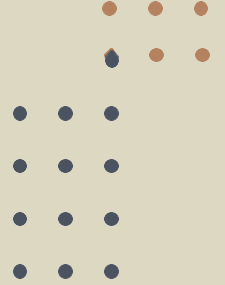


**JANUARY, 2025**

**A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE**

# **NATIONAL HEALTH MISSION**

**MAHE, PUDUCHERRY**



Submitted by:  
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# MAHE, PUDUCHERRY



## *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 Mahe district, Puducherry. 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.

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 Hospital Mahe, CHC Palloor; PHC Pandakkal; AAM SHC East Palloor; AAM SHC Cherukallai; AAM SHC Chalakkara and AAM SHC Chembra.

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.

## *Key Findings and Observations from the District:*

- ❖ **Infrastructure Maintenance and Civil work:** For a longer period of time, the facility's civil work requirements are ignored and unaddressed. Many health facilities lack adequate infrastructure, which hampers the delivery of quality healthcare services. Most of the facilities are situated in rented building. Issue of water shortage, no washroom facilities also effects the functionality.

# MAHE, PUDUCHERRY



- ❖ **Human Resource and Shortage of Equipment's:** There is often a deficit of trained medical staff in the district, leading to understaffed facilities. The district lacks sufficient medical officers and specialists at the facilities. Additionally, most facilities do not have functional X-ray and USG services.
- ❖ **Teleconsultation services:** Teleconsultation services are available at some of the facilities. However due to lack of staff, the utilization is low. Major cases of teleconsultation include fever, hypertension, skin disease, cough etc.
- ❖ **Public health financing:** As Mahe is an UT, funds are not being used fully as there is delay in file movement.
- ❖ **AAM Services:** The Sub Centres and Primary Health Centres have been converted to Ayushman Arogya Mandirs (AAM). AAM SHCs and PHCs successfully deliver majority of the Comprehensive Primary Healthcare (CPHC) packages. The AAM SHC and PHCs are also not delivery points.
- ❖ **NCD Screening:** NCD screening is provided at all levels of care, including CHC, PHC, SHC. Oral, Breast Cancer are only screened and suspected cases are referred to higher facilities whereas in case of Cervical cancer in absence of proper infrastructure it remains unscreened at most of the facilities.
- ❖ **Drugs and Diagnostics:** Drug availability is generally satisfactory across all visited facilities. Essential medicines were fully available at all levels.
- ❖ **Reproductive and Child Health Outcomes:** Delivery services are not performed at the primary levels as directed by the State government that delivery services should be performed from the Taluka hospital level. Family planning services are widely utilized, with oral pills and Condoms being the most common method. The birth rate is very low in the state. Immunization coverage is satisfactory.
- ❖ **Data reporting:** Data reporting is consistently updated across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya).

# MAHE, PUDUCHERRY

- ❖ **Quality Programs:** Quality programs such as Kayakalp, NQAS, SUMAN and LaQshya are actively implemented in the district.
- ❖ **National Health Programmes:** The NHM programs are effectively implemented, with nearly all of them operational in the district.
- ❖ **Community Interaction:** Community feedback shows a significant reliance on public health facilities. However, there is need to upgrade the facilities for better services.
- ❖

## District Health Facility Assessment

### District Hospital, Mahe

- The hospital has shortage of specialist staff such as Orthopedic, oncologist, radiologist, forensic.
- There are large number of cases of suicide in the district therefore Psychiatric is needed.
- As Mahe is an UT, funds are not being used fully as there is delay in file movement.
- The hospital doesn't provide dialysis unit, trauma center, nursing unit.
- Shortage of vehicle effects the outreach programme and also effects the monitoring of the various programs.



# MAHE, PUDUCHERRY

## CHC Palloor

- The facility is situated in an old building which requires renovation.
- The facility is under staffed; With 7
- doctors it's not possible to fully operate a CHC. Nursing officer shortage. Requirement of Senior Nursing officer.
- Facility don't provide USG services.
- There is a need to improve lab services.



## PHC Pandakkal

- The facility is under staffed. There is no gynecologist therefore proper ANC check up couldn't be done.
- The facility don has cleaning staff.
- There is no vehicle in the facility for outreach activities.



# MAHE, PUDUCHERRY

## AAM- SHC Cherukallai

- The facility is situated in a rented building on first floor. Situated on the first floor is a major hindrance for the patients to come. There is issue of space constraint.
- No basic facilities such as Drinking water and toilet facility for the patients are provided.
- As the facility is in rented building, all IEC material not displayed.



## AAM-SHC Chembra

- The facility operating from a rented building lags in basic infrastructure such as toilet facility, ramp services.
- Only few IEC materials were hanged up in the walls. As the facility is a rental there is issue in hanging of IEC material.



## AAM- SHC Palloor

- The facility is situated in a rented building.
- The facility lags in basic infrastructure such as water, power back up.
- Shortage of cleaning staff is a major issue.
- The facility doesn't provide delivery services.



## AAM-SHC Chalakara

- The facility is situated in a rented building adjoining with an Ayurveda Hospital.
- No basic facilities such as Drinking water and toilet facility for the patients are provided.
- Only few IEC materials were hanged up in the walls. Citizen charter was there but not displayed. As the facility is a rental there is issue in hanging of IEC material.



## *Recommendations:*

- 1. 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, toilet facilities should be available at the facility.
- 2. Focusing on Teleconsultation:** Teleconsultation services should be implemented in all the facility for better output and providing better facilities.
- 3. 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.
- 4. Focusing on CPHC Packages:** All Medical Officers at PHCs, along with CHOs, ANMs and ASHAs, should be trained in complete 12 CPHC packages to ensure efficient implementation and service delivery

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

Urban/ Rural: Rural

Date of Visit: 28-01-2025

General Information	
Name of facility visited	CHC Palloor
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: GH Mahe  Distance: 5 KM

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board  08:00 AM to 11:00 AM	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
3. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments: Old Building.	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 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			As reported/Hospital Citizen Charter Board	
5. List of Services available	ANC, PNC, Immunization, Family Planning, General OPD, ENT, Dental, Dressing, Casualty, Laboratory, Pharmacy, X-ray.			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	Yes		
	2	O&G	No		
	3	Pediatric	No		
	4	General Surgery	No		
	5	Anesthesiology	No		
	6	Ophthalmology	Yes		
	7	Dental	Yes		
	8	Imaging Services (X-ray)	Yes		

A. INFRASTRUCTURE			Means of Verification		
Indicator	INFRASTRUCTURE				
	9	Imaging Services (USG)	No		
	10	Newborn Stabilization Unit	No		
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input checked="" type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input type="checkbox"/> Not available			As reported	
<ul style="list-style-type: none"> <li>If Yes, Mention the specialists available 24*7</li> </ul>	<input checked="" type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: Casualty			As reported	
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	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			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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes,  Major OT <input type="checkbox"/>  Minor OT <input type="checkbox"/>			Observation Ensure signage and protocol displays	

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> <li>If yes, number of units of blood currently available: _____</li> <li>No. of blood transfusions done in last month: _____</li> </ul>	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input checked="" 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"> <li>Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> Quality/strength of internet connection: _____	As reported

B. Human Resources					As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		5	2		3
	Specialists	Medicine	1	1	-	-
Ob-Gyn		-	-	-	-	

	Pediatrician	-	-	-	-
	Anesthetist	-	-	-	-
	Dentist	-	-	1	1
	SNs/ GNMs	-	-	-	-
	LTs	1	0	1	1
	Pharmacist	3	0	2	2
	Dental Assistant/ Hygienist	-	-	-	-
	Hospital/ Facility Manager	-	-	-	-
	EmOC trained doctor	-	-	-	-
	LSAS trained doctor	-	-	-	-
	Others	-	-	-	-

<b>C. QUALITY PROGRAMMES</b>		<b>Means of verification</b>
13. Kayakalp	Initiated: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Facility score: Award received:  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 type="checkbox"/> No  Operation Theatre:	LaQshya Assessment Report – check score Verify certificate if awarded

	LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No  If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
<b>D. DRUGS AND DIAGNOSTICS</b>		
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 121  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) _121	
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, check
	2	DVDMS, E-aushadhi, etc.
	3	
	4	
	5	
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported

	In last 6 months, how many times there was a shortage ___ 0 ___	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"> <li>In-house tests</li> </ul>	Timing: 08:00 AM to 02:00 PM  Total number of tests available against Essential Diagnostic tests list for CHC ___ 10 ___	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	Timing: 08:00 AM- 02:00 PM  Total number of tests Provided by PPP Provider ___ 14 ___	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, type & no. of functional X-ray machine is available in the hospital: 01  Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL  <input type="checkbox"/> Free for elderly  <input type="checkbox"/> Free for JSSK beneficiaries	As reported

	<input checked="" type="checkbox"/> Free for all	
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 – ( <a href="https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf</a> ))		As reported
25. Average downtime of equipment (days)  Details of equipment are nonfunctional for more than 7 days	USG	As reported
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
26. Availability of delivery services	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Number of normal deliveries performed in last month: _____  No. of C-sections performed in last month: _____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: NA  OT:  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

<p>27. Status of JSY payments (No delivery services at the CHC level).</p>	<p>Payment is up to date:  <input type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Average delay: (Average for how many days/patients)</p> <p>Payment done till:</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>Verify from JSY status report</p>
<p>28. 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 type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p> <p><input checked="" type="checkbox"/>Free diagnostics</p> <p><input type="checkbox"/>Free blood services</p> <p><input type="checkbox"/>Free referral transport (home to facility)</p>	<p>As reported/As Displayed in Maternity Ward</p>

	<input type="checkbox"/> Free referral transport (drop back from facility to home)  <input type="checkbox"/> No user charges	
29. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, how many high risks pregnancies are identified on 9 <sup>th</sup> for previous month  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 type="checkbox"/> Birth attendant allowed in Labour room  <input type="checkbox"/> Obtaining Informed consent of the mother/ custodian  <input type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input checked="" 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	106	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	NA	Verify BF records
39. Number of sterilizations performed in last one month	NA	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	Oral contraceptive, Condom	Observation/ FP records and registers
43. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input checked="" 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_____	Observation, check AFHC register

	Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
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 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	595	268	268
	b. Diabetes	595	44	44
	c. Oral Cancer	-	-	-
	d. Breast Cancer	-	-	-
	e. Cervical Cancer	-	-	-
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) _____64_____	DBT/Nikshay Report		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	DBT/Nikshay Report		

	<p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	
	<p>Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months  <u>0</u></p>	DBT/Nikshay Report
	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing?  <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Investigations within public sector for other tests?  <input type="checkbox"/> Yes/ <input checked="" 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: 0</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme (Leprosy eradicated in 2004 in the district)	<p>Nos. of new case detected by Field Worker in last 12 months: 0</p> <p>Out of those, how many are having Gr. II deformity: 0</p> <p>Frequency of Community Surveillance: Continuous by ASHA worker.</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> <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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	Respective records						
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 500000/-</p> <p>Fund utilized last year: 499954/-</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Fund in prev. FY</th> </tr> <tr> <th style="width: 50%; text-align: center;">Utilized</th> <th style="width: 50%; text-align: center;">% Utilized</th> </tr> <tr> <td style="text-align: center;">99.99%</td> <td></td> </tr> </table>	Fund in prev. FY		Utilized	% Utilized	99.99%		Facility FMR
Fund in prev. FY								
Utilized	% Utilized							
99.99%								
	<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p>	RKS Register						
	<p>Reasons for underutilization of fund (if any)</p>	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> <p>IHIP: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>HWC Portal: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p> <p>Nikshay Portal: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated</p>	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	NA	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available  <input type="checkbox"/> CHC has contracted out ambulance services  <input type="checkbox"/> Ambulances services with Centralized call centre  <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	<p>Number:</p> <p>Types of cases referred in:</p>	Referral-in register
• How many cases from the CHC were referred to the DH last month?	<p>Number: 40</p> <p>Types of cases referred out: Medical, Surgery, ENT, Orthopedic &amp; Pediatric</p>	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Shortage of HR. HR is not sufficient. With 7 doctors its not possible to fully operate a CHC. Nursing officer shortage. Requirement of Senior Nursing officer.	No Pediatric, No Gynaecologist, No Anesthetist, No Orthopedic, No Surgeon at the CHC.
b) Requirement of equipment such as USG.	Lab services should be improved.
c) Old Building need renovation. Issue of space Constraint.	
d) More specialist doctors will increase the functionality of the CHC.	

Remarks & Observations (Write in Bullets within 100-300 words)
<p>CHC Palloor is a Community Health Centre located in Mahe District of Puducherry UT. The list of services available at the centre are ANC, PNC, Immunization, Family Planning, General OPD, ENT, Dental, Dressing, Casualty, Laboratory, Pharmacy, X-ray. The facility is 30 bedded. The facility is operational 24*7. The OPD timing is from 8:00 AM to 11:00 AM. There is no blood storage unit available in the facility. X-ray service is available. Delivery services is not performed in the facility. All the delivery services are performed at hospital level. The facility is not NQAS or Kayakalp certifies. The facility is well maintained following all SOPs of BMW. IEC were displayed. There is shortage of NHM fund. HR shortage also effects the functionality of the CHC. HR is not sufficient. With 7 doctors it's not possible to fully operate a CHC. Nursing officer shortage. Requirement of Senior Nursing officer. There is shortage of vehicle at the facility. There is issue of space constraint and old building which requires renovation. As per CHC guidelines the no. of laboratory tests done in the facility are less and need to be increased. More specialized services should be provided by the facility.</p>

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

**Urban /Rural: Urban PHC**

**Date of Visit: 28-01-2025**

<b>A. General Information</b>	
1. State	Puducherry
2. District Name	Mahe
3. Block/Taluka Name	Mahe
4. Name of Facility	PHC Pandakkal
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	1886
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	08:00 AM to 11:00 AM
9. Month & Year of operationalization of AAM	2024
10. Details of co-location, if any <i>(If any co-located SHC)</i>	2 Ward
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	CHC Palloor
13. Distance of next referral facility (in Km)	3 KM
14. If UPHC functions as a Polyclinic (Yes/No)	-
15. If Yes, please take note of available specialist services at the Polyclinic	-

<b>A.1 Demographic Details</b>	
1. Number of Villages/Wards	Ward 13, 14
2. No. of Households	1437
3. Total catchment Population	13860
4. Population who are 30 years of age and above	2611

<b>B. Physical Infrastructure</b>	
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	<b>S.no</b>	<b>Building</b>	<b>√ Mark</b>
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes	<input 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 checked="" 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 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 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 checked="" type="checkbox"/> Yes	<input 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 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

<b>B.1 Information, Education &amp; communication (IEC) material</b>			
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> Yes	<input 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

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

\*Desirable

# For PHC sub centre-Co-located

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

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

<b>E.1 Availability of Services</b>	
<b>Reproductive Maternal and Child Health</b>	<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
<b>Communicable diseases</b>	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
<b>Non-Communicable Diseases</b>	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

<b>E.2 Availability of Expanded Packages of Services</b>			
<b>Service Packages</b>	<b>Services Available</b>	<b>Drugs available</b>	<b>Diagnostics &amp; consumables available</b>

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 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
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	<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- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</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>104</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	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0"> <tr> <td><input type="checkbox"/> Oral Contraceptives</td> <td><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Analgesics / NSAIDs)</td> <td><input type="checkbox"/> Anti-fungal</td> </tr> <tr> <td><input type="checkbox"/> Anti-pyretic</td> <td><input type="checkbox"/> Anti-malarial</td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis	<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal	<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial
<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis						
<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal						
<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial						

		<input type="checkbox"/> Anti-allergics <input type="checkbox"/> 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-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>G.1 Availability of Diagnostic Services</b>		
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	17
4	Number of tests Provided through In House Mode	17

5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
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	No
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	No

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input 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 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 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 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 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 ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
20.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
21.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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

<b>H. Availability of IT Equipment &amp; Teleconsultation services</b>	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	0

<b>I. Wellness Activities</b>	
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
<b>J. Governance</b>	
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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

Renumeration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fund utilization			
	NHM Fund/untied funds utilized during last year: 2023-24	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)

	<b>100000/-</b>	<b>100000/-</b>	<b>100%</b>
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 checked="" 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 checked="" type="checkbox"/> No</p>		
<b>Status of JSY Payments</b>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
<b>Availability of JSSK entitlements</b>	<p><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
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	6950
2	No. of PW registered for ANC	9
3	No. of PW received 4 or more ANC check-ups	16
4	Total number of institutional deliveries	-
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	26
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	-
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	28
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	5
11	<b>TB patients undergoing treatment</b>	
	<b>Indicators</b>	<b>Current year</b>
	No. of presumptive TB patients identified	1
	No. of TB patients diagnosed out of the presumptive patients referred	1
	No. of TB patients taking treatment in the AAM	0
12	<b>Community Based Screening for NCDs</b>	

	% of target population administered CBAC		1505	
	% of target population with score below 4		645	
	% of target population with score 4 and above		860	
13	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>
	Hypertension	1505	682	682
	Diabetes	1505	372	372
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	1505	-	-
	Breast Cancer*	700	-	-
	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 type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced

		<input type="checkbox"/> All services provided free of cost <input 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	12-10-2024
2	Facility aggregate score using ODK Took kit	42.86%

### Remarks & Observations

Infrastructure

No parking facility.

No vehicle/ Ambulance service

HRH
Shortage of staff.
No gynaecologist so no proper ANC check up.
No cleaning staff.
IEC
Sufficient and displayed at the facility.
Expanded service Packages
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.
IT System
There is Desktop with internet facility.
Any Other

#### Annexure- List of equipment

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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	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	Yes		Yes	
30	HbA1C Analyser	Yes		Yes	
31	Turbidometer	Yes		Yes	
32	Glucometer	Yes		Yes	
33	Haemoglobinometer				
34	ESR Analyzer				
35	Electrolyte Analyzer	Yes		Yes	
36	Oxygen Cylinder- B Type	Yes		Yes	
37	BP Apparatus- Aneroid	Yes		Yes	
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table				
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-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 27-01-2025

A. General Information	
1. State	Puducherry
2. District Name	Mahe
3. Ward Name	Mahe
4. Name of Facility	HWC Cherukallai
5. Type of Facility	HWC
6. NIN of the facility	4865447165
7. No. of days in a week the facility is operational	6 Days
8. OPD Timing	08:00 AM to 10:30 AM (02:00 PM)
9. Month & Year of UAAM operationalization	01-04-2023
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	GH Mahe (District Hospital)
12. Distance of next referral facility (Km)	2 KM

A.1 Demographic Details	
1. Number of Wards	2
2. No. of Households	1032
3. Total catchment Population	4685
4. Population who are 30 years of age and above	761

<b>B. Physical Infrastructure</b>		
<b>Infrastructure Status and details</b>		<b>Availability</b>
1.	Availability of Govt owned building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	If there is no government-owned building, specify building type ( <i>Other Govt./Urban Local Body/ Rented etc.</i> )	Rented
3.	Availability of boundary wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour, 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.	Day Care Beds available ( <i>Norm – 2</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	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
9.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	<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>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility ( <i>even in local language</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material ( <i>related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc</i> )	<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

7	Display of citizen charter	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*Desirable amenities

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

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

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

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

Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
MPW (F) / (M)	-	-	-	-	-	-
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E.1 Availability of Services	
<b>Reproductive Maternal and Child Health</b>	<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
<b>Communicable diseases</b>	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
<b>Non-Communicable Diseases</b>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input 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 UAAM as per State Essential Medicine List (EML)  <i>Reference link for national EML:</i>  <a href="https://nhsreindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsreindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf</a>

		<i>(Total medicines at UAAM as per national EML is 105)</i>	
2	Total number of medicines available at the UAAM	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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>G.1 Availability of Diagnostic Services</b>		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In-house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	5
4	Number of tests Provided through In House Mode	5
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment (days)	
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	

<b>H. Availability of IT Equipment &amp; Teleconsultation services</b>	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop / Desktop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop

	<input checked="" type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> UPHC - Polyclinic <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Hospital <input type="checkbox"/> Other, specify:
Teleconsultation platforms used	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	0

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

J. Governance	
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
Minutes of meetings maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of functional MAS	<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 type="checkbox"/> Yes <input checked="" 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

L. Finance			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	UAAM Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	<b>Details</b>
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>United Fund utilized during last year</b>			
	<b>Funds received (Amount in Rs.)</b>	<b>Expenditure (Amount in Rs.)</b>	<b>% Expenditure</b>
	5000/-	5000/-	100%

<p><b>Is untied fund being spent on following activities?</b></p>	<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 checked="" 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 checked="" type="checkbox"/> No</p>
<p><b>Status of JSY Payments</b></p>	<p><b>Payment done till:</b></p> <p><b>Average Delay in Payment (days):</b></p> <p><b>Reasons for delay, if any</b></p>
<p><b>Availability of JSSK entitlements</b></p>	<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> <p><input type="checkbox"/> Free diet</p>

	<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
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M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits		547	
2	No. of PW registered for ANC		10	
3	No. of PW received 4 or more ANC check-ups		2	
4	Total number of institutional deliveries		-	
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		8	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine		7	
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month		2	
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months		-	
8	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	1		
	No. of TB patients diagnosed out of the presumptive patients referred	1		
	No. of TB patients taking treatment in the AAM	0		
9	<b>Community Based Screening for NCDs</b>			
	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
10	<b>NCDs</b>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>

	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension	67	11	11
	Diabetes	67	03	03
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	67	67	-
	Breast Cancer*	34	34	-
	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, recommendation) and score	
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" 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 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 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

<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	15-01-2025
2	Facility aggregate score using ODK Tool kit	31.24

### Remarks & Observations

<b>Remarks &amp; Observations</b>
<p><b>Infrastructure</b></p> <p>The facility is a rented building on first floor. Situated on the first floor is a major hindrance for the patients to come. There is issue of space constraint. No basic facilities such as Drinking water and toilet facility for the patients are provided.</p>
<p><b>HRH</b></p> <p>There is no cleaning staff.</p>
<p><b>IEC</b></p> <p>Sufficient IEC material in the facility, however citizen charter was not displayed.</p>

Expanded service Packages

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.

IT System

One Desktop was available with internet facility. Printer was not functional.

Any Other

**Annexure- List of essential equipment**

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

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

Date of Visit: 29-01-2025

A. General Information	
1. State	Puducherry
2. District Name	Mahe
3. Ward Name	Palloor (East)
4. Name of Facility	HWC Palloor
5. Type of Facility	HWC-SC
6. NIN of the facility	4286451481
7. No. of days in a week the facility is operational	6 Days
8. OPD Timing	08:00 AM to 10:30 AM
9. Month & Year of UAAM operationalization	01-04-2023
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	CHC Palloor
12. Distance of next referral facility (Km)	1 KM

A.1 Demographic Details	
1. Number of Wards	1
2. No. of Households	916
3. Total catchment Population	3848
4. Population who are 30 years of age and above	1900

## B. Physical Infrastructure

Infrastructure Status and details		Availability
1.	Availability of Govt owned building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	If there is no government-owned building, specify building type ( <i>Other Govt./Urban Local Body/ Rented etc.</i> )	Rented
3.	Availability of boundary wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour, 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Day Care Beds available ( <i>Norm – 2</i> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	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
9.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Availability of Running Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Provision of BMW management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	Colour coded waste bins	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22.	<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 ( <i>even in local language</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material ( <i>related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc</i> )	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*Desirable amenities

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

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

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

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

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

E.1 Availability of Services	
<b>Reproductive Maternal and Child Health</b>	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
<b>Communicable diseases</b>	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
<b>Non-Communicable Diseases</b>	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input 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 type="checkbox"/> Yes <input checked="" 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 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
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 UAAM as per State Essential Medicine List (EML)  <i>Reference link for national EML:</i>  <a href="https://nhsrindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf</a>  <i>(Total medicines at UAAM as per national EML is 105)</i>

2	Total number of medicines available at the UAAM	33	
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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In-house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	2
4	Number of tests Provided through In House Mode	2
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
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 (days)	0
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	0

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded)

Teleconsultation services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> UPHC - Polyclinic <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Hospital <input type="checkbox"/> Other, specify:
Teleconsultation platforms used	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	0

#### 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

#### J. Governance

Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months (once a month)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meetings maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of functional MAS	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No

L. Finance			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	UAAM Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	<b>Details</b>
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>United Fund utilized during last year</b>	<b>Funds received</b>	<b>Expenditure</b>	<b>% Expenditure</b>
	<b>(Amount in Rs.)</b>	<b>(Amount in Rs.)</b>	
	5000/-	5000/-	100%

<p><b>Is untied fund being spent on following activities?</b></p>	<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 checked="" 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 checked="" type="checkbox"/> No</p>
<p><b>Status of JSY Payments</b></p>	<p><b>Payment done till:</b></p> <p><b>Average Delay in Payment (days):</b></p> <p><b>Reasons for delay, if any</b></p>
<p><b>Availability of JSSK entitlements</b></p>	<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> <p><input type="checkbox"/> Free diet</p>

	<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
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits		2520	
2	No. of PW registered for ANC		5	
3	No. of PW received 4 or more ANC check-ups		4	
4	Total number of institutional deliveries		-	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified		3	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine		22	
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine		20	
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month		45	
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months		-	
8	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>	<b>Current year</b>		
	No. of presumptive TB patients identified	1		
	No. of TB patients diagnosed out of the presumptive patients referred			
	No. of TB patients taking treatment in the AAM	1		
9	<b>Community Based Screening for NCDs</b>			
	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
10	<b>NCDs</b>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>

	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension	150	94	94
	Diabetes	150	60	60
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	150	150	-
	Breast Cancer*	90	90	-
	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, recommendation) and score	
6	Patient Rights	<input 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 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

<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	18-01-2025
2	Facility aggregate score using ODK Tool kit	64%

### Remarks & Observations

Infrastructure
The facility is a rented building. No running water or drinking water facility is available at the centre. There was no electricity power back up. No bed available for In-patients.
HRH
There is no cleaning staff.
IEC
Sufficient IEC at the facility. No citizen charter displayed.

Expanded service Packages

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.

IT System

One Desktop with internet facility available at the centre.

Any Other

No Delivery services are conducted at the facility.

**Annexure- List of essential equipment**

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

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

Date of Visit: 29-01-2025

A. General Information	
1. State	Puducherry
2. District Name	Mahe
3. Ward Name	West Palloor
4. Name of Facility	HWC Chalakara
5. Type of Facility	HWC
6. NIN of the facility	2122775519
7. No. of days in a week the facility is operational	6 Days
8. OPD Timing	08:00 AM to 10:30 AM (Open till 02:00 PM)
9. Month & Year of UAAM operationalization	01/04/2023
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	CHC Palloor
12. Distance of next referral facility (Km)	2 KM

A.1 Demographic Details	
1. Number of Wards	1
2. No. of Households	655
3. Total catchment Population	3300
4. Population who are 30 years of age and above	1355

<b>B. Physical Infrastructure</b>		
<b>Infrastructure Status and details</b>		<b>Availability</b>
1.	Availability of Govt owned building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	If there is no government-owned building, specify building type ( <i>Other Govt./Urban Local Body/ Rented etc.</i> )	Rented
3.	Availability of boundary wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour, 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Day Care Beds available ( <i>Norm – 2</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	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
9.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Availability of Running Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Colour coded waste bins	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	<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>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility ( <i>even in local language</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material ( <i>related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc</i> )	<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

7	Display of citizen charter	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*Desirable amenities

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

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

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

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

Staff Nurse	-	-	-	-	-	-
MPW (F) / (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E.1 Availability of Services	
<b>Reproductive Maternal and Child Health</b>	<input 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
<b>Communicable diseases</b>	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
<b>Non-Communicable Diseases</b>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 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
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 UAAM as per State Essential Medicine List (EML)  <i>Reference link for national EML:</i>  <a href="https://nhsreindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsreindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf</a>

		<i>(Total medicines at UAAM as per national EML is 105)</i>	
2	Total number of medicines available at the UAAM	40	
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 type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>G.1 Availability of Diagnostic Services</b>		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In-house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	2
4	Number of tests Provided through In House Mode	2
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment (days)	0
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	0

<b>H. Availability of IT Equipment &amp; Teleconsultation services</b>	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop / Desktop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop

	<input checked="" type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> UPHC - Polyclinic <input type="checkbox"/> DH <input checked="" type="checkbox"/> Medical College Hospital <input type="checkbox"/> Other, specify:
Teleconsultation platforms used	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any ( not doing currently)
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	NA
Total teleconsultations in the last 01 month	0

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

J. Governance	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meetings maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of functional MAS	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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: U – win, E-win	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

L. Finance			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	UAAM Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	<b>Details</b>
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>United Fund utilized during last year</b>  <b>No fund received from NHM during last financial year 2023-2024.</b>			
	<b>Funds received (Amount in Rs.)</b>	<b>Expenditure (Amount in Rs.)</b>	<b>% Expenditure</b>

<p><b>Is untied fund being spent on following activities?</b></p>	<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 checked="" 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 checked="" type="checkbox"/> No</p>
<p><b>Status of JSY Payments</b> <b>(No deliveries done in SC)</b></p>	<p><b>Payment done till:</b></p> <p><b>Average Delay in Payment (days):</b></p> <p><b>Reasons for delay, if any</b></p>
<p><b>Availability of JSSK entitlements</b></p>	<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> <p><input type="checkbox"/> Free diet</p>

	<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
--	---

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits			1762
2	No. of PW registered for ANC			7
3	No. of PW received 4 or more ANC check-ups			11
4	Total number of institutional deliveries			-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			12
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			13
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month			1
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months			-
8	<b>TB patients undergoing treatment</b>			
	<b>Indicators</b>			<b>Current year</b>
	No. of presumptive TB patients identified			-
	No. of TB patients diagnosed out of the presumptive patients referred			
	No. of TB patients taking treatment in the AAM			
9	<b>Community Based Screening for NCDs</b>			
	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
10	<b>NCDs</b>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>

	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension	367	6	6
	Diabetes	367	4	4
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	142	142	-
	Breast Cancer*	98	98	-
	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, recommendation) and score	
6	Patient Rights	<input 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 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	19-10-2024
2	Facility aggregate score using ODK Took kit	45.31

### Remarks & Observations

<p><b>Infrastructure</b></p> <p>The facility is a rented building adjoining with an Ayurveda Hospital. The facility is of two rooms. There is issue of space constraint. There is a bed but no space to go inside the room. No basic facilities such as Drinking water and toilet facility for the patients are provided.</p>
<p><b>HRH</b></p> <p>There is no cleaning staff.</p>

IEC
Only few IEC material were hanged up in the walls. Citizen charter was there but not displayed. As the facility is a rental there is issue in hanging of IEC material.
Expanded service Packages
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.
IT System
There is one Desktop with internet facility.
Any Other

#### Annexure- List of essential equipment

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

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

Date of Visit: 29-01-2025

A. General Information	
1. State	Puducherry
2. District Name	Mahe
3. Ward Name	Chembra
4. Name of Facility	HWC Chembra
5. Type of Facility	HWC
6. NIN of the facility	6714776645
7. No. of days in a week the facility is operational	6 Days
8. OPD Timing	08:00 AM to 10:30 AM (open till 02:00 PM)
9. Month & Year of UAAM operationalization	01/04/2023
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	CHC Palloor
12. Distance of next referral facility (Km)	4 KM

A.1 Demographic Details	
1. Number of Wards	1
2. No. of Households	815
3. Total catchment Population	3730
4. Population who are 30 years of age and above	1378

## B. Physical Infrastructure

Infrastructure Status and details		Availability
1.	Availability of Govt owned building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	If there is no government-owned building, specify building type ( <i>Other Govt./Urban Local Body/ Rented etc.</i> )	Rented
3.	Availability of boundary wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour, 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.	Day Care Beds available ( <i>Norm – 2</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	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
9.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Colour coded waste bins	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	<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 ( <i>even in local language</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material ( <i>related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc</i> )	<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
7	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8	Information on grievance redressal displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
9	Information on referral transport displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10	Information on nearest referral facility displayed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\*Desirable amenities

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

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

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

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

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

E.1 Availability of Services	
<b>Reproductive Maternal and Child Health</b>	<input 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
<b>Communicable diseases</b>	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
<b>Non-Communicable Diseases</b>	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 type="checkbox"/> No	<input type="checkbox"/> Yes	<input 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. Availability of Essential medicines	
1	Number of medicines at UAAM as per State Essential Medicine List (EML)  <i>Reference link for national EML:</i>  <a href="https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf</a>  <i>(Total medicines at UAAM as per national EML is 105)</i>

2	Total number of medicines available at the UAAM	52																		
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever																		
4	Medicine categories with shortfall/stockouts on the day of assessment	<table border="0"> <tr> <td><input type="checkbox"/> Oral Contraceptives</td> <td><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Analgesics / NSAIDs)</td> <td><input type="checkbox"/> Anti-fungal</td> </tr> <tr> <td><input type="checkbox"/> Anti-pyretic</td> <td><input type="checkbox"/> Anti-malarial</td> </tr> <tr> <td><input type="checkbox"/> Anti-allergics</td> <td><input type="checkbox"/> Anti-hypertensive</td> </tr> <tr> <td><input type="checkbox"/> Antidotes for poisoning</td> <td><input type="checkbox"/> Oral hypoglycaemics</td> </tr> <tr> <td><input type="checkbox"/> Gastrointestinal meds</td> <td><input type="checkbox"/> Hypolipidemic</td> </tr> <tr> <td><input type="checkbox"/> Anti-filarial</td> <td><input type="checkbox"/> ORS</td> </tr> <tr> <td><input type="checkbox"/> Antibiotics</td> <td><input type="checkbox"/> Multi-vitamins</td> </tr> <tr> <td><input type="checkbox"/> Anti-leprosy</td> <td><input type="checkbox"/> Dermatological (cream)</td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis	<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal	<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial	<input type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-hypertensive	<input type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> Oral hypoglycaemics	<input type="checkbox"/> Gastrointestinal meds	<input type="checkbox"/> Hypolipidemic	<input type="checkbox"/> Anti-filarial	<input type="checkbox"/> ORS	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Multi-vitamins	<input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Dermatological (cream)
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<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Multi-vitamins																			
<input type="checkbox"/> Anti-leprosy	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In-house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	2
4	Number of tests Provided through In House Mode	2
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke- PPP Model	0
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 (days)	0
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	0

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input checked="" type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop / Desktop <input checked="" type="checkbox"/> Internet connectivity (government funded)

Teleconsultation services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> UPHC - Polyclinic <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Hospital <input type="checkbox"/> Other, specify:
Teleconsultation platforms used	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	0

#### 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

#### J. Governance

Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months (once a month)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meetings maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of functional MAS	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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: U win	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

L. Finance			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	UAAM Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	<b>Details</b>
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>United Fund utilized during last year</b>			
	<b>Funds received (Amount in Rs.)</b>	<b>Expenditure (Amount in Rs.)</b>	<b>% Expenditure</b>
	5000/-	5000/-	100%

<p><b>Is untied fund being spent on following activities?</b></p>	<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 checked="" 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>
<p><b>Status of JSY Payments</b></p>	<p><b>Payment done till:</b></p> <p><b>Average Delay in Payment (days):</b></p> <p><b>Reasons for delay, if any</b></p>
<p><b>Availability of JSSK entitlements</b></p>	<p><input 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> <p><input type="checkbox"/> Free diet</p>

	<input type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input checked="" 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
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>			
1	Total number of outpatient department visits		524
2	No. of PW registered for ANC		3
3	No. of PW received 4 or more ANC check-ups		2
4	Total number of institutional deliveries		-
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		4
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine		7
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month		0
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months		-
8	<b>TB patients undergoing treatment</b>		
	<b>Indicators</b>	<b>Current year</b>	
	No. of presumptive TB patients identified	1	
	No. of TB patients diagnosed out of the presumptive patients referred	1	
	No. of TB patients taking treatment in the AAM	1	
9	<b>Community Based Screening for NCDs</b>		
	% of target population administered CBAC		
	% of target population with score below 4		
	% of target population with score 4 and above		
10	<b>NCDs</b>	<b>Screened</b>	<b>Treated</b>
			<b>Follow-up</b>

	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension	390	5	5
	Diabetes	390	2	2
	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Follow-up</b>
	Oral Cancer*	390	390	-
	Breast Cancer*	120	120	-
	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, recommendation) and score	
6	Patient Rights	<input 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 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	15-01-2025
2	Facility aggregate score using ODK Took kit	52%

### Remarks & Observations

<p><b>Infrastructure</b></p> <p>The facility is a rented building. There is issue of space constraint for the OPD area. No basic facilities such as toilet facility and ramp services provided for the patients. There is no boundary wall. No power back up in the facility.</p>
<p><b>HRH</b></p> <p>There is no cleaning staff.</p>
<p><b>IEC</b></p>

Only few IEC materials were hanged up in the walls. As the facility is a rental there is issue in hanging of IEC material.

Expanded service Packages

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.

IT System

There is one Desktop with internet facility.

Any Other

#### Annexure- List of essential equipment

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

## Annexure VI

### Field Monitoring Format - Community Level

<b>Date of Visit</b>	29-01-20225
<b>Name of Village/ Slum visited</b>	East Palloor
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name:</i> HWC East Palloor  <i>Facility type:</i> HWC  <i>Distance:</i> 1 km
<b>Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area</b>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Accessible from nearest road</b>	<input 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	
<b>Topic: Community's choice of provider</b>			
<b><i>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</i></b>	<b><i>Healthcare provider probes:</i></b> <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.</i>		√ Reason for the choice
		<i>Self (home remedies)</i>	<ul style="list-style-type: none"> <li>• Proximity,</li> <li>• Convenience</li> <li>• Economical</li> <li>• Trust/Faith on the provider/ Practice .</li> </ul>
		<i>Informal healers</i>	
		<i>private practitioners/ hospitals,</i>	
		<i>public/ government</i>	√

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

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

<p><b>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</b></p> <p><b>(Option for response- (Its open ended)</b></p>	<p><b>May use local terms as recognized by the community</b></p> <p><b>Services may include:</b>  RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</p>	<p>The services provided are good and the medicines are also available.</p>
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<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><b>Topic: Accessibility to primary healthcare services</b></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><b><i>Barriers may include:</i></b></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"> <li>• <i>Geographical barriers</i></li> <li>• <i>structural barriers within the facility or its premises</i></li> <li>• <i>financial barriers</i></li> <li>• <i>socio-cultural barriers</i></li> <li>• <i>Others, (please specify): .....</i></li> <li>• <i>No issue in reaching the facility.</i></li> </ul>
<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</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>

<i>during such camps/ visits?</i>			
<b>Topic: Availability of primary health care infrastructure and services</b>			
<p><i>What are your opinions on the building in which the primary healthcare facility is functioning?</i></p> <p><i>What more needs to be added to improve the treatment-seeking experience in this place?</i></p>	<p><b>Probes</b></p> <ul style="list-style-type: none"> <li>- Condition of the building</li> <li>- Maintenance</li> <li>- Dedicated space for waiting and examination</li> <li>- Adequate seating arrangement</li> <li>- Functional toilet</li> <li>- Potable and drinking water</li> <li>- Power supply</li> </ul>	<b>Infrastructure and services</b>	<b>Response</b>
		<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input type="checkbox"/> Yes <input checked="" 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</i>	<b>Staff may include:</b> Medical officers(AAM PHC/ UPHC/ UAAM), Community health	Yes, they are available and are adequate for providing facility.	

<p><i>available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p><i>officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose 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><b>Probe</b></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.</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><b>Probe</b></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 HWC all tests are not available.</p> <p>For other lab test, referred to CHC and DH.</p>
<p><b>Topic: Acceptability of healthcare services</b></p>		
<p><i>Do you feel that the staff at the facility is capable to</i></p>	<p><b>Probe:</b> <i>Adequate skills and knowledge</i></p>	<p>Yes</p>

<i>provide health care?</i>		
<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><b>Innovative may include</b> painless, time-saving or cost-saving methods or technology</i></p> <p><i><b>Alternate phrasing:</b> Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></i></p>	<p>Yes</p> <p>Yes</p> <p>As they are free of cost therefore using those services at the facility.</p>
<b>Topic: Appropriateness of primary healthcare services delivered through AAM</b>		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p>	<p><i><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i><b>Probe:</b> To share some insights</i></p>	<p>Mainly there is high prevalence of Diabetes in the area.</p>

<p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>		<p>The AAM-SC staff provides information regarding the disease and also organize wellness activities.</p> <p>Yes</p>
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**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</i></p>	<p><b>Probes</b></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>
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<i>your contribution</i>		
<b>Topic: Unmet Needs</b>		
<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>Lab tests should be increased.</p> <p>By going to CHC, DH</p> <p>The travel cost incurred by the community people.</p>
<b>Topic: Quality of Care provided through the primary healthcare facility</b>		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p>	<p><b>Probes</b></p> <ul style="list-style-type: none"> <li>- <i>Provider behaviour/ attitude</i></li> <li>- <i>Waiting time</i></li> <li>- <i>Cleanliness of the premises</i></li> <li>- <i>Provision for Grievance redressal and escalation</i></li> <li>- <i>Practice of soliciting and implementing feedback</i></li> </ul>	<p>Good.</p>

<p><i>Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<ul style="list-style-type: none"> <li>- <i>Right diagnosis</i></li> <li>- <i>Accuracy of diagnostic tests done at the facility</i></li> <li>- <i>Effectiveness of medicines dispensed at the facility</i></li> </ul>	<p>Yes, by increasing Laboratory test and medicine availability.</p> <p>Yes.</p>
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**Summary:**

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