space for waiting and examination*	Yes proper space is there
		Adequate seating arrangement	Yes
		Functional toilet	Yes
		Potable/ drinking water	Yes
		Power supply	Yes
When you visit the facility, are the staff available to provide services? ***Do you feel that the staff available are adequate at the facility?***	***Staff may include:*** *Medical officers(AAM PHC/ UPHC/ UAAM),Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.*	Beneficiaries were highly satisfied with the AAM Gojalbasti staff, Asha and CHO, as they were treated like family whenever they visited the facility, making them feel at home. The facility had adequate space, and during winter, many people living nearby would gather in the facility's garden, where they sat for hours and engaged in conversations with one another.	
Is the facility providing all the medicines prescribed for your condition? If not, reasons thereof.	***Probe*** *If there had been instances of non-availability of medicines, what do you do?*	All the necessary medicines were available at the facility, and none of the community members reported any complaints or faced any difficulties in accessing them, if in any case medicine is not available they can get it by travelling 2.5 km far from this place	
Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition? ***If not, reasons thereof.***	***Probe*** *If there had been instances of non-availability of lab/ diagnostic tests, what do you do?*	All the prescribed tests were available at the facility. For tests that could not be conducted there, people visited the CHC or nearest lab to get them done.	
Topic: Acceptability of healthcare services			
Do you feel that the staff at the facility is capable to provide health care?	***Probe****: Adequate skills and knowledge*	Yes, the staff had proper knowledge of the services provided at the facility.	

Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare? ***Do you find the current methods/ technology acceptable when administered on you or your family?*** ***Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?***	***Innovative may include*** *painless, time-saving or cost-saving methods or technology* ***Alternate phrasing***: *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>*	Community members did not face any difficulties when the hospital staff used methods, devices, or instruments for diagnosis or treatment.
Topic: Appropriateness of primary healthcare services delivered through AAM		
What are the main healthcare concerns that exist or emerge in your community? ***In the event of its occurrence, is the AAM providing relevant***	***Probe****: To name out the diseases/ healthcare emergencies frequented by the community members* ***Probe****: To share some insights*	Hypertension is the most common health issues in the community. However, all medicines and tests were provided free of cost, and people did not have to spend any money on healthcare services.

healthcare services? ***Are those services economical in terms of time and money?***		
Topic: Community's involvement / participation		
Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community? ***How is the local community helping the AAM to function better?*** ***Please mention the activity and your contribution***	***Probes*** *Setting health-related priorities* *Engagement with the Community Health Workers (ASHA/ equivalents)* *Engagement with Community-based platforms - VHSNC/ JAS/ MAS*	ASHAs were able to easily achieve their targets due to the high level of cooperation from the community. Everyone possessed an Aadhaar card, and some ABHA IDs were also being created. Additionally, people attended yoga sessions whenever conducted at the facility and participate actively in the screening camps conducted by the facility when informed by the staff, they cooperate with their extended heartly cooperation to the facility staff so as to function it smoothly and render to the public services in their welfare
Topic: Unmet Needs		
According to you, what other services may be provided through the facilities to improve the health needs of the community?		Proper counselling was provided to the community regarding family planning.

How are the community members currently meeting these unmet needs? ***Do they have to incur personal expenditure as a result?***		Usually, they travel to the nearest medical facility outside the community in the case of their needs being unmet either to a private healthcare care facility or the higher tier of the public health care facility
Topic: Quality of Care provided through the primary healthcare facility		
What are your views on the quality of healthcare provided at the primary healthcare facility? ***Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?*** ***Do you feel that your health improves by using the services provided at the facility?***	***Probes*** - *Provider behaviour/ attitude* - *Waiting time* - *Cleanliness of the premises* - *Provision for Grievance redressal and escalation* - *Practice of soliciting and implementing feedback* - *Right diagnosis* - *Accuracy of diagnostic tests done at the facility* - *Effectiveness of medicines dispensed at the facility*	The community was satisfied with the services they received at the AAM Gojalbasti facility. The staff maintained a cordial attitude toward the community, making them feel welcome. Whenever people visited the facility, they found it clean, including all the toilets. All check-ups were conducted free of cost whenever they needed, and medicines and diagnostic services were also available at no charge.

Summary:

- For routine check-ups, such as antenatal care (ANC), blood pressure monitoring, blood sugar testing, and wound dressing, many individuals preferred public or government primary healthcare facilities (AAM-SC) due-to the availability of staff and free-of-cost services.

- Within the community, most people were referred to government health facilities for regular check-ups. However, many also visited the AAM Gojalbasti facility for services like ANC check-ups, non-communicable disease (NCD) screenings, and treatment for common illnesses such as coughs and colds.
- People in the community had been visiting AAM for 10-11 years and were highly satisfied with the services provided. They were well-informed about the various services available at the facility, including non-communicable disease (NCD) screenings, antenatal care (ANC), and expanded package services. This awareness was largely due to the efforts of ASHAs, ANMs, and the CHO, who actively informed the community about these services.
- People travelled to the facility using personal vehicles, while those living nearby walked to the facility on foot. People did not face any challenges in accessing the facility. ASHAs and ANMs organized outreach campaigns in the community, with the participation of the CHO. During these outreach camps, services such as antenatal care (ANC) check-ups, non-communicable disease (NCD) screenings, family planning counselling, distribution of eligible couple coupons, and contraception were provided to the community.
- The primary healthcare facility operated in a well-maintained building that was in good condition. The facility had dedicated spaces for waiting and examination, ensuring a comfortable experience for patients. Additionally, it was equipped with adequate seating arrangements, functional toilets, potable drinking water, and a reliable power supply, all of which contributed to a positive treatment-seeking experience.
- Beneficiaries were highly satisfied with the AAM Gojalbasti staff, as they were treated like family whenever they visited the facility, making them feel at home. The facility had adequate space, and during winter, many people living nearby would gather in the facility's herbal garden, where they sat for hours and engaged in conversations with one another.
- All the necessary medicines were available at the facility mostly in very few cases they have to move outside to the community to get medicines or tests, and none of the community members reported any complaints or faced any difficulties in accessing them. All the prescribed tests were available at the facility. For tests that could not be conducted there, people visited the CHC or District Hospital (DH) to get them done.
- Yes, the staff had proper knowledge of the services provided at the facility. Community members did not face any difficulties when the hospital staff used methods, devices, or instruments for diagnosis or treatment.
- Hypertension is the most common health issues in the community. However, all medicines and tests were provided free of cost, and people did not have to spend any money on healthcare services.
- People in the community actively participated in, NCD camps, VHND sessions, and sanitation camps, with 80-90% participation in these initiatives. ASHAs were able to easily achieve their targets due to the high level of cooperation from the community.

Everyone possessed an Aadhaar card, and ABHA IDs were also being created. Additionally, people regularly attended yoga sessions at the facility.

- Proper counselling was provided to the community regarding family planning. The community was satisfied with the services they received at the AAM Gojalbasti facility. The staff maintained a cordial attitude toward the community, making them feel welcome. Whenever people visited the facility, they found it clean, including all the toilets. All check-ups were conducted free of cost, and medicines and diagnostic services were also available at no charge.