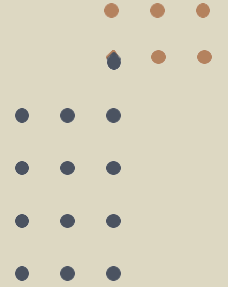


JANUARY, 2025

A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE

NATIONAL HEALTH MISSION

DEOGHAR, JHARKHAND



Submitted by:
Dr. Priyanka Yadav,
Ms. Pragya Shree &
Prof. Suresh Sharma



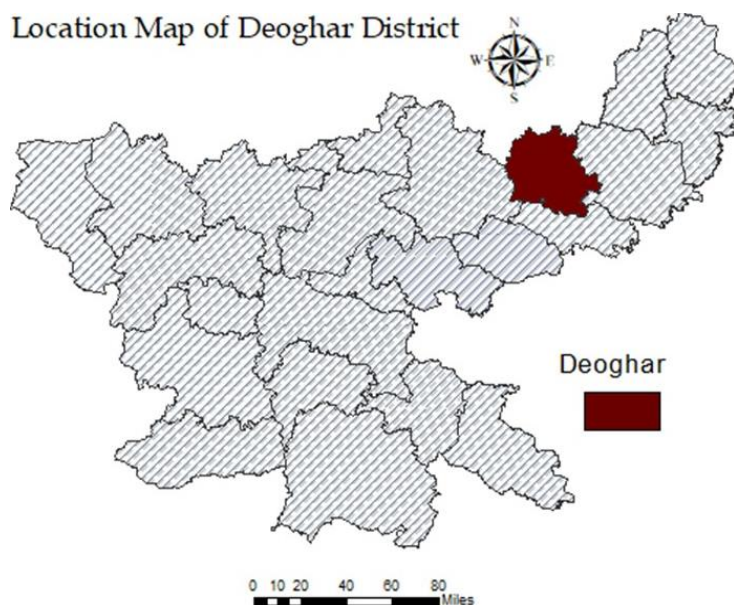
POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH
DELHI

DEOGHAR, JHARKHAND

Introduction

The Ministry of Health and Family Welfare (MoHFW), Government of India, has assigned the Population Research Centre (PRC) the responsibility of field monitoring of the key components of the National Health Mission (NHM) State Programme Implementation Plan for 2024-25. For further planning and resource allocation in any area, it is anticipated that a timely and systematic assessment of the essential NHM components is important. This report, compiled by the Population Research Centre, Institute of Economic Growth (PRC-IEG), Delhi, presents the key findings from the field monitoring of NHM components in Deoghar district, Jharkhand. The report emphasizes on the important findings regarding the health needs at the district and sub-district levels so that the concerned authority may be directed to prioritize each area using the strategy most suitable for achieving the objectives of the National Health Mission.

Location Map of Deoghar District



The findings are based on field visits conducted by the PRC-IEG team, comprising Dr. Priyanka Yadav and Ms. Pragya Shree to various public healthcare facilities. These include District Sadar Hospital, CHC Jasidih; CHC Sarawan; PHC Baghmara; PHC Kunda; PHC Kushmil; UPHC Kalyanpur; AAM SHC Kenmankathi; AAM SHC Bandajori; AAM SHC Sonarathari and UAAM Kovridih.

During these visits, the team engaged with the Nodal programme officers, Civil Surgeon, Medical Officer-in-Charge (MOIC), Medical Staff (MOs, CHOs, ANMs, etc.), Community healthcare providers (ASHAs, Anganwadi workers, etc.), and other support personnel. These discussions were conducted to evaluate the facilities' strengths and identify challenges in healthcare service delivery.

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Key Findings and Observations from the District:

- ❖ **Lack of Human Resource and Shortage of Equipment's:** There is often a deficit of trained medical staff willing to work in rural settings, leading to understaffed facilities. The district lacks sufficient medical officers and specialists at the PHC and CHC levels. To meet demographic requirements, more ASHAs are needed, despite AAM SHCs having an adequate workforce. Additionally, most facilities do not have functional X-ray and USG services.
- ❖ **Infrastructure Maintenance and Civil work:** For a longer period of time, the facility's civil work requirements are ignored and unaddressed. Many rural health facilities lack adequate infrastructure, which hampers the delivery of quality healthcare services. Most of the facilities do not have proper electricity. Most of the facilities don't have proper power back up.
- ❖ **Public health financing:** Funds are allotted periodically to all the facilities as per the guidelines. The facilities utilize the fund to the maximum. The fund utilization percent is above 95% among all the facilities.
- ❖ **AAM Services:** The Sub Centres and Primary Health Centres have been converted to Ayushman Arogya Mandirs (AAM). AAM SHCs successfully deliver majority of the Comprehensive Primary Healthcare (CPHC) packages. Majority of the AAM SHC are also not delivery points. However, due to a paucity of medical officers in PHCs, services are confined to basic care such as regular births, family planning, and OPD, with just a few CPHC packages being implemented.
- ❖ **NCD Screening:** NCD screening is provided at all levels of care, including CHC, PHC, SHC. PHCs and SHCs primarily treat hypertension and diabetes. Oral, Breast Cancer are only screened and suspected cases are referred to higher facilities whereas in case of Cervical cancer in absence of proper training and infrastructure it remains unscreened at most of the facilities.
- ❖ **Drugs and Diagnostics:** Drug availability is generally satisfactory across all visited facilities. Although some medicines were temporarily out of stock at CHC and PHC levels, they were promptly restocked. Essential medicines were fully available at all levels.

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- ❖ **Status of Maternal Health and Health Outcomes:** Jharkhand, identified as a Low Performing State (LPS) under JSY due to historically low institutional delivery rates, has been a focal point for maternal health interventions. The state has adopted the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) strategy, which addresses major causes of mortality and morbidity among women and children. This strategy ensures a continuum of care across various life stages, emphasizing the importance of quality maternal health services. “*Matri Vahan*” provides ambulance services to all the pregnant women. Family planning services are widely utilized, with oral pills and Condoms being the most common method. However, the acceptance of IUCD and PPIUCD is satisfactory in the district.
- ❖ **Child health and Immunization:** The district is improving in child health and nutritional indicators, with good immunization coverage. Despite being a tribal area, public awareness of immunization and nutrition is relatively high. During the festival season “*Saawan*” as most of the staff are occupied in the temple duty immunization get hampered.
- ❖ **Data reporting:** Data reporting is consistently updated across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya). However, the quality of physical reporting is inconsistent and needs improvement to align with digital reporting standards.
- ❖ **Teleconsultation services:** Teleconsultation services are available at some of the facilities. The hub of teleconsultation is the CHC. However due to lack of staff, the utilization is low. Major cases of teleconsultation include fever, hypertension, skin disease, cough etc.
- ❖ **Quality Programs:** Quality programs such as Kayakalp, NQAS, SUMAN and LaQshya are actively implemented in the district. However, the district lags in the parameters. Several facilities are NQAS and Kayakalp certified.
- ❖ **Community Interaction:** Community feedback shows a significant reliance on public health facilities. However, there is need to upgrade the facilities for better services. There is an utmost requirement of more District Hospital or Medical College in the district as patient from near by districts also come to the medical college, thus, creating pressure on the limited resources.

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District Health Facility Assessment

District Hospital Sadar Hospital

- High load of patient, the hospital is 100 bedded however, it caters to a population of 250.
- Lack in infrastructure, choked drainage system; one-way entry-exit.
- Accessibility issue, the facility is in a distance from the main road.
- Shortage of staff- lack of A Grade staff.
- Labour Ward and OT in two separate places due to space issue.



CHC Jasidih

- Shortage of HR Specialists- Anesthesiology and Ophthalmology Specialist not available in the facility.
- There is no blood storage unit available in the facility.
- Shortage of equipment's such as X-ray and USG services.
- Shortage of space and water facility.
- Most of the staff from the facility are assigned for the VIP Movement as the district is a religious place and there is movement throughout the year.
- No disbursement of timely fund.



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CHC Sarawan

- Lack of transportation. Requirement of small and portable ambulance.
- Lack of specialists and staff. Required OT trained skilled technician.
- Requirement of PSA Plant, ICU, SNCU, Ventilator.



PHC Baghmara

- No IPD Beds.
- Security Issues, Cases of Theft.
- No lab test not even HT/DM.
- Lack of training; CHO not trained in RMNCHA+ Communicable & Non-Communicable Diseases.
- ANM and ASHA not trained in all modules of Expanded CPHC package. Expanded Packages of services not available in the facility.
- JAS meeting not held from a long time.



PHC Kushmil

- The facility requires infrastructure upgrades,
- Partial Expanded Packages of services are available in the facility



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PHC Kunda

- Shortage of HR- No specialist, No MO, No Dentist, No Pharmacist
- Lack of training. MO not trained in RMNCHA+ Communicable & Non- Communicable Diseases.
- MO and ANM not trained in Expanded CPHC Packages. ASHA partially trained.



UPHC Kalyanpur

- No separate toilet for male and female
- No provision of BMW management
- Not trained in Expanded CPHC Packages.
- The facility don't serve as a delivery point.



AAM- SHC Kenmankathi

- DVDMS not used for stock management.
- Lack in IEC material such as Citizen charter.
- Fund not utilized during last financial year as account not opened
- JAS meeting not held periodically
- VHSNC minutes not available.
- Facility don't provide delivery services which could have decreased the CHC load.



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AAM- SHC Bandajori

- Lack of Infrastructure- Security issue
- Safety Issue therefore CHO staying outside
- Yoga Shed requirement
- No separate toilet for male and female.
- Teleconsultation facility available.



AAM-SHC Sonaraithari

- No electricity, no power back up, no drinking water, no colour coded waste bins.
- Shortage of IEC, No Citizen Charter
- Screening of Non communicable diseases not done.
- The facility lags in data reporting.
- No fund received.
- No JAS meeting held periodically.



AAM-SHC Koyridih

- Partial Availability of Expanded Packages of Services
- DVDMS not used for stock management.
- Remuneration and Incentives are not timely disbursed.
- Institutional delivery practiced.



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Recommendations:

- 1. Providing Human Resource as per IPHS norms:** In order to provide better services sanctioned amount of HR should be deployed. The issue of shortage of Specialist and Medical Officers should be addressed.
- 2. Upgradation of the facilities:** There is a high urgency of upgrading the infrastructure of the facilities of the district. The basic infrastructure such as water, electricity, boundary wall, toilet facilities should be available at the facility.
- 3. Training on Complete CPHC Package:** The CHOs and MOs have not received all the complete 12 package training, most of the staff have received only 7 or 8 modules only. Therefore, in order to strengthen the PHCs and SCs there is need to train all the staff with complete modules.
- 4. Awareness on Family Planning:** There is a requirement of bringing more awareness about the family planning methods in the district. Prevalence of IUD and PPIUCD is very less and there is a need to increase it.
- 5. Improving Delivery Services:** Most of the facilities are capable of handling delivery services. There is need to strengthen the staff by providing proper training and start the services

Field Monitoring Format -District Hospital (DH)

Date of Visit: 11/01/2025

| GENERAL INFORMATION | |
|--|--|
| Name of facility visited | DH Sadar Hospital |
| Facility Type | <input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH |
| FRU | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No |
| Accessible from nearest road head | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Next Referral Point | Facility: PMCH Dhanbad Distance: 110 km |

| A. PHYSICAL INFRASTRUCTURE | | |
|--|--|--|
| Indicator | Response | Means of verification |
| 1. OPD Timing | 09:00 AM to 03:00 PM | As reported/Hospital Citizen Charter Board |
| 2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box | Comments: Good | Observation |
| | <input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available | Observation |

| A. PHYSICAL INFRASTRUCTURE | | | | |
|--|---|--|-----|--|
| Indicator | Response | | | Means of verification |
| | Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____ | | | |
| 3. Number of functional in-patient beds | 100 No of ICU Beds available: 5 | | | As reported/Hospital Citizen Charter Board |
| 4. List of Services available | OPD, IPD, Laboratory, Pharmacy, Public Health unit, ANC, Delivery, Immunization, Family Planning, Dental, Ophthalmology, Emergency, X-ray, USG, SNCU. | | | As reported/Hospital Citizen Charter Board |
| <ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services | Sl. | Service | Y/N | As reported/Hospital Citizen Charter Board |
| | 1 | Medicine | Y | |
| | 2 | O&G | Y | |
| | 3 | Pediatric | Y | |
| | 4 | General Surgery | Y | |
| | 5 | Anesthesiology | Y | |
| | 6 | Ophthalmology | Y | |
| | 7 | Dental | Y | |
| | 8 | Imaging Services (X – ray) | Y | |
| | 9 | Imaging Services (USG) | Y | |
| | 10 | District Early Intervention Centre (DEIC) | Y | |
| | 11 | Nutritional Rehabilitation Centre (NRC) | Y | |
| | 12 | SNCU/ Mother and Newborn Care Unit (MNCU) | Y | |
| | 13 | Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU) | N | |
| 14 | Neonatal Intensive Care Unit (NICU) | N | | |

| A. PHYSICAL INFRASTRUCTURE | | | | | |
|--|---|--|---|---|--|
| Indicator | Response | | | Means of verification | |
| | 15 | Pediatric Intensive Care Unit (PICU) | Y | | |
| | 16 | Labour Room Complex | Y | | |
| | 17 | ICU | Y | | |
| | 18 | Dialysis Unit | Y | | |
| | 19 | Emergency Care | Y | | |
| | 20 | Burn Unit | Y | | |
| | 21 | Teaching block (medical, nursing, paramedical) | Y | | |
| | 22 | Skill Lab | Y | | |
| 5. Emergency | General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | As reported/Hospital Citizen Charter Board | |
| 6. Tele-medicine/Consultation services available | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal) 55 If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | Tele-medicine records register/ e-sanjeevani portal | |
| 7. Operation Theatre available | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) | | | Observation Ensure signage and protocol displays | |

| A. PHYSICAL INFRASTRUCTURE | | |
|---|---|-----------------------------|
| Indicator | Response | Means of verification |
| | <input type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input checked="" type="checkbox"/> Emergency OT | |
| 8. Availability of functional Blood Bank | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: 20_____ No. of blood transfusions done in last month: _____ | Blood Bank records Register |
| 9. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all | Blood Bank records Register |
| 10. Biomedical waste management practices | Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input checked="" type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify) | Observation |
| 11. IT Services | <ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: __ Good ____ | As reported |

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

| | | Sanctioned | Available | Sanctioned | Available |
|---------------------------------|-----------------|------------|-----------|------------|-----------|
| MO (MBBS) | | - | - | - | - |
| Specialists | Medicine | 2 | - | - | |
| | Ob-Gyn | 2 | - | - | |
| | Pediatrician | 2 | 1 | 1 | 1 |
| | Anesthetist | 2 | 2 | - | - |
| | Surgeon | 2 | 2 | - | - |
| | Ophthalmologist | 1 | - | - | - |
| | Orthopedic | 1 | 1 | 1 | 1 |
| | Radiologist | 1 | - | 1 | 1 |
| | Pathologist | 1 | - | - | - |
| | Others | 1 | 1 | 1 | 1 |
| Dentist | | 2 | 2 | - | - |
| Staff Nurses/ GNMs | | 24 | 3 | 10 | 10 |
| LTs | | 6 | 3 | 1 | 1 |
| Pharmacist | | 5 | 1 | 1 | 1 |
| Dental Technician/ Hygienist | | 1 | - | 1 | 1 |
| Hospital/ Facility Manager | | 1 | - | - | - |
| EmOC trained doctor | | 1 | - | - | - |
| LSAS trained doctor | | 1 | - | - | - |
| Others | | - | - | - | - |

| | |
|--|------------------------------|
| C. Quality & Patient Safety Initiatives | Means of verification |
|--|------------------------------|

| | | | |
|---|--|--|--------------|
| 13. Kayakalp | Initiated: Yes <ul style="list-style-type: none"> • Facility score: 80% • Award received: 2016 National Award | Kayakalp Assessment report Verify certificate if awarded | |
| 14. NQAS | <ul style="list-style-type: none"> • Assessment done: Internal/State • Facility score: • Certification Status: | NQAS assessment report Verify certificate if awarded | |
| 15. LaQshya | <ul style="list-style-type: none"> • Labour Room: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/> No • Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/> No | LaQshya Assessment Report – check score Verify certificate if awarded | |
| D. DRUGS & DIAGNOSTICS | | | |
| 16. Availability of list of essential medicines (EML)/ drugs (EDL) https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | <ul style="list-style-type: none"> • If yes, total number of drugs in EDL_354_ • EDL displayed in OPD Area: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • No. of drugs available on the day of visit (out of the EDL) 354 | Verify EDL Displayed | |
| 17. Implementation of DVDMS or similar supply chain management system | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____ | Observation, Check software | |
| 18. Shortage of 5 priority drugs from EDL in last 30 days, if any | 1 | | As reported, |
| | 2 | | check DVDMS, |
| | 3 | | E-aushadhi, |
| | 4 | | etc. |

| | | | |
|--|--|--|--------------------------|
| | 5 | | |
| 19. Availability of Essential Consumables: | <input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____ | As reported | Stock/Inventory register |
| 20. Availability of essential diagnostics | <input checked="" type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed | As reported | |
| • In-house tests | Timing: 09:00 AM to 03:00 PM Total number of tests available against Essential Diagnostic tests list for DH _____ (Take the list of tests available at DH) | Obtain the complete list of diagnostic tests performed in-house | |
| • Outsourced/ PPP | Timing: 24*7 Total number of tests provided by PPP provider : _256_____ Take the list of tests available from PPP Provider agency | Obtain the complete list of diagnostic tests outsourced to PPP provider agency | |
| 21. X-ray services is available | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation | |
| 22. CT scan services available | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation | |

| | | |
|---|---|----------------------|
| | <p>If yes: <input type="checkbox"/>In-house/ <input checked="" type="checkbox"/>PPP</p> <p>Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): ...525/-.....</p> | Patient interviews |
| 23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all | <input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | As reported |
| 24. Availability of Testing kits/ Rapid Diagnostic Kits | <input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage | As reported |
| E. KEY NATIONAL HEALTH PROGRAMMES | | |
| 25. Implementation of PM-National Dialysis programme | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation |
| | <input type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP Total number of tests performed: - _____ | Observation, Records |
| <ul style="list-style-type: none"> • Whether the services are free for all | <input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | Observation, Records |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> Number of patients provided dialysis service | <ul style="list-style-type: none"> Previous year _____ Current FY __6467_____ <i>*Calculate the approximate no. of patients provided dialysis per day</i> | Records |
| <p>26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)</p> | | As reported |
| <p>27. Average downtime of equipment (days)</p> <p>Details of equipment are nonfunctional for more than 7 days</p> | | As reported |
| <p>28. Availability of delivery services</p> | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | As reported |
| <ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: <u>543</u> No. of C-sections performed in last month: <u>79</u> | Verify C-section records from Maternity OT registers |
| <ul style="list-style-type: none"> Comment on the condition of: | Labour room: Good OT: Satisfactory Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation |
| <p>29. Status of JSY payments</p> | Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Verify from JSY |

| | | |
|---|--|---|
| | <p>Average delay in payment to beneficiaries:</p> <p>(Average for how many days/benefeciary)</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p> | <p>status report</p> |
| <p>30. Availability of JSSK entitlements</p> | <p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p> <p><input checked="" type="checkbox"/>Free diagnostics</p> <p><input checked="" type="checkbox"/>Free blood services</p> <p><input checked="" type="checkbox"/>Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/>No user charges</p> | <p>As reported/As Displayed in Maternity Ward</p> |
| <p>31. PMSMA services provided on 9th of every month</p> | <p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> | <p>PMSMA Register/High Risk Pregnancy Register,</p> |

| | | |
|---|--|--------------------------------|
| | <p>If yes, how many high risks pregnancies are identified on 9th for previous month 27</p> <p>If No, reasons thereof:</p> | Staff review |
| 32. Line listing of high-risk pregnancies | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Verify Register availability |
| 33. Practice related to Respectful Maternity Care | <input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained | Observation, Patient review |
| 34. Whether facility have registers for entering births and deaths | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Birth Register, Death Records |
| 35. Number of Maternal Death reported in the facility | <p>Previous year: 11</p> <p>Current year: 1</p> | Maternal Deaths Records/Review |
| 36. Number of Child Death reported in the facility | <p>Previous year: 43</p> <p>Current year: 25</p> | Maternal Deaths Records/Review |
| 37. If Comprehensive Abortion Care (CAC) services available | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | CAC register |
| 38. Availability of vaccines and hub cutter | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <p>Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> | Observation Staff review |
| 39. Number of newborns immunized with birth dose at the facility in last 3 months | 2060 | Immunisation Register |
| 40. Number of Newborns breastfed within one hour of birth during last month. | 1689 | Verify BF records |

| | | |
|--|--|---|
| 41. Status of functionality of DEIC | <input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant | Observation |
| 42. Number of sterilizations performed in last one month | 27 | FP Sterilizations register Verify if fixed days of sterilization exist |
| 43. Availability of trained provider for IUCD/ PPIUCD | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | As reported, Verify training received |
| 44. Who counsels on FP services? | Counsellor <input checked="" type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify) _____ | As reported |
| 45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc. | Condom, OCP, Antara | As reported/observe FP registers/records if available |
| 46. FPLMIS has been implemented | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Check software |
| 47. Availability of functional Adolescent Friendly Health Clinic | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation, check AFHC register |

| | | | | |
|--|---|-----------------|------------------|------------------------------------|
| | If yes, who provides counselling to adolescents: Counselor _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | | | |
| 48. Whether facility has functional NCD clinic | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? <u>6</u> days (Mention number of days) | | | Check NCD register |
| 49. Are service providers trained in cancer services? | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | As reported |
| 50. Number of individuals screened for the following in last 6 months: | | Screened | Confirmed | NCD Register |
| | a. Hypertension | 6677 | 1125 | 1125 |
| | b. Diabetes | 6677 | 850 | 850 |
| | c. Oral Cancer | 7 | 0 | 0 |
| | d. Breast Cancer | 290 | 0 | 0 |
| | e. Cervical Cancer | 898 | 0 | 0 |
| 51. Whether reporting weekly data in P, S and L form under IDSP | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | Verify from IDSP reporting records |
| 52. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | As reported, Observation |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) <u>5%</u> | | | DBT/Nikshay Report |
| | <ul style="list-style-type: none"> If anti-TB drugs available at the facility: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No | | | DBT/Nikshay Report |

| | <ul style="list-style-type: none"> • If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No | | | | | | | | | | |
|--|--|--------------------|--|--|----------|----------|---------------|--|--|-------|--------------|
| | <ul style="list-style-type: none"> • Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months 100% | DBT/Nikshay Report | | | | | | | | | |
| | <ul style="list-style-type: none"> • Are all TB patients tested for HIV? <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No | DBT/Nikshay Report | | | | | | | | | |
| | Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 81% | DBT/Nikshay Report | | | | | | | | | |
| F. RECORDS, FINANCE, OTHERS | | | | | | | | | | | |
| 53. Maintenance of records on | <ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No | Respective records | | | | | | | | | |
| 54. How much fund was received and utilized by the facility under NHM? | <p>Fund Received last year: 34900000/-</p> <p>Fund utilized last year: 28873398/-</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>82.73</td> </tr> </tbody> </table> | Fund in prev. FY | | | Received | Utilized | % Utilization | | | 82.73 | Facility FMR |
| Fund in prev. FY | | | | | | | | | | | |
| Received | Utilized | % Utilization | | | | | | | | | |
| | | 82.73 | | | | | | | | | |
| | List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: | RKS Register | | | | | | | | | |

| | | |
|--|---|---|
| | | |
| | Reasons for underutilization of fund (if any) | Staff review |
| 55. Status of data entry in (match with physical records) | <ul style="list-style-type: none"> • HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • IHIP: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated | Check respective portals at the facility wrt last entries |
| 56. Frequency of RKS meeting (check and obtain minutes of last meeting held) | 20 th Sep 2024 | RKS Register |
| 57. Availability of ambulance services in the area | <input type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available | As reported |
| | Comment (if any): | |
| <ul style="list-style-type: none"> • How many cases were referred here in the last month? | Number: 142 Types of cases referred in: Casualty | Referral-in register |
| <ul style="list-style-type: none"> • How many cases were referred out last month? | Number: 84 Types of cases referred out: | Out-referral register |

| Key challenges observed in the facility and the root causes | |
|---|--|
| Challenge | Root causes |
| a) Infrastructure | Space constraint. The hospital is 100 bedded but catering a population of 200-250. Choked drainage system. One way entry, No exit for Fire. |
| b) Shortage of Specialist and Staff | |

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

The hospital is a District Sadar hospital in the Deoghar District of Jharkhand state. The hospital is 100 bedded. There are 5 ICU beds available in the hospital on the day of visit. The hospital also provide facility of 12 bedded SNCU. The list of services available at the facility are 24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Optometry, RBSK, AK, Palliative, Physiotherapy, Ambulance, ECG, Referral, Medicare, MIU, Specialist, SNCU. There is NRC at the hospital. Shortage of staff leads to overburden the existing staff. There is shortage of vehicle in the entire district. The facility is Kayakalp certified. The facility fails on the parameter of Quality programs due to old infrastructure. LaQshya guidelines are not fulfilled due to lack of space and therefore OT and Labour ward are at both different places.

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

Urban/ Rural: Rural

Date of Visit: 09-01-2025

| General Information | |
|-----------------------------------|--|
| Name of facility visited | CHC-Jasidih |
| Facility Type | <input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC |
| FRU | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Accessible from nearest road head | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Next Referral Point | Facility: DH Deoghar Distance: 10 km |

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

| A. INFRASTRUCTURE | | Means of Verification |
|--|---|--|
| Indicator | INFRASTRUCTURE | |
| 1. OPD Timing | As reported/Hospital Citizen Charter Board 09:00 AM to 03:00 PM | As reported/Hospital Citizen Charter Board |
| 2. Whether the facility is functioning in PPP mode | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | Observation |
| 3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box | Comments: Good | Observation |
| | <input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available | Observation |

| A. INFRASTRUCTURE | | | | Means of Verification | |
|--|---|--------------------------|-------------|--|--|
| Indicator | INFRASTRUCTURE | | | | |
| | <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital | | | | |
| 4. Number of functional in-patient beds | 30 Beds | | | As reported/Hospital Citizen Charter Board | |
| 5. List of Services available | General OPD, Ayush, TB, Leprosy, Normal Delivery, Dentist, NCD Clinic, FP Counselling, ANC, LAB, AHC, Immunization. (All services are performed that is listed for CHC.) | | | As reported/Hospital Citizen Charter Board | |
| <ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services | Sl. | Service | Y/N | As reported/Hospital Citizen Charter Board | |
| | 1 | Medicine | Y | | |
| | 2 | O&G | Y | | |
| | 3 | Pediatric | Y | | |
| | 4 | General Surgery | Y | | |
| | 5 | Anesthesiology | N (On Call) | | |
| | 6 | Ophthalmology | N | | |
| | 7 | Dental | Y | | |
| | 8 | Imaging Services (X-ray) | N | | |
| | 9 | Imaging Services (USG) | N | | |
| 10 | Newborn Stabilization Unit | N | | | |

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

| A. INFRASTRUCTURE | | Means of Verification |
|---|---|--------------------------------------|
| Indicator | INFRASTRUCTURE | |
| 9. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all | Blood Storage Unit records, Register |
| 10. Biomedical waste management practices | Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify) | Observation |
| 11. IT Services infrastructure | <ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes Internet connectivity: <input type="checkbox"/> Yes 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) | | | | | |
| Specialists | Medicine | | 3 | 3 | 0 | 0 |
| | Ob-Gyn | | 1 | 0 | 0 | 0 |
| | Pediatrician | | 1 | 1 | 0 | 0 |
| | Anesthetist | | 1 | 0 | 0 | 0 |
| Dentist | | | 1 | 1 | 1 | 1 |
| SNs/ GNMs | | | 1 | 0 | 1 | 1 |

| | | | | | |
|--|--|---|---|----|----|
| | LTs | 1 | 1 | 1 | 1 |
| | Pharmacist | 1 | 1 | 1 | 1 |
| | Dental Assistant/ Hygienist | 1 | 0 | 0 | 0 |
| | Hospital/ Facility Manager BPM | 0 | 0 | 1 | 1 |
| | EmOC trained doctor | | 0 | | 0 |
| | LSAS trained doctor | | 0 | | 0 |
| | Others | | | 14 | 14 |

| C. QUALITY PROGRAMMES | | Means of verification |
|------------------------------|---|---|
| 13. Kayakalp | Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 67 Award received: No Winner <input type="checkbox"/> Commendation <input type="checkbox"/> | Kayakalp Assessment report Verify certificate if awarded |
| 14. NQAS | Assessment done: NO Internal/State Facility score: Certification Status: | NQAS assessment report Verify certificate if awarded |
| 15. LaQshya | Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | LaQshya Assessment Report – check score Verify certificate if awarded |

| D. DRUGS AND DIAGNOSTICS | | | |
|---|--|----|--|
| 16. Availability of list of essential medicines (EML)/ drugs (EDL) | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | Verify EDL Displayed |
| | If yes, total number of drugs in EDL - 60 EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) 60 | | |
| 17. Implementation of DVDMS or similar supply chain management system | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | Observation, Check software |
| 18. Shortage of 5 priority drugs from EDL in last 30 days, if any | 1 | NA | As reported, check DVDMS, |
| | 2 | NA | E-aushadhi, etc. |
| | 3 | NA | |
| | 4 | NA | |
| | 5 | NA | |
| 19. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage 0 | | As reported Stock/Indent register |

| | | |
|---|---|--|
| 20. Availability of essential diagnostics | <input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed | As reported; |
| <ul style="list-style-type: none"> In-house tests | Timing: 09:00 AM to 03:00 PM Total number of tests available against Essential Diagnostic tests list for CHC - 29 | Obtain the complete list of diagnostic tests performed in-house |
| <ul style="list-style-type: none"> Outsourced/ PPP | Timing: 09:00 AM to 03:00 PM Total number of tests Provided by PPP Provider _____ 02 ____ | Obtain the complete list of diagnostic tests outsourced/done in PPP mode |
| 21. X-ray services is available | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation |
| 22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | As reported |
| 23. Availability of Testing kits/ Rapid Diagnostic Kits | <input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage | As reported |

| | | |
|---|--|--|
| | | |
| 24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf)) | | As reported |
| 25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days | No | As reported |
| E. KEY NATIONAL HEALTH PROGRAMMES | | |
| 26. Availability of delivery services | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | As reported |
| <ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: <u> 130 </u> No. of C-sections performed in last month: | Verify C-section records from Maternity OT registers |
| <ul style="list-style-type: none"> Comment on condition of: | Labour room: Good OT: Good Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | Observation |
| 27. Status of JSY payments | Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: (Average for how many days/patients) | Verify from JSY status report |

| | | |
|---------------------------------------|---|--|
| | <p>Payment done till: November 2024</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p> | |
| 28. Availability of JSSK entitlements | <p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p> <p><input checked="" type="checkbox"/>Free diagnostics</p> <p><input checked="" type="checkbox"/>Free blood services</p> <p><input checked="" type="checkbox"/>Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/>Free referral transport (drop back from facility to home)</p> | As reported/As Displayed in Maternity Ward |

| | | |
|--|--|---|
| | <input checked="" type="checkbox"/> No user charges | |
| 29. PMSMA services provided on 9 th of every month | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month ⁰⁴ If No, reasons thereof: | PMSMA Register/High Risk Pregnancy Register, Staff review |
| 30. Line listing of high-risk pregnancies | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Verify Register availability |
| 31. Practice related to Respectful Maternity Care | <input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained | Observation, Patient review |
| 32. Whether facility have registers for entering births and deaths | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Birth Register, Death Records |
| 33. Number of Maternal Death reported in the facility | Previous year: 00 Current year: 00 | Maternal Deaths Records/Review |
| 34. Number of Child Death reported in the facility | Previous year:00 Current year:00 | Maternal Deaths Records/Review |
| 35. If Comprehensive Abortion Care (CAC) services available | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | CAC register |
| 36. Availability of vaccines and hub cutter | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation Staff review |

| | | |
|---|--|---|
| | Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | |
| 37. Number of newborns immunized with birth dose at the facility in last 3 months | 503 | Immunisation Register |
| 38. Newborns breastfed within one hour of birth during last month | 130 | Verify BF records |
| 39. Number of sterilizations performed in last one month | Mini Lap 77 NSV 01 | FP Sterilizations register Verify if fixed days of sterilization exist |
| 40. Availability of trained provider for IUCD/ PPIUCD | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | As reported, Verify training received |
| 41. Who counsels on FP services? | Counsellor <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify) ANM | As reported |
| 42. Please comment on utilization of other FP services including Condoms, OCPs, Antra | Good | Observation/ FP records and registers |
| 43. FPLMIS has been implemented | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Check software |
| 44. Availability of functional Adolescent Friendly Health Clinic | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ANM Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | Observation, check AFHC register |

| 45. Whether facility has functional NCD clinic | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days) | Check NCD register | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------------------|--------------------------|--|-----|----------|-----------|--------------|-----------------|------|-----|------|-------------|------|-----|------|----------------|---|---|---|------------------|---|---|---|--------------------|---|---|---|
| 46. Are service providers trained in cancer services? | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47. Number of individuals screened for the following in last 6 months: | <table border="1"> <thead> <tr> <th data-bbox="836 622 1086 797">NCD</th> <th data-bbox="1086 622 1198 797">Screened</th> <th data-bbox="1198 622 1294 797">Confirmed</th> <th data-bbox="1294 622 1401 797">NCD Register</th> </tr> </thead> <tbody> <tr> <td data-bbox="836 797 1086 869">a. Hypertension</td> <td data-bbox="1086 797 1198 869">1861</td> <td data-bbox="1198 797 1294 869">102</td> <td data-bbox="1294 797 1401 869">1861</td> </tr> <tr> <td data-bbox="836 869 1086 909">b. Diabetes</td> <td data-bbox="1086 869 1198 909">1861</td> <td data-bbox="1198 869 1294 909">229</td> <td data-bbox="1294 869 1401 909">1861</td> </tr> <tr> <td data-bbox="836 909 1086 949">c. Oral Cancer</td> <td data-bbox="1086 909 1198 949">2</td> <td data-bbox="1198 909 1294 949">0</td> <td data-bbox="1294 909 1401 949">2</td> </tr> <tr> <td data-bbox="836 949 1086 1021">d. Breast Cancer</td> <td data-bbox="1086 949 1198 1021">2</td> <td data-bbox="1198 949 1294 1021">0</td> <td data-bbox="1294 949 1401 1021">2</td> </tr> <tr> <td data-bbox="836 1021 1086 1099">e. Cervical Cancer</td> <td data-bbox="1086 1021 1198 1099">0</td> <td data-bbox="1198 1021 1294 1099">0</td> <td data-bbox="1294 1021 1401 1099">0</td> </tr> </tbody> </table> | | | | NCD | Screened | Confirmed | NCD Register | a. Hypertension | 1861 | 102 | 1861 | b. Diabetes | 1861 | 229 | 1861 | c. Oral Cancer | 2 | 0 | 2 | d. Breast Cancer | 2 | 0 | 2 | e. Cervical Cancer | 0 | 0 | 0 |
| NCD | Screened | Confirmed | NCD Register | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Hypertension | 1861 | 102 | 1861 | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Diabetes | 1861 | 229 | 1861 | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Oral Cancer | 2 | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Breast Cancer | 2 | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Cervical Cancer | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48. Whether reporting weekly data in P, S and L form under IDSP | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Verify from IDSP reporting records | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | As reported, Observation | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 3498 | | DBT/Nikshay Report | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | DBT/Nikshay Report | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|--|---------------------------------------|
| | Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months 100% | DBT/Nikshay Report |
| | Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | As reported |
| | Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | DBT/Nikshay Report |
| | Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 67% | DBT/Nikshay Report |
| 50. Status on Leprosy eradication programme | Nos. of new case detected by Field Worker in last 12 months: 74 Out of those, how many are having Gr. II deformity: 0 Frequency of Community Surveillance: Every 2 months | Facility Register/Records for leprosy |
| F. RECORDS, FINANCE, OTHERS | | |

| | | | | |
|--|---|--------------------|------------|--|
| 51. Maintenance of records on | <p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Malaria cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Palliative cases: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> | Respective records | | |
| 52. How much fund was received and utilized by the facility under NHM? | <p>Fund Received last year: 51205919/-</p> <p>Fund utilized last year: 50920561/-</p> | Facility FMR | | |
| | Fund in prev. FY | | | |
| | Utilized | | % Utilized | |
| | | | 99.04% | |
| | <p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>1.Hospital Maintenance</p> <p>2.Purchasing Medical Equipment (As per RKS meeting)</p> | RKS Register | | |

| | | |
|--|---|---|
| | Reasons for underutilization of fund (if any) | Staff review |
| 53. Status of data entry in (match with physical records) | HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated | Check respective portals at the facility wrt last entries |
| 54. Frequency of RKS meeting (check and obtain minutes of last meeting held) | | RKS Register |
| 55. Availability of ambulance services in the area | <input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available | As reported |
| | Comment (if any): | |
| • How many cases from sub centre/ PHC were referred to this CHC last month? | Number: 69 Types of cases referred in: Delivery | Referral-in register |

| | | |
|---|---|-----------------------|
| <ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? | Number: 0 Types of cases referred out: | Referral Out register |
|---|---|-----------------------|

| Key challenges observed in the facility and the root causes | |
|---|--|
| Challenge | Root causes |
| a) Shortage of Specialist and Staff | Anesthetist is available on call. Ophthalmologist is not available. Being a religious place there is more requirement of Staff |
| b) Shortage of equipment's. | X-ray and USG facilities not available. |
| c) Upgradation of Infrastructure | Irregular water supply. Shortage of space. |
| d) Shortage of Fund | Requirement of fund on a timely basis. |

| Remarks & Observations (Write in Bullets within 100-300 words) |
|---|
| <p>CHC Jasidih is a rural Community Health Centre located in Deoghar District of Jharkhand. The list of services available at the centre are General OPD, Ayush, TB, Leprosy, Normal Delivery, Dentist, NCD Clinic, FP Counselling, ANC, LAB, AHC, Immunization. (All services are performed that is listed for CHC.) The facility is 30 bedded. The OPD timing is from 9.00 AM to 03:00PM. There is no blood storage unit available in the facility. X-ray and USG service are not available in the CHC. Anesthesiology and Ophthalmology Specialist not available in the facility.. The facility is Kayakalp certified. 60 drugs were available on the day of visit. 29 types of In-house and 2 types of Outsourced tests are performed in the facility. Both Normal and C-Section deliveries are performed in the facility. The JSY Payment to the beneficiaries is up to date. The most prevalent Contraception method are Condom and OCPs. The facility is well maintained following all SOPs of BMW. IEC were displayed. HR shortage also effects the functionality of the CHC.</p> |

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

Urban/ Rural: Rural

Date of Visit: 10-01-2025

| General Information | |
|-----------------------------------|--|
| Name of facility visited | CHC Sarawan |
| Facility Type | <input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC |
| FRU | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Accessible from nearest road head | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Next Referral Point | Facility: DH Deoghar Distance: 15 km |

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

| A. INFRASTRUCTURE | | Means of Verification |
|--|--|--|
| Indicator | INFRASTRUCTURE | |
| 1. OPD Timing | As reported/Hospital Citizen Charter Board 09:00 AM to 03:00 PM | As reported/Hospital Citizen Charter Board |
| 2. Whether the facility is functioning in PPP mode | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | Observation |
| 3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box | Comments: Good | Observation |
| | <input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement | Observation |

| A. INFRASTRUCTURE | | | | Means of Verification | |
|--|--|--------------------------|-------------|--|--|
| Indicator | INFRASTRUCTURE | | | | |
| | <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital | | | | |
| 4. Number of functional in-patient beds | 30 Beds | | | As reported/Hospital Citizen Charter Board | |
| 5. List of Services available | General OPD, Ayush, TB, Leprosy, Normal Delivery, Dentist, NCD Clinic, FP Counselling, ANC, LAB, AHC, Immunization. (All services are performed that is listed for CHC.) | | | As reported/Hospital Citizen Charter Board | |
| <ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services | Sl. | Service | Y/N | As reported/Hospital Citizen Charter Board | |
| | 1 | Medicine | N | | |
| | 2 | O&G | N | | |
| | 3 | Pediatric | N | | |
| | 4 | General Surgery | Y | | |
| | 5 | Anesthesiology | N | | |
| | 6 | Ophthalmology | N | | |
| | 7 | Dental | N | | |
| | 8 | Imaging Services (X-ray) | N | | |
| | 9 | Imaging Services (USG) | Y (Private) | | |
| 10 | Newborn Stabilization Unit | N | | | |
| <ul style="list-style-type: none"> If any of the specialists are available 24*7 | <input type="checkbox"/> Yes available <input checked="" type="checkbox"/> Yes, available only on-call | | | As reported | |

| A. INFRASTRUCTURE | | Means of Verification |
|--|---|---|
| Indicator | INFRASTRUCTURE | |
| | <input type="checkbox"/> Not available | |
| <ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 | <input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: MBBS | As reported |
| <ul style="list-style-type: none"> Emergency | General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation: Verify if triage area is marked |
| 6. Tele-medicine/Consultation services available | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultations per day for the last month If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input type="checkbox"/> No | Tele-medicine records register/ e-Sanjeevani Portal |
| 7. Operation Theatre available | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input checked="" type="checkbox"/> Only the LSCS Minor OT <input checked="" type="checkbox"/> | Observation Ensure signage and protocol displays |
| 8. Availability of functional Blood Storage Unit | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: | Blood Storage Unit records, Register |
| 9. Whether blood is issued free, or user-fee is being charged | <input type="checkbox"/> Free for BPL | Blood Storage Unit records, Register |

| A. INFRASTRUCTURE | | Means of Verification |
|---|--|-----------------------|
| Indicator | INFRASTRUCTURE | |
| | <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all | |
| 10. Biomedical waste management practices | Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify) | Observation |
| 11. IT Services infrastructure | <ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/> Yes Internet connectivity: <input type="checkbox"/> Yes Quality/strength of internet connection: Good | As reported |

| B. Human Resources | | | | As reported | |
|---|--------------|------------|-----------|-------------|-----------|
| HR | | Regular | | Contractual | |
| | | Sanctioned | Available | Sanctioned | Available |
| 12. Details of HR available in the facility (Sanctioned and In-place) | | | | | |
| MO (MBBS) | | 7 | 1 | 0 | 1 |
| Specialists | Medicine | 0 | 0 | 0 | 0 |
| | Ob-Gyn | 1 | 0 | 0 | 0 |
| | Pediatrician | 0 | 0 | 0 | 0 |
| | Anesthetist | 0 | 0 | 0 | 0 |
| Dentist | | 1 | 0 | 0 | 0 |
| SNs/ GNMs | | 1 | 0 | 0 | 0 |
| LTs | | 1 | 1 | 0 | 0 |

| | | | | | |
|--|--------------------------------|---|---|---|---|
| | Pharmacist | 1 | 0 | 0 | 1 |
| | Dental Assistant/ Hygienist | 1 | 0 | 0 | 1 |
| | Hospital/ Facility Manager | 0 | 0 | 0 | 0 |
| | EmOC trained doctor | 0 | 0 | 0 | 0 |
| | LSAS trained doctor | 0 | 0 | 0 | 0 |
| | Others | 1 | 1 | 0 | 0 |

| C. QUALITY PROGRAMMES | | Means of verification |
|------------------------------|---|---|
| 13. Kayakalp | Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 82% Award received: 2021 Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/> 2019-20 | Kayakalp Assessment report Verify certificate if awarded |
| 14. NQAS | Assessment done: Internal/State Facility score: Certification Status: | NQAS assessment report Verify certificate if awarded |
| 15. LaQshya | Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | LaQshya Assessment Report – check score Verify certificate if awarded |

| D. DRUGS AND DIAGNOSTICS | | | |
|---|--|----|--|
| 16. Availability of list of essential medicines (EML)/ drugs (EDL) | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | Verify EDL Displayed |
| | If yes, total number of drugs in EDL 172 EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) 172 | | |
| 17. Implementation of DVDMS or similar supply chain management system | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____ | | Observation, Check software |
| 18. Shortage of 5 priority drugs from EDL in last 30 days, if any | 1 | NA | As reported, check DVDMS, |
| | 2 | NA | E-aushadhi, etc. |
| | 3 | NA | |
| | 4 | NA | |
| | 5 | NA | |
| 19. Availability of Essential Consumables: | <input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage_____ | | As reported Stock/Indent register |
| 20. Availability of essential diagnostics | <input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed | | As reported; |

| | | |
|--|---|--|
| | | |
| <ul style="list-style-type: none"> In-house tests | Timing: 09:00 AM to 03:00 PM Total number of tests available against Essential Diagnostic tests list for CHC _16___ | Obtain the complete list of diagnostic tests performed in-house |
| <ul style="list-style-type: none"> Outsourced/ PPP | Timing: Total number of tests Provided by PPP Provider _____ | Obtain the complete list of diagnostic tests outsourced/done in PPP mode |
| 21. X-ray services is available | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation |
| 22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all | <input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all | As reported |
| 23. Availability of Testing kits/ Rapid Diagnostic Kits | <input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage | As reported |
| 24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (| | As reported |

| | | |
|---|--|--|
| https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf | | |
| <p>25. Average downtime of equipment (days)</p> <p>Details of equipment are nonfunctional for more than 7 days</p> | | As reported |
| E. KEY NATIONAL HEALTH PROGRAMMES | | |
| 26. Availability of delivery services | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | As reported |
| <ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: 303 No. of C-sections performed in last month: 0 | Verify C-section records from Maternity OT registers |
| <ul style="list-style-type: none"> Comment on condition of: | Labour room: Good OT: Good Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation |
| 27. Status of JSY payments | Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay: (Average for how many days/patients) Payment done till: November 2024 Payment done till: Current month <input type="checkbox"/> | Verify from JSY status report |

| | | |
|---|---|---|
| | <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p> | |
| 28. Availability of JSSK entitlements | <p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p> <p><input checked="" type="checkbox"/>Free diagnostics</p> <p><input type="checkbox"/>Free blood services</p> <p><input checked="" type="checkbox"/>Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/>No user charges</p> | As reported/As Displayed in Maternity Ward |
| 29. PMSMA services provided on 9 th of every month | <p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month</p> <p>If No, reasons thereof:</p> | PMSMA Register/High Risk Pregnancy Register, Staff review |

| | | |
|---|--|--------------------------------|
| | | |
| 30. Line listing of high-risk pregnancies | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Verify Register availability |
| 31. Practice related to Respectful Maternity Care | <input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained | Observation, Patient review |
| 32. Whether facility have registers for entering births and deaths | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Birth Register, Death Records |
| 33. Number of Maternal Death reported in the facility | Previous year: 0 Current year:0 | Maternal Deaths Records/Review |
| 34. Number of Child Death reported in the facility | Previous year: 0 Current year: 0 | Maternal Deaths Records/Review |
| 35. If Comprehensive Abortion Care (CAC) services available | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | CAC register |
| 36. Availability of vaccines and hub cutter | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Observation Staff review |
| 37. Number of newborns immunized with birth dose at the facility in last 3 months | 939 | Immunisation Register |
| 38. Newborns breastfed within one hour of birth during last month | 302 | Verify BF records |
| 39. Number of sterilizations performed in last one month | 71 | FP Sterilizations register |

| | | |
|---|--|---|
| | | Verify if fixed days of sterilization exist |
| 40. Availability of trained provider for IUCD/ PPIUCD | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | As reported, Verify training received |
| 41. Who counsels on FP services? | Counsellor <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_ANM | As reported |
| 42. Please comment on utilization of other FP services including Condoms, OCPs, Antra | Good Condom 30600 OCP 392 Antara 158 | Observation/ FP records and registers |
| 43. FPLMIS has been implemented | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | Check software |
| 44. Availability of functional Adolescent Friendly Health Clinic | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: ANM Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | Observation, check AFHC register |
| 45. Whether facility has functional NCD clinic | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> 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) Mon to Sat | Check NCD register |
| 46. Are service providers trained in cancer services? | <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No | |

| | | | | |
|--|---|----------|------------------------------------|--------------|
| 47. Number of individuals screened for the following in last 6 months: | NCD | Screened | Confirmed | NCD Register |
| | a. Hypertension | 1069 | 124 | 1069 |
| | b. Diabetes | 900 | 61 | 900 |
| | c. Oral Cancer | 53 | 0 | 53 |
| | d. Breast Cancer | 31 | 0 | 31 |
| | e. Cervical Cancer | 84 | 0 | 84 |
| 48. Whether reporting weekly data in P, S and L form under IDSP | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | Verify from IDSP reporting records | |
| 49. Status of TB elimination programme | Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | As reported, Observation | |
| | If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) 3409 | | DBT/Nikshay Report | |
| | If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No | | DBT/Nikshay Report | |
| | Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months ____ 704 | | DBT/Nikshay Report | |

| | | |
|---|---|---------------------------------------|
| | <p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Investigations within public sector for other tests? <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Outsourced testing? <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p> | As reported |
| | <p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> | DBT/Nikshay Report |
| | <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</p> | DBT/Nikshay Report |
| 50. Status on Leprosy eradication programme | <p>Nos. of new case detected by Field Worker in last 12 months: 52</p> <p>Out of those, how many are having Gr. II deformity: 0</p> <p>Frequency of Community Surveillance:</p> | Facility Register/Records for leprosy |
| F. RECORDS, FINANCE, OTHERS | | |
| 51. Maintenance of records on | <p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> | Respective records |

| | | | |
|--|---|---|--------------|
| | <p>TB Notification Registers: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Malaria cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Palliative cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> | | |
| 52. How much fund was received and utilized by the facility under NHM? | <p>Fund Received last year: 76386066/-</p> <p>Fund utilized last year: 76355588/-</p> | Facility FMR | |
| | Fund in prev. FY | | |
| | Utilized | | % Utilized |
| | | | 99.6% |
| | List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: | | RKS Register |
| Reasons for underutilization of fund (if any) | | Staff review | |
| 53. Status of data entry in (match with physical records) | <p>HMIS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>MCTS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> | Check respective portals at the facility wrt last entries | |

| | | |
|---|---|-----------------------|
| | IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated | |
| 54. Frequency of RKS meeting (check and obtain minutes of last meeting held) | Every Month | RKS Register |
| 55. Availability of ambulance services in the area | <input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available | As reported |
| | Comment (if any): | |
| <ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? | Number: 96 Types of cases referred in: Diarrhea, Emergency Cases | Referral-in register |
| <ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? | Number: 23 Types of cases referred out: Pregnant Women 30 Children 10 | Referral Out register |

| Key challenges observed in the facility and the root causes | |
|---|--|
| Challenge | Root causes |
| a) Boundary wall was not built. | <ul style="list-style-type: none"> Space is not available. |
| b) Shortage of HR | <ul style="list-style-type: none"> Government is not appointing. Shortage of major Specialists. Requirement of OT Trained Technician. |
| c) Lack in reporting cases. | Tab or Mobile phone not available to the ASHA. |
| d) Upgradation of Infrastructure | Requirement of PSA Plant, ICU, Ventilator, SNCU. Requirement of advanced Ambulance. |

| Remarks & Observations (Write in Bullets within 100-300 words) |
|---|
| <p>CHC Sarawan is a rural Community Health Centre located in Deoghar District of Jharkhand. The list of services available at the centre are General OPD, Ayush, TB, Leprosy, Normal Delivery, Dentist, NCD Clinic, FP Counselling, ANC, LAB, AHC, Immunization. (All services are performed that is listed for CHC.) The facility is 30 bedded. The OPD timing is from 9.00 AM to 03:00PM. There is no blood storage unit available in the facility. X-ray service is not available in the CHC. Major Specialists not available in the facility.. The facility is Kayakalp certified and have won Commendation prize. 172 type of essential drugs were available on the day of visit. 16 types of In-house tests are performed in the facility. Both Normal and C-Section deliveries are performed in the facility. The JSY Payment to the beneficiaries is up to date. The most prevalent Contraception method are Condom and OCPs. The facility is well maintained following all SOPs of BMW. IEC were displayed. HR shortage also effects the functionality of the CHC.</p> |

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

Urban /Rural: Rural

Date of Visit: 10-01-2025

| A. General Information | |
|---|---|
| 1. State | Jharkhand |
| 2. District Name | Deoghar |
| 3. Block/Taluka Name | Deoghar |
| 4. Name of Facility | Kushmil |
| 5. Type of Facility | <input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM |
| 6. NIN of the facility | 1668848615 |
| 7. No. of days in a week facility is operational | 6 days |
| 8. OPD Timings | 09:00 AM to 03:00 PM |
| 9. Month & Year of operationalization of AAM | 04/2024 |
| 10. Details of co-location, if any <i>(If any co-located SHC)</i> | |
| 11. Accessible from nearest road head (Yes/No) | Yes |
| 12. Next Referral Facility Name | CHC Jasidih |
| 13. Distance of next referral facility (in Km) | 2 km |
| 14. If UPHC functions as a Polyclinic (Yes/No) | No |
| 15. If Yes, please take note of available specialist services at the Polyclinic | |

| A.1 Demographic Details | |
|---|----------|
| 1. Number of Villages/Wards | 7 |
| 2. No. of Households | 1112 |
| 3. Total catchment Population | 5467 |
| 4. Population who are 30 years of age and above | 2383 |

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

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

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

| | | | | | | |
|-----|--|--|---|---|---|---|
| 15. | ASHA Facilitator (If any, only for Rural areas) | | | | | |
| 16. | Others (Specify) CHO | | 1 | 1 | - | - |
| 17. | Whether all essential HRH available as per IPHS 2022 | | | | | |

*Desirable

For PHC sub centre-Co-located

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

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

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

| | |
|----------------------------------|--|
| Non-Communicable Diseases | <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments |
|----------------------------------|--|

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

| F. Availability of Essential medicines | | |
|--|---|---|
| 1 | Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i> | <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i> |
| 2 | Total number of medicines available at AAM-PHC/UPHC | 30 |
| 3 | Availability of medicines for priority conditions | <input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes |

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

G.1 Availability of Diagnostic Services

| | | |
|---|--------------------------------------|--|
| 1 | Availability of diagnostic services: | <input checked="" type="checkbox"/> In house lab |
|---|--------------------------------------|--|

| | | |
|----|---|---|
| | | <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model |
| 2 | Number of diagnostic tests at 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 | 12 |
| 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8 | Availability of Sample transportation mechanism | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | User fee charged for diagnostics | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Average downtime of equipment | |
| 11 | Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>) | |

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

| | | |
|-----|--|---|
| 17. | Bleeding time and clotting time | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 18. | Visual Inspection Acetic Acid (VIA) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 19. | rK3 for Kala Azar (endemic areas only) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| 20. | Filariasis (endemic areas only) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| 21. | Japanese encephalitis (endemic areas only) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| 22. | Test for iodine in salt (used for food) – Iodine in salt testing kit | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| H. Availability of IT Equipment & Teleconsultation services | |
|---|--|
| Infrastructure: Availability | <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify) |
| Infrastructure: Functionality | <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify) |
| Teleconsultation services (PHC/CHCs/DH/MCH) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Teleconsultation platforms | <input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any |
| Teleconsultation schedule prepared and displayed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Common conditions for teleconsultation | Fever. Skin |
| Total teleconsultations in the last 01 month | 128 |

| I. Wellness Activities |
|------------------------|
|------------------------|

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

J. Governance

| | |
|--|--|
| Constitution of Jan Arogya Samiti | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Periodic JAS meetings in the last 6 months | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Minutes of meeting maintained | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Periodic VHND sessions undertaken | <input type="checkbox"/> Yes <input type="checkbox"/> No |

K. Reporting

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

L. Finance

| Remuneration & Incentives | Cadre | Timely disbursement | Complete disbursement as entitled |
|---------------------------|--------------------------------------|--|--|
| | AAM-PHC Team (Salary) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | AAM-PHC Team (Team Based Incentives) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility funds | Fund Source | Timely disbursement | |
| | | | |

| | | | |
|---|--|---|--|
| | Untied | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Other Sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fund utilization | | | |
| NHM Fund/untied funds utilized during last year: | Funds received (Amount in Rs.) | Expenditure (Amount in Rs.) | % Expenditure |
| | 50000 | 45000 | 95% |
| Is untied fund being spent on following activities? | <p>Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| Status of JSY Payments | <p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p> | | |
| Availability of JSSK entitlements | <p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> | | |

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

| M. Service delivery Output Indicators (Data of previous quarter) | | |
|---|--|---------------------|
| 1 | Total number of outpatient department visits | 1089 |
| 2 | No. of PW registered for ANC | 94 |
| 3 | No. of PW received 4 or more ANC check-ups | 29 |
| 4 | Total number of institutional deliveries | 3 |
| 5 | Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified | 0 |
| 6 | Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine | 43 |
| 7 | Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine | 31 |
| 8 | Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month | 0 |
| 9 | Number of cases referred from PHC AAM to CHC or higher centre during last month | 0 |
| 10 | Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months | 0 |
| 11 | TB patients undergoing treatment | |
| | Indicators | Current year |
| | No. of presumptive TB patients identified | |
| | No. of TB patients diagnosed out of the presumptive patients referred | |
| | No. of TB patients taking treatment in the AAM | |
| 12 | 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 | |

| | | | | |
|----|---|-----------------|-----------------|------------------|
| 13 | NCDs <i>(No. of individuals in Last 6 Months)</i> | Screened | Treated | Follow-up |
| | Hypertension | 8 | 8 | 8 |
| | Diabetes | 12 | 12 | 12 |
| | NCDs <i>(No. of individuals in Last 6 Months)</i> | 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 | Is the facility certified at the State-level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Is the facility certified at the National level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Is the facility participating in Kayakalp? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | If yes, achievement under Kayakalp (Winner, commendation) and score | |
| 6 | Patient Rights | <input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information |
| 7 | Support Services | <input type="checkbox"/> Maintenance and upkeep of facility ensured |

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

O. IPHS Compliance

| | | |
|---|---|--|
| 1 | Date of assessment using ODK tool kit | |
| 2 | Facility aggregate score using ODK Took kit | |

Remarks & Observations

Infrastructure

Water Shortage

No space identified for Yoga

HRH

Shortage of HR, no MBBS Doctor, no Dentist, no Data entry operator.

IEC

Expanded service Packages

Lack of training; Except ASHA all not trained in RMNCHA+ Communicable & Non- Communicable Diseases and CHO, ANM not trained in Expanded CPHC package.

Partial Expanded Packages of services are available in the facility.

IT System

Any Other

Only 30 medicine available

Annexure- List of equipment

| S.No. | Equipment | Available | Not available | Functional | Non-Functional |
|-------|---|-----------|---------------|------------|----------------|
| 1 | Ambu Bag | Yes | | Yes | |
| 2 | Laryngoscope | | | | |
| 3 | Radiant Warmer | Yes | | Yes | |
| 4 | Pulse Oximeter-Finger Tip | Yes | | Yes | |
| 5 | Pulse Oximeter-Table Top | Yes | | Yes | |
| 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 | | Yes | |
| 13 | Mobile Spotlight | | | | |
| 14 | Manual Vacuum Aspirator | | | | |
| 15 | Weighing Scale | Yes | | Yes | |
| 16 | Baby Weighing Scale | Yes | | Yes | |
| 17 | Infantometer | Yes | | Yes | |
| 18 | Ophthalmoscope | | | | |
| 19 | Fully Loaded Dental Chair Electrically Operated | | | | |
| 20 | Dental Chair-Basic | | | | |
| 21 | Oxygen Hood Neonatal | | | | |
| 22 | ILR With Voltage Stabilizer-Small | Yes | | Yes | |

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

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

Urban /Rural: Rural

Date of Visit: 10-01-2025

| A. General Information | |
|---|---|
| 1. State | Jharkhand |
| 2. District Name | Deoghar |
| 3. Block/Taluka Name | Sarwan |
| 4. Name of Facility | PHC Kunda |
| 5. Type of Facility | <input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM |
| 6. NIN of the facility | 8542484251 |
| 7. No. of days in a week facility is operational | 6 days |
| 8. OPD Timings | 09:00 AM to 03:00 PM |
| 9. Month & Year of operationalization of AAM | 01/04/2023 |
| 10. Details of co-location, if any <i>(If any co-located SHC)</i> | |
| 11. Accessible from nearest road head (Yes/No) | Yes |
| 12. Next Referral Facility Name | CHC Sarwan |
| 13. Distance of next referral facility (in Km) | 5 km |
| 14. If UPHC functions as a Polyclinic (Yes/No) | No |
| 15. If Yes, please take note of available specialist services at the Polyclinic | |

| A.1 Demographic Details | |
|---|------|
| 1. Number of Villages/Wards | 6 |
| 2. No. of Households | 652 |
| 3. Total catchment Population | 3555 |
| 4. Population who are 30 years of age and above | 1315 |

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

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

| C. Human Resource Availability | | | | | | |
|---------------------------------------|---|---------------------------|------------|-----------|-------------|-----------|
| No | Staff | Required as per IPHS-2022 | Regular | | Contractual | |
| | | | Sanctioned | Available | Sanctioned | Available |
| 1. | Medical Officer (MBBS) | 1 | - | - | - | - |
| 2. | AYUSH MO* | 1 | - | - | - | - |
| 3. | Dentist* | 1 | - | - | - | - |
| 4. | Staff Nurse | 2 | - | - | - | - |
| 5. | Pharmacist | 1 | - | - | - | - |
| 6. | Laboratory Technician | 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 | - | - | - | - |
| 12. | Data entry operator | 1 | - | - | - | - |
| 13. | Sanitation staff | 1 | - | - | - | - |
| 14. | ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas) | | - | - | 6 | 6 |

| | | | | | | |
|-----|--|--|--|--|--|--|
| 15. | ASHA Facilitator (If any, only for Rural areas) | | | | | |
| 16. | Others (Specify) | | | | | |
| 17. | Whether all essential HRH available as per IPHS 2022 | | | | | |

*Desirable

For PHC sub centre-Co-located

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

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

| E.1 Availability of Services | |
|---|--|
| Reproductive Maternal and Child Health | <input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services |

| | |
|----------------------------------|---|
| Communicable diseases | <input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses |
| Non-Communicable Diseases | <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix <input type="checkbox"/> Screening and management of mental health ailments |

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

| F. Availability of Essential medicines | | |
|---|---|---|
| 1 | Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i> | <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i> |
| 2 | Total number of medicines available at AAM-PHC/UPHC | 84 |

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

| G.1 Availability of Diagnostic Services | | |
|---|---|--|
| 1 | Availability of diagnostic services: | <input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model |
| 2 | Number of diagnostic tests at 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 | 6 |
| 4 | Number of tests Provided through In House Mode | 6 |
| 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8 | Availability of Sample transportation mechanism | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | User fee charged for diagnostics | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Average downtime of equipment | |
| 11 | Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>) | |

| G.2 Diagnostic Tests Available | | |
|--------------------------------|--|---|
| 1. | Haemoglobin | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. | Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. | Urine Microscopy | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | 24 – hours urinary protein | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Stool for ova and cyst | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7. | Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | MP Slide method | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Malaria Rapid test | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | RPR/VDRL test for syphilis | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 11. | HIV (Antibodies to HIV 1&2) – Rapid card test | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | Hepatitis B surface antigen test | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|-----|--|---|--|
| 13. | Sputum for AFB # - Microscopy | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 14. | Typhoid test (IgM) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 15. | Blood Sugar | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16. | HCV Antibody Test (Anti HCV) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17. | Bleeding time and clotting time | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | Visual Inspection Acetic Acid (VIA) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19. | rK3 for Kala Azar (endemic areas only) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| 20. | Filariasis (endemic areas only) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| 21. | Japanese encephalitis (endemic areas only) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| 22. | Test for iodine in salt (used for food) – Iodine in salt testing kit | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| | |
|--|--|
| Total teleconsultations in the last 01 month | |
|--|--|

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

| | | | |
|---|--|---|--|
| | AAM-PHC Team (Team Based Incentives) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility funds | Fund Source | Timely disbursement | |
| | Untied | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Other Sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Fund utilization | | | |
| NHM Fund/untied funds utilized during last year: | Funds received (Amount in Rs.) | Expenditure (Amount in Rs.) | % Expenditure |
| | 100000 | 55000 | 55% |
| Is untied fund being spent on following activities? | <p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| Status of JSY Payments | <p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> | | |

| | |
|--|---|
| | Reasons for delay, if any |
| Availability of JSSK entitlements | <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges |

| M. Service delivery Output Indicators (Data of previous quarter) | | |
|---|--|-----|
| 1 | Total number of outpatient department visits | 324 |
| 2 | No. of PW registered for ANC | 107 |
| 3 | No. of PW received 4 or more ANC check-ups | 32 |
| 4 | Total number of institutional deliveries | 0 |
| 5 | Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified | 0 |
| 6 | Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine | 40 |
| 7 | Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine | 35 |
| 8 | Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month | 0 |
| 9 | Number of cases referred from PHC AAM to CHC or higher centre during last month | 0 |
| 10 | Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months | 0 |

| | | | | |
|---|---|---------------------|-----------------|------------------|
| 11 | TB patients undergoing treatment | | | |
| | Indicators | Current year | | |
| | No. of presumptive TB patients identified | 0 | | |
| | No. of TB patients diagnosed out of the presumptive patients referred | 0 | | |
| | No. of TB patients taking treatment in the AAM | 0 | | |
| 12 | % of target population administered CBAC | | | |
| | % of target population with score below 4 | | | |
| | % of target population with score 4 and above | | | |
| Community Based Screening for NCDs | | | | |
| 13 | NCDs | Screened | Treated | Follow-up |
| | <i>(No. of individuals in Last 6 Months)</i> | | | |
| | Hypertension | | | |
| | Diabetes | | | |
| | NCDs | Screened | Referred | Follow-up |
| | <i>(No. of individuals in Last 6 Months)</i> | | | |
| | Oral Cancer* | | | |
| Breast Cancer* | | | | |
| Cervical Cancer* | | | | |

| N. Implementation of NQAS Quality Assurance and Patient Safety | | | |
|---|---|------------------------------|--|
| 1 | Has there been an internal assessment for NQAS? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2 | Is the facility certified at the State-level for NQAS? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3 | Is the facility certified at the National level for NQAS? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4 | Is the facility participating in Kayakalp? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| | | |
|---------------------------|---|--|
| 5 | If yes, achievement under Kayakalp (Winner, commendation) and score | |
| 6 | Patient Rights | <input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information |
| 7 | Support Services | <input type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables) |
| 8 | Infection control | <input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection |
| 9 | Clinical care | <input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism |
| 10 | Quality Management Systems | <input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance |
| O. IPHS Compliance | | |
| 1 | Date of assessment using ODK tool kit | 11/08/2024 |
| 2 | Facility aggregate score using ODK Took kit | 45.78 |

| Remarks & Observations |
|---|
| <p>Infrastructure</p> <ul style="list-style-type: none"> No Power Back up |
| <p>HRH</p> <ul style="list-style-type: none"> Shortage of HR No specialist, No MO, No Dentist, No Pharmacist |
| IEC |
| <p>Expanded service Packages</p> <p>Lack of training. MO not trained in RMNCHA+ Communicable & Non- Communicable Diseases.</p> <p>MO and ANM not trained in Expanded CPHC Packages.</p> <p>ASHA partially trained.</p> |
| IT System |
| Any Other |

Annexure- List of equipment

| S.No. | Equipment | Available | Not available | Functional | Non-Functional |
|-------|---------------------------|-----------|---------------|------------|----------------|
| 1 | Ambu Bag | Yes | | Yes | |
| 2 | Laryngoscope | | | | |
| 3 | Radiant Warmer | | | | |
| 4 | Pulse Oximeter-Finger Tip | | | | |
| 5 | Pulse Oximeter-Table Top | | | | |
| 6 | Labor Bed | Yes | | Yes | |
| 7 | Foetal Doppler | | | | |
| 8 | Phototherapy Unit | | | | |
| 9 | Shoulder Wheel | | | | |
| 10 | Shoulder Pulley | | | | |
| 11 | Shoulder Abduction Ladder | | | | |
| 12 | Suction Machine | | | | |
| 13 | Mobile Spotlight | | | | |
| 14 | Manual Vacuum Aspirator | | | | |

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

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

Urban /Rural: Urban

Date of Visit: 10/01/2025

| A. General Information | |
|---|---|
| 1. State | Jharkhand |
| 2. District Name | Deoghar |
| 3. Block/Taluka Name | Purandha Ward |
| 4. Name of Facility | UPHC Kalyanpur |
| 5. Type of Facility | <input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM |
| 6. NIN of the facility | 1124273127 |
| 7. No. of days in a week facility is operational | 6 days |
| 8. OPD Timings | 09:00 AM to 03:00 PM |
| 9. Month & Year of operationalization of AAM | 04/2023 |
| 10. Details of co-location, if any <i>(If any co-located SHC)</i> | |
| 11. Accessible from nearest road head (Yes/No) | Yes |
| 12. Next Referral Facility Name | Sadar Hospital Deoghar |
| 13. Distance of next referral facility (in Km) | 4 km |
| 14. If UPHC functions as a Polyclinic (Yes/No) | No |
| 15. If Yes, please take note of available specialist services at the Polyclinic | |

| A.1 Demographic Details | |
|---|----------|
| 1. Number of Villages/Wards | 5 |
| 2. No. of Households | 10000 |
| 3. Total catchment Population | 50000 |
| 4. Population who are 30 years of age and above | 18000 |

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

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

| | |
|--|---|
| | <input type="checkbox"/> Screening and management of mental health ailments |
|--|---|

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

| F. Availability of Essential medicines | | | |
|---|---|---|--|
| 1 | <p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p> | | |
| 2 | <p>Total number of medicines available at AAM-PHC/UPHC</p> <p>52</p> | | |
| 3 | <p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p> | | |
| 4 | <table border="0"> <tr> <td> <p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-pyretic</p> <p><input type="checkbox"/> Anti-allergics</p> </td> <td> <p><input checked="" type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p> <p><input type="checkbox"/> Anti-malarial</p> <p><input type="checkbox"/> Anti-hypertensive</p> </td> </tr> </table> | <p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-pyretic</p> <p><input type="checkbox"/> Anti-allergics</p> | <p><input checked="" type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p> <p><input type="checkbox"/> Anti-malarial</p> <p><input type="checkbox"/> Anti-hypertensive</p> |
| <p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-pyretic</p> <p><input type="checkbox"/> Anti-allergics</p> | <p><input checked="" type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p> <p><input type="checkbox"/> Anti-malarial</p> <p><input type="checkbox"/> Anti-hypertensive</p> | | |

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

| G.1 Availability of Diagnostic Services | | |
|---|---|--|
| 1 | Availability of diagnostic services: | <input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model |
| 2 | Number of diagnostic tests at 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 | 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8 | Availability of Sample transportation mechanism | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9 | User fee charged for diagnostics | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Average downtime of equipment | |
| 11 | Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>) | |

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

| |
|--|
| H. Availability of IT Equipment & Teleconsultation services |
|--|

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

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

| | |
|--|---|
| Periodic JAS meetings in the last 6 months | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Minutes of meeting maintained | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Periodic VHND sessions undertaken | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

K. Reporting

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

L. Finance

| Remuneration & Incentives | Cadre | Timely disbursement | Complete disbursement as entitled |
|---------------------------|--|---|--|
| | AAM-PHC Team (Salary) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | AAM-PHC Team (Team Based Incentives) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility funds | Fund Source | Timely disbursement | |
| | Untied | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Other Sources | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Fund utilization | | | |
| | NHM Fund/untied funds utilized during last year: | Funds received (Amount in Rs.) | Expenditure (Amount in Rs.) |

| | 50000 | 50000 | 100% |
|---|--|-------|------|
| Is untied fund being spent on following activities? | <p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| Status of JSY Payments | <p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p> | | |
| Availability of JSSK entitlements | <p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> | | |

| | |
|--|---|
| | <input type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges |
|--|---|

| M. Service delivery Output Indicators (Data of previous quarter) | | |
|---|--|---------------------|
| 1 | Total number of outpatient department visits | 3769 |
| 2 | No. of PW registered for ANC | 1202 |
| 3 | No. of PW received 4 or more ANC check-ups | 512 |
| 4 | Total number of institutional deliveries | - |
| 5 | Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified | - |
| 6 | Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine | 24 |
| 7 | Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine | 24 |
| 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 | - |
| 10 | Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months | - |
| 11 | TB patients undergoing treatment | |
| | Indicators | Current year |
| | No. of presumptive TB patients identified | 2 |
| | No. of TB patients diagnosed out of the presumptive patients referred | 100 |
| | No. of TB patients taking treatment in the AAM | 2 |
| 12 | 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 | | | |
| 13 | NCDs <i>(No. of individuals in Last 6 Months)</i> | Screened | Treated | Follow-up |
| | Hypertension | 7664 | 187 | 150 |
| | Diabetes | 2299 | 128 | 100 |
| | NCDs <i>(No. of individuals in Last 6 Months)</i> | Screened | Referred | Follow-up |
| | Oral Cancer* | 301 | 0 | 0 |
| | Breast Cancer* | 0 | 0 | 0 |
| | Cervical Cancer* | 0 | 0 | 0 |

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

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

O. IPHS Compliance

| | | |
|---|---|--|
| 1 | Date of assessment using ODK tool kit | |
| 2 | Facility aggregate score using ODK Took kit | |

Remarks & Observations

Infrastructure

No separate toilet for male and female

HRH

| |
|----------------------------------|
| IEC |
| Requirement of IEC. |
| Expanded service Packages |
| Require training in CPHC Package |
| IT System |
| Any Other |

Annexure- List of equipment

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

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

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

Urban /Rural: Rural

Date of Visit: 10-01-2025

| A. General Information | |
|---|---|
| 1. State | Jharkhand |
| 2. District Name | Deogarh |
| 3. Block/Taluka Name | Jasidih |
| 4. Name of Facility | PHC Baghmara |
| 5. Type of Facility | <input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM |
| 6. NIN of the facility | 6466343826 |
| 7. No. of days in a week facility is operational | 06 Days |
| 8. OPD Timings | 09:00 AM to 03:00 PM |
| 9. Month & Year of operationalization of AAM | 01/04/2023 |
| 10. Details of co-location, if any <i>(If any co-located SHC)</i> | HS Kothya |
| 11. Accessible from nearest road head (Yes/No) | Yes |
| 12. Next Referral Facility Name | CHC Jasidih |
| 13. Distance of next referral facility (in Km) | 10 KM |
| 14. If UPHC functions as a Polyclinic (Yes/No) | No |
| 15. If Yes, please take note of available specialist services at the Polyclinic | |

| A.1 Demographic Details | |
|---|-------|
| 1. Number of Villages/Wards | 9102 |
| 2. No. of Households | 2162 |
| 3. Total catchment Population | 11469 |
| 4. Population who are 30 years of age and above | 4245 |

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

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

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

| F. Availability of Essential medicines | | | |
|--|---|---|--|
| 1 | Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i> | 172 <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i> | |
| 2 | Total number of medicines available at AAM-PHC/UPHC | 65 | |
| 3 | Availability of medicines for priority conditions | <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever | |
| 4 | Medicine categories with shortfall/stockouts on the day of assessment | <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics | <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive |

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

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

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

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

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

| | |
|--|---|
| Periodic JAS meetings in the last 6 months | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Minutes of meeting maintained | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Periodic VHND sessions undertaken | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

K. Reporting

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

L. Finance

| Renumeration & Incentives | Cadre | Timely disbursement | Complete disbursement as entitled |
|--|--------------------------------------|--|---|
| | AAM-PHC Team (Salary) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | AAM-PHC Team (Team Based Incentives) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility funds | Fund Source | Timely disbursement | |
| | Untied | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Other Sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fund utilization | | | |
| NHM Fund/untied funds utilized during last year: | Funds received (Amount in Rs.) | Expenditure (Amount in Rs.) | % Expenditure |
| | | | |

| | 100000 | 60000 | 60% |
|---|---|-------|-----|
| Is untied fund being spent on following activities? | <p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| Status of JSY Payments | <p>Payment done till (month/ year) December,2024</p> <p>Average Delay in Payment (days): 30 days</p> <p>Reasons for delay, if any: Account Issue</p> | | |
| Availability of JSSK entitlements | <p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input type="checkbox"/> Free drugs and consumables</p> | | |

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

| M. Service delivery Output Indicators (Data of previous quarter) | | | | |
|---|--|---------------------|----------------|------------------|
| 1 | Total number of outpatient department visits | 1912 | | |
| 2 | No. of PW registered for ANC | 42 | | |
| 3 | No. of PW received 4 or more ANC check-ups | 46 | | |
| 4 | Total number of institutional deliveries | 1 | | |
| 5 | Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified | 0 | | |
| 6 | Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine | 52 | | |
| 7 | Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine | 53 | | |
| 8 | Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month | 0 | | |
| 9 | Number of cases referred from PHC AAM to CHC or higher centre during last month | 0 | | |
| 10 | Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months | 0 | | |
| 11 | TB patients undergoing treatment | | | |
| | Indicators | Current year | | |
| | No. of presumptive TB patients identified | | | |
| | No. of TB patients diagnosed out of the presumptive patients referred | | | |
| | No. of TB patients taking treatment in the AAM | | | |
| 12 | 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 | | | |
| 13 | NCDs <i>(No. of individuals in Last 6 Months)</i> | Screened | Treated | Follow-up |

| | | | | |
|--|---|-----------------|-----------------|------------------|
| | Hypertension | | | |
| | Diabetes | | | |
| | NCDs <i>(No. of individuals in Last 6 Months)</i> | 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 | Is the facility certified at the State-level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Is the facility certified at the National level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Is the facility participating in Kayakalp? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | If yes, achievement under Kayakalp (Winner, commendation) and score | |
| 6 | Patient Rights | <input checked="" type="checkbox"/> Display of citizen's charter <input type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information |
| 7 | Support Services | <input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology |

| | | |
|---------------------------|---|---|
| | | <input type="checkbox"/> Systematic inventory management (medicines/consumables) |
| 8 | Infection control | <input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection |
| 9 | Clinical care | <input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism |
| 10 | Quality Management Systems | <input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance |
| O. IPHS Compliance | | |
| 1 | Date of assessment using ODK tool kit | Not done |
| 2 | Facility aggregate score using ODK Took kit | |

| Remarks & Observations | |
|--|--|
| Infrastructure | |
| No IPD Beds | |
| No space identified for wellness activity. | |
| Water shortage | |
| No bio medical waste management. | |
| Security Issues | |
| Cases of Theft | |
| HRH | |
| Shortage of cleaning staff | |
| IEC | |

| |
|---|
| Shortage of IEC |
| <p>Expanded service Packages</p> <p>ANM and ASHA not trained in all modules of Expanded CPHC package. Expanded Packages of services not available in the facility.</p> |
| <p>IT System</p> <p>Lack in Data reporting</p> |
| <p>Any Other</p> <p>No wellness Activity</p> <p>No JAS</p> |

Annexure- List of equipment

| S.No. | Equipment | Available | Not available | Functional | Non-Functional |
|-------|---|-----------|---------------|------------|----------------|
| 1 | Ambu Bag | Yes | | Yes | |
| 2 | Laryngoscope | | | | |
| 3 | Radiant Warmer | | | | |
| 4 | Pulse Oximeter-Finger Tip | | | | |
| 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 | | | | |
| 13 | Mobile Spotlight | | | | |
| 14 | Manual Vacuum Aspirator | | | | |
| 15 | Weighing Scale | Yes | | Yes | |
| 16 | Baby Weighing Scale | Yes | | Yes | |
| 17 | Infantometer | Yes | | Yes | |
| 18 | Ophthalmoscope | | | | |
| 19 | Fully Loaded Dental Chair Electrically Operated | | | | |
| 20 | Dental Chair-Basic | | | | |

| S.No. | Equipment | Available | Not available | Functional | Non-Functional |
|-------|--|-----------|---------------|------------|----------------|
| 21 | Oxygen Hood Neonatal | | | | |
| 22 | ILR With Voltage Stabilizer-Small | Yes | | Yes | |
| 23 | Deep Freezer-Small | Yes | | Yes | |
| 24 | ILR With Voltage Stabilizer-Large | Yes | | Yes | |
| 25 | Deep Freezer-Small-Large | Yes | | Yes | |
| 26 | Vaccine Carrier with Ice Packs | Yes | | Yes | |
| 27 | Cell Counter – 3 Part | Yes | | Yes | |
| 28 | Semi-Automated Biochemistry Analyser | Yes | | Yes | |
| 29 | Binocular Microscope | | | | |
| 30 | HbA1C Analyser | | | | |
| 31 | Turbidometer | | | | |
| 32 | Glucometer | Yes | | Yes | |
| 33 | Haemoglobinometer | Yes | | Yes | |
| 34 | ESR Analyzer | | | | |
| 35 | Electrolyte Analyzer | | | | |
| 36 | Oxygen Cylinder- B Type | | | | |
| 37 | BP Apparatus- Aneroid | | | | |
| 38 | BP Apparatus-Digital | Yes | | Yes | |
| 39 | Stethoscope | Yes | | Yes | |
| 40 | Thermometer | Yes | | Yes | |
| 41 | Examination Table | Yes | | Yes | |
| 42 | Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle | | | | |
| 43 | Exerciser Couch/Table | | | | |
| 44 | Finger Exerciser Web | | | | |
| 45 | Walking Aid for Training/ Reciprocal Walker | | | | |

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

Rural/Urban: Rural

Date of Visit: 10/1/2025

| A. General Information | |
|--|---------------------------|
| 1. State | Jharkhand |
| 2. District Name | Deoghar |
| 3. Block/Taluka Name | Sarwan |
| 4. Name of Facility | AAM SHC Bandajori |
| 5. Type of Facility | AAM SHC |
| 6. NIN of the facility | 8371468532 |
| 7. No. of days in a week facility is operational | 6 Days (Monday-Saturday) |
| 8. OPD Timings | 09:00 AM to 03:00 PM |
| 9. Month & Year of AAM operationalization | Feb 2020 |
| 10. Accessible from nearest road head (Yes/No) | Yes |
| 11. Next Referral Facility | CHC Sarwan |
| 12. Distance of next referral facility (Km) | 14 km |

| A.1 Demographic Details | |
|---|------|
| 1. Number of Villages | 13 |
| 2. No. of Households | 1513 |
| 3. Total catchment Population | 7590 |
| 4. Population who are 30 years of age and above | 2808 |

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

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

| C. Human Resource Availability | | | | | | |
|---------------------------------------|--|---------------------------|------------|-----------|-------------|-----------|
| | Staff | Required as per IPHS-2022 | Regular | | Contractual | |
| | | | Sanctioned | Available | Sanctioned | Available |
| 1 | CHO/MLHP | 1 | 0 | 0 | 1 | 1 |
| 2 | ANM/MPW-F | 2 | 1 | 1 | 1 | 1 |
| 3 | MPW-M | | 0 | 0 | 1 | 1 |
| 3 | ASHA (Population Norms -1 ASHA per 1000 population) | - | 0 | 0 | 15 | 15 |
| 4 | Any other (If yes, specify) | | | | | |

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

| | | | |
|---|-----|-----|-----|
| Family Planning | Yes | Yes | Yes |
| Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis) | Yes | Yes | Yes |
| NCD | Yes | Yes | Yes |

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

| E. Service Delivery | |
|----------------------------|--|
| Service provided | <p>Reproductive Maternal and Child Health</p> <p><input type="checkbox"/> ANC/ PNC</p> <p><input type="checkbox"/> Neonatal and infant healthcare services</p> <p><input type="checkbox"/> Childhood and Adolescent healthcare services</p> <p><input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</p> <p>Communicable diseases</p> <p><input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> |

| | |
|--|---|
| | <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix |
|--|---|

E.2 Availability of Expanded Packages of Services

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

F. Essential medicines

| | |
|--|--|
| Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- | |
|--|--|

| | | |
|---|---|---|
| https://nhsrindia.org/essential-medicines-list-hwc-shc-phc) | (Total medicines at AAM-SHC as per national EML is 105) | |
| Total number of medicines available at AAM-SHC | 58 | |
| Availability of medicines for priority conditions | <input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever | |
| Medicine categories with shortfall/ stockouts on the day of assessment | <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy | <input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) |
| What is the indenting cycle that is followed at the facility? | <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify) | |

| | |
|---|---|
| | |
| What is the lead time for supply of drugs which are indented? (record in days) | <input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks |
| Is buffer stock for drugs maintained? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| DVDMS or any other software is being used for stock management | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| G. Essential diagnostics | |
| Number of diagnostics at AAM-SC as per State Essential Diagnostic list | (Total diagnostics at AAM-SC as per national EDLis 14) |
| Total number of diagnostic tests available at AAM-SC | 10 |
| Mode of diagnostic services | <input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid |
| Arrangements for Sputum sample transport for TB | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Availability of diagnostic testing aids/ equipment | <input checked="" type="checkbox"/> Rapid diagnostic testing kits <input type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent |

| | |
|----------------------------------|--|
| | <input type="checkbox"/> H ₂ S strip test kit |
| User fee charged for diagnostics | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| H. Information Technology & Teleconsultation | |
|---|--|
| Infrastructure (Availability) | <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify) |
| Functionality | <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify) |
| Arrangements for teleconsultation made | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Linked Hub for Teleconsultation | <input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: |
| Platform utilized for teleconsultation | <input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app |

| | |
|---|---|
| | Any other (Specify) |
| Whether teleconsultation schedule has been prepared and displayed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Common Conditions for which teleconsultation being done | Hypertension, Diabetes, fever, Cough & Cold |
| Total Teleconsultations in the last 01 month | 52 |

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

| J. Finance | |
|---|---|
| Remuneration & Incentives | |
| Timely disbursement of incentives to ASHAs | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Timely disbursement of remuneration to CHOs | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Timely disbursement of remuneration to AAM-SC team (other than CHO) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Disbursement of performance-based incentives to CHO | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Disbursement of team-based incentives to AAM-SHC team | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--|--|-----------------------------|
| | | | |
| Facility funds | | | |
| Timely disbursement of untied funds | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Fund flow through other sources | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Specify any other fund source: | | | |
| Fund utilization | | | |
| % NHM Fund utilized last year: | | Funds received (Amt in Rs.) | Expenditure (Amt in Rs.) |
| | | | % Expenditure |
| | | 100000/- | 64000/- |
| | | | 64% |
| Is untied fund being spent on following activities | | Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If yes, specify | |
| | | <input type="checkbox"/> Electricity | |
| | | <input type="checkbox"/> Drinking Water | |
| | | <input type="checkbox"/> Internet | |
| | | Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If yes, specify | |
| | | <input type="checkbox"/> Medicines | |
| | | <input type="checkbox"/> Reagents/Consumables | |
| | | <input checked="" type="checkbox"/> Equipment | |
| | | Payment of support/cleaning Staff: | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| K. Governance | | | |
| Community-based platforms | | | |
| Constitution of Jan Arogya Samiti | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Periodic JAS meetings in the last 6 months (Once a month) | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|---|-----|
| JAS meeting minutes available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| VHSNC Meeting held and minutes available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Periodic VHND sessions undertaken (Sessions held against planned) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Involvement of CHO in community-based platforms | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| L. Wellness Activities | | |
| Wellness sessions being held periodically | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Availability of a trained instructor for wellness session | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Health Days are celebrated as per the Wellness Activity Calendar | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Number of Wellness sessions conducted in Last month | 8 | |
| ASHA Functionality | | |
| Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial | |
| Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial | |
| Number of Village Health & Sanitation days conducted in last 6 months | 24 | |
| M. Service delivery Output Indicators (Data of previous quarter) | | |
| 1 | Total number of outpatient department visits | 684 |
| 2 | No. of PW registered for ANC | 32 |
| 3 | No. of PW received 4 or more ANC check-ups | 84 |
| 4 | Total number of institutional deliveries | 01 |
| 5 | Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified | 06 |
| 6 | Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine | 43 |
| 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 Sub centre AAM to PHC AAM during last 3 months | | | 3 |
| 9 | TB patients undergoing treatment | | | |
| | Indicators | Current year | | |
| | No. of presumptive TB patients identified | | | |
| | No. of TB patients diagnosed out of the presumptive patients referred | | | |
| | No. of TB patients taking treatment in the AAM | | | |
| 10 | 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: | | | |
| 11 | NCDs <i>(No. of individuals in last 6 Months)</i> | Screened | Referred | Followed-up |
| | Hypertension | 661 | 9 | 2 |
| | Diabetes | 661 | 29 | 10 |
| | Oral Cancer | 661 | 0 | 0 |
| | Breast Cancer | 360 | 0 | 0 |
| | Cervical Cancer | 0 | 0 | 0 |

N. Implementation of NQAS Quality Assurance and Patient Safety

| | | |
|---|---|---|
| 1 | Has there been an internal assessment for NQAS? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Is the facility certified at the State-level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Is the facility certified at the National level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| O. IPHS Compliance | | |
|--------------------|---|------------|
| 1 | Date of assessment using ODK tool kit | 14-06-2024 |
| 2 | Facility aggregate score using ODK Took kit | 45.28 |

| Remarks & Observations | |
|----------------------------------|---|
| Infrastructure | <p>Water shortage</p> <p>Security issue</p> <p>Safety Issue therefore CHO staying outside</p> <p>Yoga Shed requirement</p> |
| HRH | |
| IEC | <p>Displayed very nicely</p> <p>NPCCH board displayed at front</p> |
| Expanded service Packages | <p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p> |
| IT System | <p>Not provided TAB.</p> |
| Any Other | <p>Spacious Centre</p> |

Appendix-List of equipment

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

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

Rural/Urban: Rural

Date of Visit:09-01-2025

| A. General Information | |
|--|----------------------|
| 1. State | Jharkhand |
| 2. District Name | Deoghar |
| 3. Block/Taluka Name | Jasidih |
| 4. Name of Facility | AAM Kenmankathi |
| 5. Type of Facility | AAM |
| 6. NIN of the facility | 8373786519 |
| 7. No. of days in a week facility is operational | 5 |
| 8. OPD Timings | 09:00 AM to 03:00 PM |
| 9. Month & Year of AAM operationalization | 11/ 2024 |
| 10. Accessible from nearest road head (Yes/No) | Yes |
| 11. Next Referral Facility | CHC Jasidih |
| 12. Distance of next referral facility (Km) | 8 km |

| A.1 Demographic Details | |
|---|-------|
| 1. Number of Villages | 23 |
| 2. No. of Households | 1800 |
| 3. Total catchment Population | 23000 |
| 4. Population who are 30 years of age and above | 8510 |

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

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

| C. Human Resource Availability | | | | | | |
|---------------------------------------|--|---------------------------|------------|-----------|-------------|-----------|
| | Staff | Required as per IPHS-2022 | Regular | | Contractual | |
| | | | Sanctioned | Available | Sanctioned | Available |
| 1 | CHO/MLHP | 1 | | | 1 | 1 |
| 2 | ANM/MPW-F | 2 | 2 | 1 | | |
| 3 | MPW-M | | | | | |
| 3 | ASHA (Population Norms -1 ASHA per 1000 population) | - | | | 23 | 22 |
| 4 | Any other (If yes, specify) | | | | | |

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

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

| E. Service Delivery | |
|----------------------------|---|
| Service provided | <p>Reproductive Maternal and Child Health</p> <p><input checked="" type="checkbox"/> ANC/ PNC</p> <p><input checked="" type="checkbox"/> Neonatal and infant healthcare services</p> <p><input type="checkbox"/> Childhood and Adolescent healthcare services</p> <p><input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</p> <p>Communicable diseases</p> <p><input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> <p><input checked="" type="checkbox"/> TB</p> <p><input checked="" type="checkbox"/> Leprosy</p> <p><input checked="" type="checkbox"/> Acute simple illnesses</p> |

| | |
|--|---|
| | <p>Non-Communicable Diseases</p> <p><input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN)</p> <p><input checked="" type="checkbox"/> Screening of common cancers – Oral</p> <p><input checked="" type="checkbox"/> Screening of common cancers – breast</p> <p><input type="checkbox"/> Screening of common cancers – cervix</p> |
|--|---|

E.2 Availability of Expanded Packages of Services

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

F. Essential medicines

| | |
|---|--|
| <p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p> | <p>22</p> <p>(Total medicines at AAM-SHC as per national EML is 105)</p> |
| <p>Total number of medicines available at AAM-SHC</p> | <p>22</p> |

| | | | |
|--|--|--|---|
| Availability of medicines for priority conditions | <input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever | | |
| Medicine categories with shortfall/ stockouts on the day of assessment | <table border="0"> <tr> <td data-bbox="628 495 1046 1173"> <input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy </td> <td data-bbox="1046 495 1482 1173"> <input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) </td> </tr> </table> | <input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy | <input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) |
| <input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy | <input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) | | |
| What is the indenting cycle that is followed at the facility? | <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify) | | |
| What is the lead time for supply of drugs which are indented? (record in days) | <input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks | | |

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

H. Information Technology & Teleconsultation

| | |
|---|--|
| Infrastructure (Availability) | <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify) |
| Functionality | <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify) |
| Arrangements for teleconsultation made | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Linked Hub for Teleconsultation | <input type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: |
| Platform utilized for teleconsultation | <input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify) |
| Whether teleconsultation schedule has been prepared and displayed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|-------------------------|
| Common Conditions for which teleconsultation being done | Fever, Joint Pain, Skin |
| Total Teleconsultations in the last 01 month | 120 |

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

| J. Finance | |
|---|---|
| Remuneration & Incentives | |
| Timely disbursement of incentives to ASHAs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Timely disbursement of remuneration to CHOs | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Timely disbursement of remuneration to AAM-SC team (other than CHO) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Disbursement of performance-based incentives to CHO | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Disbursement of team-based incentives to AAM-SHC team | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility funds | |
| Timely disbursement of untied funds | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|---|---|--|--------------------|
| Fund flow through other sources Specify any other fund source: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Fund utilization % NHM Fund utilized last year: | Funds received (Amt in Rs.) 50000/- | Expenditure (Amt in Rs.) | % Expenditure 0 |
| Is untied fund being spent on following activities | Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| K. Governance | | | |
| Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | |
|--|---|---------------------|
| Periodic VHND sessions undertaken (Sessions held against planned) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Involvement of CHO in community-based platforms | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| L. Wellness Activities | | |
| Wellness sessions being held periodically | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Availability of a trained instructor for wellness session | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Health Days are celebrated as per the Wellness Activity Calendar | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Number of Wellness sessions conducted in Last month |2..... | |
| ASHA Functionality | | |
| Status of availability of Functional HBNC Kits (weighing scale/digital thermometer/ blanket or warm bag) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial | |
| Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial | |
| Number of Village Health & Sanitation days conducted in last 6 months | 6 | |
| M. Service delivery Output Indicators (Data of previous quarter) | | |
| 1 | Total number of outpatient department visits | 625 |
| 2 | No. of PW registered for ANC | 36 |
| 3 | No. of PW received 4 or more ANC check-ups | 0 |
| 4 | Total number of institutional deliveries | 0 |
| 5 | Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified | 0 |
| 6 | Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine | - |
| 7 | Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine | - |
| 8 | Number of cases referred from Sub centre AAM to PHC AAM during last 3 months | 53 |
| 9 | TB patients undergoing treatment | |
| | Indicators | Current year |

| | No. of presumptive TB patients identified | 36 | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---|---|----------|----------|-------------|--------------|-----|----|----|----------|-----|----|----|-------------|-----|----|---|---------------|-----|---|---|-----------------|---|---|---|
| | No. of TB patients diagnosed out of the presumptive patients referred | 30 | | | | | | | | | | | | | | | | | | | | | | | |
| | No. of TB patients taking treatment in the AAM | 04 | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above: | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | NCDs <i>(No. of individuals in last 6 Months)</i> | <table border="1"> <thead> <tr> <th>Screened</th> <th>Referred</th> <th>Followed-up</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>759</td> <td>88</td> <td>49</td> </tr> <tr> <td>Diabetes</td> <td>759</td> <td>80</td> <td>49</td> </tr> <tr> <td>Oral Cancer</td> <td>625</td> <td>12</td> <td>0</td> </tr> <tr> <td>Breast Cancer</td> <td>275</td> <td>7</td> <td>0</td> </tr> <tr> <td>Cervical Cancer</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> | Screened | Referred | Followed-up | Hypertension | 759 | 88 | 49 | Diabetes | 759 | 80 | 49 | Oral Cancer | 625 | 12 | 0 | Breast Cancer | 275 | 7 | 0 | Cervical Cancer | 0 | 0 | 0 |
| Screened | Referred | Followed-up | | | | | | | | | | | | | | | | | | | | | | | |
| Hypertension | 759 | 88 | 49 | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes | 759 | 80 | 49 | | | | | | | | | | | | | | | | | | | | | | |
| Oral Cancer | 625 | 12 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Breast Cancer | 275 | 7 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Cervical Cancer | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | |

N. Implementation of NQAS Quality Assurance and Patient Safety

| | | |
|---|---|---|
| 1 | Has there been an internal assessment for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 | Is the facility certified at the State-level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Is the facility certified at the National level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Is Facility participating in Kayakalp? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | If yes, achievement under Kayakalp (Winner, commendation) and score | No |
| 6 | Patient Rights | <input type="checkbox"/> Display of citizen's charter |

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

O. IPHS Compliance

| | | |
|---|---|-------------------|
| 1 | Date of assessment using ODK tool kit | 10 December, 2024 |
| 2 | Facility aggregate score using ODK Took kit | 36.78 |

Remarks & Observations

Infrastructure

No electricity, no power back up, no drinking water available in the facility.

HRH

Lack of cleaning staff in the facility.

IEC

Lack of IEC material. No citizen charter displayed.

Expanded service Packages

Expanded Packages of services not available in the facility.

IT System

Any Other

Account not opened, so fund not utilized.

ASHA not trained in all the modules of Expanded CPHC package. Expanded Packages of services not available in the facility.

Appendix-List of equipment

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

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

Date of Visit: 09-01-2025

| A. General Information | |
|--|----------------------|
| 1. State | Jharkhand |
| 2. District Name | Deoghar |
| 3. Block/Taluka Name | Deoghar |
| 4. Name of Facility | AAM Koyridih |
| 5. Type of Facility | AAM SHC |
| 6. NIN of the facility | 6388666262 |
| 7. No. of days in a week facility is operational | 6 |
| 8. OPD Timings | 09:00 AM to 03:00 PM |
| 9. Month & Year of AAM operationalization | 01/04/2023 |
| 10. Accessible from nearest road head (Yes/No) | Yes |
| 11. Next Referral Facility | CHC |
| 12. Distance of next referral facility (Km) | 7 KM |

| A.1 Demographic Details | |
|---|-----------|
| 1. Number of Villages | 29 |
| 2. No. of Households | 1542 |
| 3. Total catchment Population | 10993 |
| 4. Population who are 30 years of age and above | 338 |

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

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

| C. Human Resource Availability | | | | | | |
|---------------------------------------|---|---------------------------|------------|-----------|-------------|-----------|
| | Staff | Required as per IPHS-2022 | Regular | | Contractual | |
| | | | Sanctioned | Available | Sanctioned | Available |
| 1 | CHO/MLHP | 1 | | | 1 | 1 |
| 2 | ANM/MPW-F | 2 | | | 2 | 2 |
| 3 | MPW-M | | | | | |
| 3 | ASHA <i>(Population Norms -1 ASHA per 1000 population)</i> | - | | | 27 | 27 |
| 4 | Any other (If yes, specify) | | | | | |

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

| | | | |
|---|-----|-----|-----|
| Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis) | Yes | Yes | Yes |
| NCD | Yes | Yes | Yes |

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

| E. Service Delivery | |
|----------------------------|--|
| Service provided | <p>Reproductive Maternal and Child Health</p> <p><input checked="" type="checkbox"/> ANC/ PNC</p> <p><input checked="" type="checkbox"/> Neonatal and infant healthcare services</p> <p><input checked="" type="checkbox"/> Childhood and Adolescent healthcare services</p> <p><input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</p> <p>Communicable diseases</p> <p><input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> <p><input checked="" type="checkbox"/> TB</p> |

| | |
|--|---|
| | <input type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix |
|--|---|

E.2 Availability of Expanded Packages of Services

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

F. Essential medicines

| | |
|--|-------------------------------|
| Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc) | Total 105 At centre 30 |
|--|-------------------------------|

| | | |
|--|--|--|
| | (Total medicines at AAM-SHC as per national EML is 105) | |
| Total number of medicines available at AAM-SHC | 30 | |
| Availability of medicines for priority conditions | <input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever | |
| Medicine categories with shortfall/ stockouts on the day of assessment | <input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy | <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream) |
| What is the indenting cycle that is followed at the facility? | <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify) | |

| | |
|---|--|
| What is the lead time for supply of drugs which are indented? (record in days) | <input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks |
| Is buffer stock for drugs maintained? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| DVDMS or any other software is being used for stock management | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

G. Essential diagnostics

| | |
|--|--|
| Number of diagnostics at AAM-SC as per State Essential Diagnostic list | (Total diagnostics at AAM-SC as per national EDL is 14) |
| Total number of diagnostic tests available at AAM-SC | 9 |
| Mode of diagnostic services | <input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid |
| Arrangements for Sputum sample transport for TB | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Availability of diagnostic testing aids/ equipment | <input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit |

| | |
|----------------------------------|--|
| User fee charged for diagnostics | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|--|

| H. Information Technology & Teleconsultation | |
|---|--|
| Infrastructure (Availability) | <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify) |
| Functionality | <input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify) |
| Arrangements for teleconsultation made | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Linked Hub for Teleconsultation | <input type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: |
| Platform utilized for teleconsultation | <input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify) |

| | |
|---|---|
| Whether teleconsultation schedule has been prepared and displayed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Common Conditions for which teleconsultation being done | Fever, hypertension, Skin issue. |
| Total Teleconsultations in the last 01 month | 32 |

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

| J. Finance | |
|---|---|
| Remuneration & Incentives | |
| Timely disbursement of incentives to ASHAs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Timely disbursement of remuneration to CHOs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Timely disbursement of remuneration to AAM-SC team (other than CHO) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Disbursement of performance-based incentives to CHO | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Disbursement of team-based incentives to AAM-SHC team | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|-------------------------------------|---|
| Facility funds | |
| Timely disbursement of untied funds | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Fund flow through other sources | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Specify any other fund source: | |

| | | | | |
|--------------------------------|----------------|--------------|-------------|--|
| Fund utilization | Funds received | Expenditure | % | |
| | (Amt in Rs.) | (Amt in Rs.) | Expenditure | |
| % NHM Fund utilized last year: | | | | |

| | |
|--|--|
| Is untied fund being spent on following activities | <p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|--|

K. Governance

| | |
|---|---|
| Community-based platforms | |
| Constitution of Jan Arogya Samiti | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Periodic JAS meetings in the last 6 months (Once a month) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|---|------------|
| JAS meeting minutes available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| VHSNC Meeting held and minutes available | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Periodic VHND sessions undertaken (Sessions held against planned) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Involvement of CHO in community-based platforms | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| L. Wellness Activities | | |
| Wellness sessions being held periodically | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Availability of a trained instructor for wellness session | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Health Days are celebrated as per the Wellness Activity Calendar | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Number of Wellness sessions conducted in Last month | ...2..... | |
| ASHA Functionality | | |
| Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial | |
| Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial | |
| Number of Village Health & Sanitation days conducted in last 6 months | Yes | |
| M. Service delivery Output Indicators (Data of previous quarter) | | |
| 1 | Total number of outpatient department visits | 450 |
| 2 | No. of PW registered for ANC | 0 |
| 3 | No. of PW received 4 or more ANC check-ups | 0 |
| 4 | Total number of institutional deliveries | 1 |
| 5 | Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified | 0 |
| 6 | Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine | 0 |
| 7 | Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine | 0 |

| | | | | |
|--|---|-----------------|-----------------|-------------------------|
| 8 | Number of cases referred from Sub centre AAM to PHC AAM during last 3 months | | | 0 |
| 9 | 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 | | | 5 | |
| 10 | Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above: | | | 37% 12 |
| 11 | NCDs <i>(No. of individuals in last 6 Months)</i> | Screened | Referred | Followed-up |
| | Hypertension | | | |
| | Diabetes | | | |
| | Oral Cancer | 0 | 0 | 0 |
| | Breast Cancer | 0 | 0 | 0 |
| | Cervical Cancer | 0 | 0 | 0 |

N. Implementation of NQAS Quality Assurance and Patient Safety

| | | |
|---|---|---|
| 1 | Has there been an internal assessment for NQAS? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Is the facility certified at the State-level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Is the facility certified at the National level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| O. IPHS Compliance | | |
|---------------------------|---|---------------|
| 1 | Date of assessment using ODK tool kit | No data found |
| 2 | Facility aggregate score using ODK Took kit | |

| Remarks & Observations |
|---|
| <p>Infrastructure</p> <p>Water shortage</p> <p>No electricity, no power back up, no drinking water, no toilet facility</p> |
| <p>HRH</p> |
| <p>IEC</p> <p>Shortage of IEC, No Citizen Charter</p> |
| <p>Expanded service Packages</p> <p>Partial Availability of Expanded Packages of Services</p> |
| <p>IT System</p> |
| <p>Any Other</p> <p>DVDMS not used for stock management.</p> <p>Remuneration and Incentives are not timely disbursed.</p> |

Appendix-List of equipment

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

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

Rural/Urban: Rural

Date of Visit: 10-01-2025

| A. General Information | |
|--|----------------------|
| 1. State | Jharkhand |
| 2. District Name | Deoghar |
| 3. Block/Taluka Name | Sarwan |
| 4. Name of Facility | SHC Sonaraithari |
| 5. Type of Facility | AAM SHC |
| 6. NIN of the facility | 3336578640 |
| 7. No. of days in a week facility is operational | 6 Days |
| 8. OPD Timings | 09:00 AM to 03:00 PM |
| 9. Month & Year of AAM operationalization | July 2022 |
| 10. Accessible from nearest road head (Yes/No) | Yes |
| 11. Next Referral Facility | CHC Sarwan |
| 12. Distance of next referral facility (Km) | 15 km |

| A.1 Demographic Details | |
|---|-------|
| 1. Number of Villages | 30 |
| 2. No. of Households | 550 |
| 3. Total catchment Population | 11604 |
| 4. Population who are 30 years of age and above | 4293 |

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

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

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

| | | |
|---|--|---|
| 1 | Display of signages and name of the facility | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|

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

C. Human Resource Availability

| | Staff | Required as per IPHS-2022 | Regular | | Contractual | |
|---|--|---------------------------|------------|-----------|-------------|-----------|
| | | | Sanctioned | Available | Sanctioned | Available |
| 1 | CHO/MLHP | 1 | - | - | 1 | 1 |
| 2 | ANM/MPW-F | 2 | 1 | 1 | 1 | 1 |
| 3 | MPW-M | | - | - | 1 | 1 |
| 3 | ASHA (Population Norms -1 ASHA per 1000 population) | - | - | - | - | 19 |
| 4 | Any other (If yes, specify) | | | | | |

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

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

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

| E. Service Delivery | |
|----------------------------|---|
| Service provided | <p>Reproductive Maternal and Child Health</p> <p><input type="checkbox"/> ANC/ PNC</p> <p><input checked="" type="checkbox"/> Neonatal and infant healthcare services</p> <p><input checked="" type="checkbox"/> Childhood and Adolescent healthcare services</p> <p><input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</p> <p>Communicable diseases</p> <p><input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> <p><input checked="" type="checkbox"/> TB</p> <p><input checked="" type="checkbox"/> Leprosy</p> <p><input type="checkbox"/> Acute simple illnesses</p> |

| | |
|--|--|
| | <p>Non-Communicable Diseases</p> <p><input type="checkbox"/> Screening and management of common NCDs (DM, HTN)</p> <p><input type="checkbox"/> Screening of common cancers – Oral</p> <p><input type="checkbox"/> Screening of common cancers – breast</p> <p><input type="checkbox"/> Screening of common cancers – cervix</p> |
|--|--|

E.2 Availability of Expanded Packages of Services

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

F. Essential medicines

| | |
|---|--|
| <p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</p> | <p>(Total medicines at AAM-SHC as per national EML is 105)</p> |
| <p>Total number of medicines available at AAM-SHC</p> | <p>32</p> |

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

| | |
|--|---|
| Is buffer stock for drugs maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DVDMS or any other software is being used for stock management | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| G. Essential diagnostics | |
| Number of diagnostics at AAM-SC as per State Essential Diagnostic list | (Total diagnostics at AAM-SC as per national EDLis 14) |
| Total number of diagnostic tests available at AAM-SC | Not Functional |
| Mode of diagnostic services | <input type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid |
| Arrangements for Sputum sample transport for TB | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Availability of diagnostic testing aids/ equipment | <input type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit |
| User fee charged for diagnostics | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

H. Information Technology & Teleconsultation

| | |
|---|--|
| Infrastructure (Availability) | <input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify) |
| Functionality | <input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify) |
| Arrangements for teleconsultation made | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Linked Hub for Teleconsultation | <input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: |
| Platform utilized for teleconsultation | <input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify) |
| Whether teleconsultation schedule has been prepared and displayed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|---|--|
| Common Conditions for which teleconsultation being done | |
| Total Teleconsultations in the last 01 month | |

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

| J. Finance | |
|---|---|
| Remuneration & Incentives | |
| Timely disbursement of incentives to ASHAs | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Timely disbursement of remuneration to CHOs | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Timely disbursement of remuneration to AAM-SC team (other than CHO) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Disbursement of performance-based incentives to CHO | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Disbursement of team-based incentives to AAM-SHC team | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility funds | |
| Timely disbursement of untied funds | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|---|---|-----------------------------|---------------|
| Fund flow through other sources Specify any other fund source: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Fund utilization % NHM Fund utilized last year: No fund received | Funds received (Amt in Rs.) | Expenditure (Amt in Rs.) | % Expenditure |
| Is untied fund being spent on following activities | Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| K. Governance | | | |
| Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | | |
|--|---|------------|
| Periodic VHND sessions undertaken (Sessions held against planned) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Involvement of CHO in community-based platforms | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| L. Wellness Activities | | |
| Wellness sessions being held periodically | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Availability of a trained instructor for wellness session | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Health Days are celebrated as per the Wellness Activity Calendar | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Number of Wellness sessions conducted in Last month | | |
| ASHA Functionality | | |
| Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial | |
| Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial | |
| Number of Village Health & Sanitation days conducted in last 6 months | | |
| M. Service delivery Output Indicators (Data of previous quarter) | | |
| 1 | Total number of outpatient department visits | 304 |
| 2 | No. of PW registered for ANC | |
| 3 | No. of PW received 4 or more ANC check-ups | |
| 4 | Total number of institutional deliveries | |
| 5 | Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified | |
| 6 | Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine | |
| 7 | Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine | |
| 8 | Number of cases referred from Sub centre AAM to PHC AAM during last 3 months | |
| 9 | 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 | | |
| 10 | Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above: | | | |
| 11 | NCDs <i>(No. of individuals in last 6 Months)</i> | Screened | Referred | Followed-up |
| | Hypertension | 0 | 0 | 0 |
| | Diabetes | 0 | 0 | 0 |
| | Oral Cancer | 0 | 0 | 0 |
| | Breast Cancer | 0 | 0 | 0 |
| | Cervical Cancer | 0 | 0 | 0 |

N. Implementation of NQAS Quality Assurance and Patient Safety

| | | |
|---|---|---|
| 1 | Has there been an internal assessment for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 | Is the facility certified at the State-level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 | Is the facility certified at the National level for NQAS? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4 | Is Facility participating in Kayakalp? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | If yes, achievement under Kayakalp (Winner, commendation) and score | |

| | | |
|----|----------------------------|---|
| 6 | Patient Rights No | <input type="checkbox"/> Display of citizen's charter <input type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information |
| 7 | Support Services No | <input type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables) |
| 8 | Infection control | <input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection |
| 9 | Clinical care | <input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism |
| 10 | Quality Management Systems | <input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance |

| O. IPHS Compliance | | |
|---------------------------|---|--------------------|
| 1 | Date of assessment using ODK tool kit | No assessment done |
| 2 | Facility aggregate score using ODK Took kit | |

| Remarks & Observations | |
|-----------------------------------|---|
| Infrastructure | <p>Water shortage</p> <p>No electricity, no power back up, no drinking water, no colour coded waste bins</p> |
| HRH | |
| IEC | <p>Shortage of IEC, No Citizen Charter</p> |
| Expanded service Packages | <p>Expanded Packages of services not available in the facility.</p> <p>ANM and ASHA not trained in all modules of Expanded CPHC package</p> |
| IT System | <p>Requirement of TAB/Desktop.</p> |
| Any Other | <p>Screening of Non communicable diseases not done.</p> <p>No reporting</p> <p>No fund received.</p> <p>No JAS meeting and no wellness activity</p> |

Appendix-List of equipment

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

Field Monitoring Format - Community Level

| | |
|--|--|
| Date of Visit | 10-01-2025 |
| Name of Village/ Slum visited | Bandajori |
| Details of nearest public health facility (from residence) | <i>Facility name:</i> AAM SHC Bandajori <i>Facility type:</i> SHC <i>Distance:</i> 1 km |
| Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Accessible from nearest road | <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No |

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 | | | |
| <i>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</i> | <i>Healthcare provider probes:</i> 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. | | √ Reason for the choice |
| | | Self (home remedies) | <ul style="list-style-type: none"> • Proximity, • Convenience • Economical • Trust/Faith on the provider/ Practice . |
| | | Informal healers | |
| | | private practitioners/ hospitals, | |
| | <i>Reasons probes:</i> Proximity, convenience, availability of | public/ government primary hospitals | √ |

| | | | | |
|---|--|---|--|--|
| <p>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.,) Reasons, thereof.</p> | <p><i>staff, free of cost services, trust on the provider.</i></p> | <p><i>(AAM-SHC/ PHC/ UPHC/ UAAM), √</i></p> | | |
| | | <p><i>secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)</i></p> | | |
| | | <p><i>AYUSH practitioners.</i></p> | | |
| | | <p><i>Self (home remedies)</i></p> | | |

Topic: Community's Awareness of AAM-SC/ PHC/ UPHC

| | | |
|--|---|---|
| <p>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p> <p>(Option for response- (Its open ended)</p> | <p>May use local terms as recognized by the community</p> <p>Services may include: <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p> | <p>The services provided are good and the medicines are also available.</p> |
|--|---|---|

| | | |
|---|--|---|
| <p><i>How long has it been there?</i></p> <p><i>What are the health services being provided there?</i></p> | <p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p> <p><i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i></p> | <p>More than a year</p> <p>ANC, Family Planning, NCD, Communicable disease, Elderly, Emergency medical care, Adolescent health, Immunization.</p> |
| <p>Topic: Accessibility to primary healthcare services</p> | | |
| <p><i>How do you access the facility from your residence?</i></p> | <p><i>Probes: Walk to the facility</i></p> <p><i>Use public transport</i></p> <p><i>Use personal transport</i></p> | <p>Walk</p> |
| <p><i>What are the challenges you face in accessing this facility?</i></p> | <p><i>Barriers may include:</i></p> <p><i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p> | <ul style="list-style-type: none"> • <i>Geographical barriers</i> • <i>structural barriers within the facility or its premises</i> • <i>financial barriers</i> • <i>socio-cultural barriers</i> • <i>Others, (please specify):.....</i> • <i>No issue in reaching the facility.</i> |
| <p><i>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?</i></p> | <p><i>Yes</i></p> | <p>Every week outreach program is organized.</p> <p>It helps the people with immunization and other programs. They don't have to go to the facility.</p> |

Topic: Availability of primary health care infrastructure and services

| <i>What are your opinions on the building in which the primary healthcare facility is functioning?</i> | Probes | Infrastructure and services | Response |
|--|--|--|---|
| <i>What more needs to be added to improve the treatment-seeking experience in this place?</i> | <ul style="list-style-type: none"> - Condition of the building - Maintenance - Dedicated space for waiting and examination - Adequate seating arrangement - Functional toilet - Potable and drinking water - Power supply | <i>Condition of the building</i> | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad |
| | | <i>Maintenance</i> | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad |
| | | <i>Dedicated space for waiting and examination</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <i>Adequate seating arrangement</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <i>Functional toilet</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | <i>Potable/ drinking water</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <i>Power supply</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <i>When you visit the facility, are the staff available to provide services?</i> | Staff may include: Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose |

| | | |
|---|---|--|
| <p><i>Do you feel that the staff available are adequate at the facility?</i></p> | <p><i>worker, health workers, any other.</i></p> | |
| <p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p> | <p>Probe</p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p> | <p>Yes, basic medicines are available.</p> <p>Sometimes if medicine is not available, people go to CHC Sarwan</p> |
| <p><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p> | <p>Probe</p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p> | <p>Only basic laboratory test is available, being SHC all tests are not available.</p> <p>For other lab test, referred to CHC.</p> |
| <p>Topic: Acceptability of healthcare services</p> | | |
| <p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p> | <p>Probe: <i>Adequate skills and knowledge</i></p> | <p>Yes</p> |

| | | |
|--|---|---|
| <p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/ technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p> | <p><i>Innovative may include</i> <i>painless, time-saving or cost-saving methods or technology</i></p> <p><i>Alternate phrasing:</i> <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment?</i> <i><u>This may include social, psychological, physical or financial distress.</u></i></p> | <p>Yes</p> <p>Yes</p> <p>As they are free of cost therefore using those services at the facility.</p> |
|--|---|---|

Topic: Appropriateness of primary healthcare services delivered through AAM

| | | |
|--|---|---|
| <p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is</i></p> | <p><i>Probe:</i> <i>To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe:</i> <i>To share some insights</i></p> | <p>Seasonal outbreak.</p> <p>The AAM-SC staff provides information regarding the disease and also organize wellness activities.</p> |
|--|---|---|

| | | |
|---|--|------------|
| <p><i>the AAM providing relevant healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p> | | <p>Yes</p> |
|---|--|------------|

Topic: Community's involvement / participation

| | | |
|---|---|--|
| <p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and your contribution</i></p> | <p>Probes</p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p> | <p>Wellness Activities.</p> <p>Providing support in organizing camps and activities.</p> |
|---|---|--|

Topic: Unmet Needs

According to you, what other services may be provided through the facilities to improve the health needs of the community?

How are the community members currently meeting these unmet needs?

Do they have to incur personal expenditure as a result?

Laboratory tests should be increased.

By going to CHC.

The travel cost incurred by the community people.

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

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*

Good.

Yes, by increasing Laboratory test and medicine availability.

| | | |
|---|--|-------------|
| <p><i>for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p> | <p>- <i>Effectiveness of medicines dispensed at the facility</i></p> | <p>Yes.</p> |
|---|--|-------------|

Summary:

| Key Challenges Observed | Root Cause |
|---|--|
| <ul style="list-style-type: none"> • <i>No vehicle of the Facility.</i> • <i>People have to travel to CHC or DH for lab test and medicine.</i> • <i>No drinking water and Toilet facility at the facility.</i> | <ul style="list-style-type: none"> • <i>Sometimes it hinders the outreach session.</i> • <i>Only few lab tests and medicines are done at the AAM-SC.</i> |