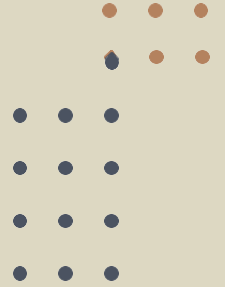


JANUARY, 2025

A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE

NATIONAL HEALTH MISSION

PALAKKAD, KERALA



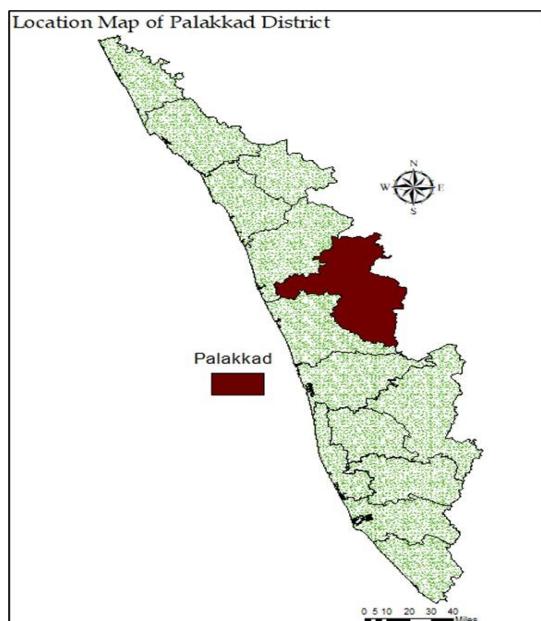
Submitted by:
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Prof. Suresh Sharma



PALAKKAD, KERALA

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 Palakkad district, Kerala. 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 Women & Child Hospital, Palakkad, CHC Kongad; CHC Kuzhalmannam; PHC FHC Mundur; PHC FHC Peruvemba; PHC FHC Puduppariyaram; UPHC Diara Street; AAM SHC Ezhakkad; UAAM SHC Kallepully; AAM SHC Kunduvempedam and AAM SHC Peruvemba.

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

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Key Findings and Observations from the District:

- ❖ **Infrastructure & Human Resource:** The facilities require infrastructural upgradation, as most of the facilities faces issue of shortage of space. Vehicle shortage is a major concern in the district as it affects the outreach activities. The district faces a shortage of specialists, medical officers and staff at DH, CHC, and PHC levels.
- ❖ **Teleconsultation services:** Teleconsultation services are not available at the facilities. Shortage of staff in the district have affected the teleconsultation service.
- ❖ **Public health financing:** There are shortage of funds in the district which leads to delay in disbursement of salary of staff. Some funds are also allotted by the Panchayats and Municipal Corporation to the facilities.
- ❖ **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. Although some medicines were temporarily out of stock at CHC and PHC levels, they were promptly restocked. Essential medicines were fully available at all levels. The facilities charge a fixed amount for laboratory test as fixed by the State government.
- ❖ **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

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and Condoms being the most common method. The birth rate is very low in the state. Immunization coverage is satisfactory.

- ❖ **Data reporting:** Most of the facility have started e-health services. Data reporting is consistently updated across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya).
- ❖ **Quality Programs:** Quality programs such as Kayakalp, NQAS, SUMAN and LaQshya are actively implemented in the district. Several facilities are NQAS and Kayakalp certified.
- ❖ **National Health Programmes:** The NHM programs are effectively implemented, with nearly all of them operational in the district. Under the 15th Finance Commission, the Municipal Corporation handles the construction of UAAMs.
- ❖ **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

Women & Child Hospital, Palakkad

- The hospital is mainly Women and Child hospital so maximum facilities are available at the adjacent District hospital.
- The hospital doesn't provide ICU & NRC facilities.
- Shortage of Fund leads to delay in salary disbursement.
- Shortage of vehicle in the facility.
- Shortage of staff leads to overburden the existing staff.



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CHC Kongad

- The facility lacks in shortage of specialists.
- No delivery services are conducted in the CHC as its directed by the State government that Delivery should start from Taluka level hospital.
- Facility don't provide USG services.
- All lab tests are charged a minimal amount except to JSSK beneficiaries as fixed by State Government.
- BMW managed through outsourcing agency.



CHC Kuzhalmanam

- The facility has shortage of space mainly for the OPD area.
- The facility is not functional 24*7 and lack in Medicine specialists
- The facility doesn't provide X-ray and USG services. No blood storage unit in the facility.
- Shortage of vehicle for outreach activities.



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PHC FHC Mundur

- The facility is e-health facility maintaining high standards in sanitation, equipment functionality, BMW management, IEC material display, and drug supply.
- Space shortage in the facility. The space is not designated for PHC. Other facilities such as AYUSH also operational in the same area.
- Shortage of fund is a major concern impacting the functionality of the PHC.



PHC FHC Peruvemba

- Shortage of space is the major issue in functionality. Pharmacy store and pharmacy store room both at same place which is causing rush in the area.
- Shortage of staff. The staff are not sufficient as per IPHS guidelines designated for the PHC. There is only 1 Pharmacist. The facility has been upgraded to PHC from SC, but the staff allotment has not been done.



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PHC FHC Puduppariyaram

- FHC Vizhinjam is well equipped and well-maintained. The only drawback is shortage of space. Physiotherapy equipment is there but nonfunctional due to lack of space.
- The facility doesn't perform basic laboratory services such as Thyroid.
- The facility requires an Accountant and a Data entry operator for better output of services.



UPHC Diara Street

- The facility is well maintained with all the SOPs followed.
- The specialist from the nearby District Hospital are providing services. Shortage of staff as Accountant, Data entry operator, Dresser.
- The U-PHC is also running as a Polyclinic providing Dermatology and ENT services.



AAM-SHC Ezhakkad

- The facility maintaining high standards in sanitation, equipment functionality, BMW management, IEC material display, and drug supply.



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AAM- SHC Kunduvmpedam

- The facility lags in providing basic infrastructure such as separate washroom.
- Shortage of fund is a major issue in its operation. No fund received by NHM during the financial year.



AAM-SHC Peruvemba

- The facility requires infrastructure such as power back-up, storage facility.
- The facility doesn't have infrastructure for IUD insertion therefore the ANM is doing in FHC.
- The facility doesn't have Desktop and Internet facility, in absence of this data reporting becomes irregular and also effects data quality.



UAAM-SHC Kallepully

- The facility is located in an urban area catering a huge population in a rented building which also hinders its functionality.
- The facility requires a ramp service for the patient convenience.
- The facility also has shortage of space for laboratory.



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Recommendations:

- 1. Focusing on CPHC Packages:** 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.
- 2. 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.
- 3. Upgradation of the facilities:** There is a high urgency of upgrading the infrastructure of the facilities of the district. The issue of shortage of vehicle should be addressed which could increase the outreach activities.
- 4. Focusing on Teleconsultation:** Teleconsultation services should be implemented in all the facility for better output and providing better facilities.

Field Monitoring Format -District Hospital (DH)

Date of Visit: 24-01-2025

GENERAL INFORMATION	
Name of facility visited	Women & Child Hospital Palakkad
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: MCH Thrissur Distance: 75

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	08:00 AM to 01:00 PM	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	<input type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____			
3. Number of functional in-patient beds	315 No of ICU Beds available:			As reported/Hospital Citizen Charter Board
4. List of Services available	OPD, IPD, Laboratory, Pharmacy, Public Health unit, ANC, Delivery, Immunization, Family Planning, Dental, Ophthalmology, Emergency, X-ray, USG, PICU.			As reported/Hospital Citizen Charter Board
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	No	
	2	O&G	Yes	
	3	Pediatric	Yes	
	4	General Surgery	No	
	5	Anesthesiology	Yes	
	6	Ophthalmology	Yes	
	7	Dental	Yes	

A. PHYSICAL INFRASTRUCTURE					
Indicator	Response			Means of verification	
	8	Imaging Services (X – ray)	Yes		
	9	Imaging Services (USG)	Yes		
	10	District Early Intervention Centre (DEIC)	Yes		
	11	Nutritional Rehabilitation Centre (NRC)	No		
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Yes		
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	No		
	14	Neonatal Intensive Care Unit (NICU)	No		
	15	Pediatric Intensive Care Unit (PICU)	Yes		
	16	Labour Room Complex	Yes		
	17	ICU	No		
	18	Dialysis Unit	No		
	19	Emergency Care	Yes		
	20	Burn Unit	No		
	21	Teaching block (medical, nursing, paramedical)	Yes		
22	Skill Lab	No			
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/Hospital Citizen Charter Board	
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal)			Tele-medicine records register/ e-sanjeevani portal	

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • If yes, number of units of blood currently available: <u>9</u> • No. of blood transfusions done in last month: <u>6</u> 	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/>	Observation

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	Other System, if any: (Specify) : PPP mode (IMAGE)	
11. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _Good_ 	As reported

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual		
		Sanctioned	Available	Sanctioned	Available	
	MO (MBBS)	-	-	-	-	
	Specialists	Medicine	-	-	-	-
		Ob-Gyn	8	9	2	1
		Pediatrician	3	3	-	-
		Anesthetist	1	1	1	1
		Surgeon	-	-	-	-
		Ophthalmologist	-	-	-	-
		Orthopedic	-	-	-	-
		Radiologist	-	-	-	-
		Pathologist	1	1	-	-
	Others	-	-	-	-	
	Dentist	-	-	1	1	
	Staff Nurses/ GNMs	-	-	-	-	
	LTs	-	-	-	-	
	Pharmacist	-	-	-	-	

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

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: Yes <ul style="list-style-type: none"> Facility score: 84.76% Award received: No 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> Assessment done: Internal Internal/State Facility score: 64 Certification Status: No 	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No ✓ If No, Assessment Done - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No ✓ If No, Assessment Done - <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No 	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS & DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
	<ul style="list-style-type: none"> If yes, total number of drugs in EDL 232 OPD Area: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No 	Verify EDL Displayed

https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidlines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<ul style="list-style-type: none"> No. of drugs available on the day of visit (out of the EDL) <u>230</u> 																
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 70%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td>As reported,</td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td>check DVDMS,</td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td>E-aushadhi,</td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td>etc.</td> </tr> </table>	1			2		As reported,	3		check DVDMS,	4		E-aushadhi,	5		etc.	
1																	
2		As reported,															
3		check DVDMS,															
4		E-aushadhi,															
5		etc.															
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage <u>0</u>	As reported Stock/Indent register															
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported															
<ul style="list-style-type: none"> In-house tests 	Timing: 24*7 Total number of tests available against Essential Diagnostic tests list for DH <u>76</u> (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house															
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: 24*7 Total number of tests provided by PPP provider : <u>121</u> Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP															

		provider agency
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: 2 Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. CT scan services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan):provided by adjacent Common DH hospital	Observation Patient interviews
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation

	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: - _____	Observation, Records
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<input type="radio"/> Previous year _____ <input type="radio"/> Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)		As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: ___268___	Verify C-section records from Maternity

	No. of C-sections performed in last month: ____102____	OT registers
<ul style="list-style-type: none"> • Comment on the condition of: 	<p>Labour room: Good</p> <p>OT: Good</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Observation
29. Status of JSY payments	<p>Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay in payment to beneficiaries:</p> <p>(Average for how many days/benefeciary)</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input checked="" type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay: fund shortage</p>	Verify from JSY status report
30. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p>	As reported/As Displayed in Maternity Ward

	<input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
31. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
33. Practice related to Respectful Maternity Care	<input 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
34. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths

		Records/R review
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
38. 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
39. Number of newborns immunized with birth dose at the facility in last 3 months	901	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	248	Verify BF records
41. Status of functionality of DEIC	<input checked="" type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant	Observation
42. Number of sterilizations performed in last one month	45	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported

45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	OCP, Condom.	As reported/observe FP registers/records if available		
46. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software		
47. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: Counsellor Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register		
48. Whether facility has functional NCD clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? No _____ days (Mention number of days) Services provided in adjacent District Hospital.	Check NCD register		
49. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported		
50. Number of individuals screened for the following in last 6 months:				
		Screened	Confirmed	NCD Register
a. Hypertension		-	-	-
b. Diabetes		-	-	-
c. Oral Cancer		-	-	-
d. Breast Cancer		-	-	-
e. Cervical Cancer		-	-	-

51. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____	DBT/Nikshay Report
	<ul style="list-style-type: none"> • If anti-TB drugs available at the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 	DBT/Nikshay Report
	<ul style="list-style-type: none"> • Availability of CBNAAT/ TruNat: <input type="checkbox"/>Yes/ <input type="checkbox"/>No • Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months 	DBT/Nikshay Report
	<ul style="list-style-type: none"> • Are all TB patients tested for HIV?<input type="checkbox"/>Yes/ <input type="checkbox"/>No • Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/>Yes/ <input type="checkbox"/>No 	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:	DBT/Nikshay Report
F. RECORDS, FINANCE, OTHERS		
53. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No • TB Notification Registers: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No • Malaria cases: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No • Palliative cases: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No • Leprosy cases: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No 	Respective records

54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:	Facility FMR									
	<table border="1"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>7446119</td> <td>7169708</td> <td>96.28%</td> </tr> </tbody> </table>		Fund in prev. FY			Received	Utilized	% Utilization	7446119	7169708	96.28%
	Fund in prev. FY										
Received	Utilized	% Utilization									
7446119	7169708	96.28%									
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register										
Reasons for underutilization of fund (if any)	Staff review										
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> • HMIS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated • MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated • IHIP: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated • HWC Portal: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated • Nikshay Portal: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated 	Check respective portals at the facility wrt last entries									
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Dec, 2024	RKS Register									
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available	As reported									

	<input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	
	Comment (if any):	
<ul style="list-style-type: none"> How many cases were referred here in the last month? 	Number: 6 Types of cases referred in: Maternal	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: 5 Types of cases referred out: Emergency	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) ICU is not available at the facility. b) No NRC c) This hospital is mainly Women and Child hospital so maximum facilities are available at the adjacent District hospital. d) Shortage of Staff e) Shortage of Vehicle f) Shortage of fund.	

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

The hospital is a District Women and Child hospital in the Palakkad District of Kerala state. The hospital is 315 bedded. There is no ICU facility in the hospital. The hospital is mainly focused on the maternal and child health services. Other services are provided at the adjacent District hospital. The list of services available are OPD, IPD, Laboratory, Pharmacy, Public Health unit, ANC, Delivery, Immunization, Family Planning, Dental, Ophthalmology, Emergency, X-ray, USG, PICU. There is no NRC at the hospital. Shortage of staff leads to overburden the existing staff. There is shortage of vehicle in the entire district. Shortage of NHM fund leads to delay of timely disbursement of salary of staff.

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

Urban/ Rural: Rural

Date of Visit: 23-01-2025

General Information	
Name of facility visited	CHC Kongad
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: DH Hospital Distance: 17 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 09:00 AM to 06:00 PM	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	18			As reported/Hospital Citizen Charter Board	
5. List of Services available	OP, IP, Immunization (Children & AN), ANC Clinic, Palliative Case, Lab, Pharmacy, Physiotherapy, NCD, X-ray, ECG & Public Health Activities.			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	No		
	2	O&G	No		
	3	Pediatric	No		
	4	General Surgery	No		
	5	Anesthesiology	No		
	6	Ophthalmology	No		
	7	Dental	No		
	8	Imaging Services (X-ray)	Yes		

A. INFRASTRUCTURE			Means of Verification
Indicator	INFRASTRUCTURE		
	9	Imaging Services (USG)	No
	10	Newborn Stabilization Unit	No
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available		As reported
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:		As reported
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input 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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month 120 If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input type="checkbox"/> Minor OT <input checked="" 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"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ 	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <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 type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: _Yes _____	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)		3	3	6	5
Specialists	Medicine	-	-	-	-	
	Ob-Gyn	-	-	-	-	

	Pediatrician	-	-	-	-
	Anesthetist	-	-	-	-
	Dentist		-	-	-
	SNs/ GNMs	1	2	4	4
	LTs	1	1	1	1
	Pharmacist	1	1	1	1
	Dental Assistant/ Hygienist	-	-	-	-
	Hospital/ Facility Manager	-	-	-	-
	EmOC trained doctor	-	-	-	-
	LSAS trained doctor	-	-	-	-
	Others	3	3	3	3

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Facility score: Award received: No Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Self Internal/State Facility score: 52.25 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 type="checkbox"/> No	
D. DRUGS AND DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed
	If yes, total number of drugs in EDL_232 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)_232	
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 DVDMS,
	2	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"> In-house tests 	Timing: 09:00 AM to 06:00 PM Total number of tests available against Essential Diagnostic tests list for CHC 64	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: 1 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 checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported

23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))		As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	No	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: 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</p>	<p>Payment is up to date: <input type="checkbox"/>Yes/ <input checked="" 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>As reported/As Displayed in Maternity Ward</p>

	<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	
29. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<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 checked="" 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	0	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	0	Verify BF records
39. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Oral Contraceptive and Condom	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to	Observation, check AFHC register

	adolescents: _____ANM_____			
	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? _All days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	5286	60	5286
	b. Diabetes	4060	53	4060
	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	DBT/Nikshay Report		

	month (average) __2%__	
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months __16__	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 16	DBT/Nikshay Report

50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 0 Out of those, how many are having Gr. II deformity: 0 Frequency of Community Surveillance: Continuous	Facility Register/Records for leprosy
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F. RECORDS, FINANCE, OTHERS

51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Respective records
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52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 1208890/- Fund utilized last year: 1208890/- <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Fund in prev. FY</th> </tr> <tr> <td style="width: 50%; text-align: center;">Utilized</td> <td style="width: 50%; text-align: center;">% Utilized</td> </tr> <tr> <td style="text-align: center;">100%</td> <td></td> </tr> </table>	Fund in prev. FY		Utilized	% Utilized	100%		Facility FMR
Fund in prev. FY								
Utilized	% Utilized							
100%								

	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Cleaning staff salary	RKS Register
	Reasons for underutilization of fund (if any)	Staff review
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Every 3 months	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	

<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 240 Types of cases referred in: NCD, TB cases	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 15 Types of cases referred out: emergency	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Shortage of HR	No specialist in the centre.
b) Shortage of Fund.	

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

CHC Kongad is a rural Community Health Centre located in Kongad block of Palakkad District. The list of services available at the centre are OP, IP, Immunization (Children & AN), ANC Clinic, Palliative Care, Lab, Pharmacy, Physiotherapy, NCD, X-ray, ECG & Public Health Activities. The facility is 18 bedded. The OPD timing is from 9:00 AM to 6:00 PM. There is no blood storage unit available in the facility. X-ray service is available. Delivery services is not performed in the facility as per the guidelines of the State government that Delivery will be conducted from the Taluka hospital to the higher health facilities. The facility is not NQAS or Kayakalp certified. However internal assessment has been done for NQAS. The facility is well maintained following all SOPs of BMW. IEC were displayed. There is shortage of NHM fund. HR shortage also affects the functionality of the CHC.

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

Urban/ Rural: Rural

Date of Visit: 25-01-2025

General Information	
Name of facility visited	CHC Kuzhalmannam
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: District Hospital Palakkad Distance:11 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 09:00 AM to 08:00 PM	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: Good	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	34			As reported/Hospital Citizen Charter Board	
5. List of Services available	24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Optometry, RBSK, AK, Palliative, Physiotherapy, Ambulance, ECG, Referral, Medicare, MIU, Specialist			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	Yes		
	2	O&G	No		
	3	Pediatric	Yes		
	4	General Surgery	No		
	5	Anesthesiology	No		
	6	Ophthalmology	No		
	7	Dental	Yes		
	8	Imaging Services (X-ray)	No		

A. INFRASTRUCTURE			Means of Verification		
Indicator	INFRASTRUCTURE				
	9	Imaging Services (USG)	No		
	10	Newborn Stabilization Unit	No		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available			As reported	
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:			As reported	
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input 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 checked="" type="checkbox"/> Yes/ <input 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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Tele-medicine records register/ e-Sanjeevani Portal	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input type="checkbox"/> Minor OT <input checked="" 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"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____ 	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <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 type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: Good	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		9	7	-	2
	Specialists	Medicine	-	-	-	-
Ob-Gyn		2	1	-	-	

	Pediatrician	1	1	-	-
	Anesthetist	1	1	-	-
	Dentist	0	0	1	1
	SNs/ GNMs	7	7	-	-
	LTs	2	2	-	-
	Pharmacist	2	2	-	-
	Dental Assistant/ Hygienist	0	0	-	-
	Hospital/ Facility Manager	0	0	1	1
	EmOC trained doctor	0	0	-	-
	LSAS trained doctor	0	0	-	-
	Others	0	0	-	-

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 65 Award received: No Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Yes Internal/State: Internal Facility score: 61 Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre:	LaQshya 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 type="checkbox"/> No	
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D. DRUGS AND DIAGNOSTICS

16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed
	If yes, total number of drugs in EDL 362 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) 200	

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
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18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Rabbies Vaccine	As reported, check DVDMS,	
	2		E-aushadhi, etc.	
	3			
	4			
	5			

19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
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	In last 6 months, how many times there was a shortage __ 2 __	Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;
<ul style="list-style-type: none"> In-house tests 	Timing: 09:00 AM to 06:00 PM Total number of tests available against Essential Diagnostic tests list for CHC 52	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: 09:00 AM to 06:00 PM Total number of tests Provided by PPP Provider 29	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries	As reported

	<input 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 – (https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	No	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	No	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: _____ No. of C-sections performed in last month: _____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: 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 Payment done for private hospital delivery patient</p>	<p>Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay: (Average for how many days/patients)</p> <p>Payment done till: November 2024</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	<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 th of every month	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<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 checked="" 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	-	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	-	Verify BF records
39. Number of sterilizations performed in last one month	-	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 checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Condom, OCP	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: RKSK Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register

45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? __ALL__ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	5648	82	82
	b. Diabetes	3768	97	97
	c. Oral Cancer	13	-	-
	d. Breast Cancer	68	-	-
	e. Cervical Cancer	68	-	-
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) 27	DBT/Nikshay Report		
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report		

	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months 0	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 100%	DBT/Nikshay Report
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: 1 Out of those, how many are having Gr. II deformity: 0 Frequency of Community Surveillance: 0	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 checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	Respective records			
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 6580101/-</p> <p>Fund utilized last year: 6580101/-</p>	Facility FMR			
	Fund in prev. FY				
	<table border="1"> <thead> <tr> <th>Utilized</th> <th>% Utilized</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td></td> </tr> </tbody> </table>		Utilized	% Utilized	100%
	Utilized	% Utilized			
	100%				
<p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>HMC-HR</p>	RKS Register				
<p>Reasons for underutilization of fund (if any)</p>	Staff review				

53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	22 Dec, 2024	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 58 Types of cases referred in: TB, Casualty, Skin	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 133 Types of cases referred out: Injury, MI, Accidental, MCL	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Issue of Space Constraint mainly for the OPD area.	Small area designated for the OPD.
b) Shortage of HR. c) Shortage of Specialist Doctors. d) Requirement of X-ray and USG services. e) No blood storage unit.	The facility is not functional 24*7.
f) Shortage of NHM fund. No timely disbursement.	Delay in salary of NHM staff.
g) Vehicle Shortage.	

Remarks & Observations (Write in Bullets within 100-300 words)
<p>CHC Kuzhalmannam is a rural Community Health Centre located in Kuzhalmannam block of Palakkad District. The list of services available at the centre are 24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Optometry, RBSK, AK, Palliative, Physiotherapy, Ambulance, ECG, Referral, Medicare, MIU, Specialist. The facility is 34 bedded. The OPD timing is from 9:00 AM to 8:00 PM. There is no blood storage unit available in the facility. X-ray, USG service are not available in the CHC. Delivery services is not performed in the facility as per the guidelines of the State government that Delivery will be conducted from the Taluka hospital to the higher health facilities. The facility is not NQAS or Kayakalp certified. However internal assessment has been done for NQAS. 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. Only Medicine specialist is available at the CHC.</p>

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

Urban /Rural: Rural_

Date of Visit: 24-01-2025

A. General Information	
1. State	Kerala
2. District Name	Palakkad
3. Block/Taluka Name	Kongad
4. Name of Facility	FHC Puduppariyaram
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	1118843885
7. No. of days in a week facility is operational	7
8. OPD Timings	09:00 AM to 06:00 PM
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	DH Palakkad
13. Distance of next referral facility (in Km)	8 KM
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	NA

A.1 Demographic Details	
1. Number of Villages/Wards	21
2. No. of Households	11732
3. Total catchment Population	43300
4. Population who are 30 years of age and above	24215

B. Physical Infrastructure	
Infrastructure Status and details	Availability

1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2.	If there is no government-owned Building, specify building type	S.no	Building	√ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4.	Availability of IPD Beds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes <input 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10.	Availability of furniture:	Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13.	Space/ room identified for Wellness activities including Yoga sessions	<input 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.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	4	4	-	1
2.	AYUSH MO*	1	0	0	-	-
3.	Dentist*	1	0	0	-	-
4.	Staff Nurse	2	3	3	-	1
5.	Pharmacist	1	2	2	-	1
6.	Laboratory Technician	1	1	1	-	1
7.	ANM/MPW (F)#	1	7	6	-	-
8.	MPW (M)	1	3	3	-	-
9.	Lady Health Visitor	1	0	0	-	-
10.	Dresser	1	1	1	-	-
11.	Accountant	1	0	0	-	-
12.	Data entry operator	1	-	-	-	1
13.	Sanitation staff	1	1	1	-	1
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		-	-	33	33
15.	ASHA Facilitator (If any, only for Rural areas)		0	0	-	-
16.	Others (Specify)		0	0	-	-
17.	Whether all essential HRH available as per IPHS 2022	Yes				

*Desirable

For PHC sub centre-Co-located

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

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available

Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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>362</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>						
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>300</p>						
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" 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 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	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	46 (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	46
4	Number of tests Provided through In House Mode	4

5	Number of tests Provided through Hub & Spoke (Public Health System)	4
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	8 Hours
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input 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 checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	411
Total teleconsultations in the last 01 month	76

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 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
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic VHND sessions undertaken	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

L. Finance

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

	345300	345300	100
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input 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>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p>		

	<input type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	14737
2	No. of PW registered for ANC	88
3	No. of PW received 4 or more ANC check-ups	83
4	Total number of institutional deliveries	84
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	18
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	24
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	19
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	106
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	11
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	28
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	25
	No. of TB patients diagnosed out of the presumptive patients referred	3
	No. of TB patients taking treatment in the AAM	25
12	Community Based Screening for NCDs	

	% of target population administered CBAC		59.67%	
	% of target population with score below 4		52.58%	
	% of target population with score 4 and above		43.39%	
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	26455	102	6803
	Diabetes	26455	96	6172
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	234	-	-
	Breast Cancer*	216	-	-
	Cervical Cancer*	92	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	70.8%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	09-01-2025
2	Facility aggregate score using ODK Took kit	80.88%

Remarks & Observations

Infrastructure

Space constraint.

Physiotherapy equipment is there but nonfunctional due to lack of space.

No equipment for Thyroid test.

HRH Shortage of staff.
IEC Sufficient IEC and displayed in 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				
15	Weighing Scale	Yes		Yes	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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- Ayushman Arogya Mandir-Primary Health Centre/ Urban Primary Health Centre (AAM -PHC/ AAM-UPHC)

Urban /Rural: Rural

Date of Visit: 25-01-2025

A. General Information	
1. State	Kerala
2. District Name	Palakkad
3. Block/Taluka Name	Kuzhalmannam
4. Name of Facility	FHC Peruvemba
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	7437662823
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	09:00 AM to 06:00 PM
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	THQH Chittur, DH Palakkad
13. Distance of next referral facility (in Km)	10 KM & 16 KM
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	14 Wards
2. No. of Households	5601
3. Total catchment Population	22600
4. Population who are 30 years of age and above	4600

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

2.	If there is no government-owned Building, specify building type	S.no	Building	√ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4.	Availability of IPD Beds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes	<input 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 If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available

Ophthalmic care services	<input 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	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>						
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>90</p>						
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Hypertension</p> <p><input 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	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	37
4	Number of tests Provided through In House Mode	37

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input 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 type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Hypertension, fever, Skin
Total teleconsultations in the last 01 month	75

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 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
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Specify others, if any:	IDSP, HWC Portal		
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 100000/- for each block.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
NHM Fund/untied funds utilized during last year:			

	368110/-	368110/-	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input 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>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p>		

	<input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <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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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	15544
2	No. of PW registered for ANC	46
3	No. of PW received 4 or more ANC check-ups	14
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	8
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	29
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	38
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	-
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	9
	No. of TB patients diagnosed out of the presumptive patients referred	0
	No. of TB patients taking treatment in the AAM	9
12	Community Based Screening for NCDs	

	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	9000	508	508
	Diabetes	2400	186	186
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	9000	-	-
	Breast Cancer*	-	-	-
	Cervical Cancer*	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	84%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	09-01-2025
2	Facility aggregate score using ODK Took kit	80.82%

Remarks & Observations

Infrastructure

Space constraint. Pharmacy store and pharmacy store room both at same place which is causing rush in the area.

<p>HRH</p> <p>Shortage of staff. The staff are not sufficient as per IPHS guidelines designated for the PHC. There is only 1 Pharmacist. The facility have been upgraded to PHC from SC, but the staff allotment have not been done.</p>
<p>IEC</p> <p>Requirement of IEC.</p>
<p>Expanded service Packages</p> <p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p>
<p>IT System</p> <p>There is Desktop with internet facility.</p>
<p>Any Other</p> <p>Limited fund from Panchayat.</p> <p>NHM fund is not timely disbursed.</p> <p>No Quality fund by NHM.</p>

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	Yes		Yes	
8	Phototherapy Unit				

S.No.	Equipment	Available	Not available	Functional	Non-Functional
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine	Yes		Yes	
13	Mobile Spotlight	Yes		Yes	
14	Manual Vacuum Aspirator				
15	Weighing Scale	Yes		Yes	
16	Baby Weighing Scale	Yes		Yes	
17	Infantometer	Yes		Yes	
18	Ophthalmoscope	Yes		Yes	
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
22	ILR With Voltage Stabilizer-Small				
23	Deep Freezer-Small				
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large				
26	Vaccine Carrier with Ice Packs				
27	Cell Counter – 3 Part	Yes		Yes	
28	Semi-Automated Biochemistry Analyser	Yes		Yes	
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser	Yes		Yes	
31	Turbidometer	Yes		Yes	
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer				
35	Electrolyte Analyzer				

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

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

Urban /Rural: Rural

Date of Visit: 24-01-2025

A. General Information	
1. State	Kerala
2. District Name	Palakkad
3. Block/Taluka Name	Kongad
4. Name of Facility	FHC Mundur
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	5635764482
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	09:00 AM to 02:00 PM
9. Month & Year of operationalization of AAM	September, 2024
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	CHC Kongad
13. Distance of next referral facility (in Km)	9
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	18
2. No. of Households	9543
3. Total catchment Population	36100
4. Population who are 30 years of age and above	19855

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

2.	If there is no government-owned Building, specify building type	S.no	Building	√ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4.	Availability of IPD Beds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6.	Availability of boundary Wall	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
17.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
18.	Power back up	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
21.	Provision of BMW management	<input 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 If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	2	-	-
2.	AYUSH MO*	1	-	-	-	-
3.	Dentist*	1	-	-	-	-
4.	Staff Nurse	2	2	2	-	-
5.	Pharmacist	1	1	1	-	1
6.	Laboratory Technician	1	-	-	-	1
7.	ANM/MPW (F)#	1	-	-	-	-
8.	MPW (M)	1	-	-	-	-
9.	Lady Health Visitor	1	1	1	-	-
10.	Dresser	1	-	1	-	-
11.	Accountant	1	-	1	-	-
12.	Data entry operator	1	-	-	-	-
13.	Sanitation staff	1	-	1	-	-
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	-	-	-	-	24
15.	ASHA Facilitator (If any, only for Rural areas)	-	-	-	-	-
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022			4 MLSP 1 RBSK		

*Desirable

For PHC sub centre-Co-located

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

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available

Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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>85</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>						
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>85</p>						
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" 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 checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	36 (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	36
4	Number of tests Provided through In House Mode	36

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	-
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	Oxygen Concentrator

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Skin, Fever, Diabetes, Hypertension.
Total teleconsultations in the last 01 month	60

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

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

K. Reporting

Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
NHM Fund/untied funds utilized during last year: 2023-24			

	341480/-	279380/-	81.81
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>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p>		

	<input type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	6763
2	No. of PW registered for ANC	75
3	No. of PW received 4 or more ANC check-ups	75
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	16
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	54
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	61
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	NA
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	13
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	-
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	720
	No. of TB patients diagnosed out of the presumptive patients referred	21
	No. of TB patients taking treatment in the AAM	20
12	Community Based Screening for NCDs	

	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	12000	786	786
	Diabetes	1800	200	200
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	-	-	-
	Breast Cancer*	-	-	-
	Cervical Cancer*	-	-	-

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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	23-01-2025
2	Facility aggregate score using ODK Took kit	69.69%

Remarks & Observations

Infrastructure

Space constraint in the facility. The space is not designated for PHC. Other facilities such as AYUSH also operational in the same area.

HRH

Shortage of HR is major issue in the facility.

IEC Sufficient IEC.
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				
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	Yes		Yes	
14	Manual Vacuum Aspirator				
15	Weighing Scale				
16	Baby Weighing Scale				
17	Infantometer				

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

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

Urban /Rural: Urban

Date of Visit: 24-01-2025

A. General Information	
1. State	Kerala
2. District Name	Palakkad
3. Block/Taluka Name	Palakkad
4. Name of Facility	UPHC Diara Street
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1114851262
7. No. of days in a week facility is operational	6
8. OPD Timings	08:00 Am to 07:00 PM
9. Month & Year of operationalization of AAM	September, 2024
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	DH, Palakkad
13. Distance of next referral facility (in Km)	1 km
14. If UPHC functions as a Polyclinic (Yes/No)	Yes
15. If Yes, please take note of available specialist services at the Polyclinic	Dermatologist and ENT

A.1 Demographic Details	
1. Number of Villages/Wards	22 Ward
2. No. of Households	10421
3. Total catchment Population	51341
4. Population who are 30 years of age and above	27853

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

2.	If there is no government-owned Building, specify building type	S.no	Building	√ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4.	Availability of IPD Beds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6.	Availability of boundary Wall	<input type="checkbox"/> Yes	<input checked="" 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 If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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>288</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>160</p>
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" 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> <p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p>

		<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-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 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	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	45

4	Number of tests Provided through In House Mode	45
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	0
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	0

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Stool for ova and cyst	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Fever, Skin, ANC, Hypertension
Total teleconsultations in the last 01 month	25

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

J. Governance

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

K. Reporting

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

L. Finance

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

<p>Fund utilization</p> <p>NHM Fund/untied funds utilized during last year:</p> <p>Supported by the Municipal Corporation.</p>	<table border="1"> <thead> <tr> <th data-bbox="600 255 895 454">Funds received (Amount in Rs.)</th> <th data-bbox="895 255 1179 454">Expenditure (Amount in Rs.)</th> <th data-bbox="1179 255 1471 454">% Expenditure</th> </tr> </thead> <tbody> <tr> <td data-bbox="600 454 895 640">MAS FUND 5000/year</td> <td data-bbox="895 454 1179 640">5000</td> <td data-bbox="1179 454 1471 640">100</td> </tr> </tbody> </table>			Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	MAS FUND 5000/year	5000	100
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure							
MAS FUND 5000/year	5000	100							
<p>Is untied fund being spent on following activities?</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>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>								

Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input 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	10591
2	No. of PW registered for ANC	57
3	No. of PW received 4 or more ANC check-ups	57
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	7
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	52
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	45
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	-
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	-
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	-
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	13
	No. of TB patients diagnosed out of the presumptive patients referred	13
	No. of TB patients taking treatment in the AAM	13

12	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	7500	1980	1980
	Diabetes	7500	1708	1708
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	7500	-	-
	Breast Cancer*	2300	-	-
	Cervical Cancer*	-	-	-

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

		<input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	June 2024
2	Facility aggregate score using ODK Took kit	83.3%

Remarks & Observations	
<p>Infrastructure</p> <p>Partial Boundary wall. The facility is well maintained with all the SOPs followed.</p>	

HRH
The specialist from the nearby District Hospital are providing services. Shortage of staff as Accountant, Data entry operator, Dresser.
IEC
Sufficient IEC.
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
The U-PHC is also running as a Polyclinic providing Dermatology and ENT services.

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				
13	Mobile Spotlight	Yes		Yes	
14	Manual Vacuum Aspirator				
15	Weighing Scale	Yes		Yes	

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

Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 24-01-2025

A. General Information	
1. State	Kerala
2. District Name	Palakkad
3. Ward Name	Parali
4. Name of Facility	UHC Kallepully
5. Type of Facility	Sub Centre
6. NIN of the facility	1135141347
7. No. of days in a week the facility is operational	6 Days
8. OPD Timing	01:00 PM to 07:00 PM
9. Month & Year of UAAM operationalization	April, 2024
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	UPHC Diara Street
12. Distance of next referral facility (Km)	5 KM

A.1 Demographic Details	
1. Number of Wards	9,10,11 (3)
2. No. of Households	2576
3. Total catchment Population	9034
4. Population who are 30 years of age and above	3055

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 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 checked="" type="checkbox"/> Yes <input 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.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility (<i>even in local language</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Display of IEC material (<i>related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5	Installation of TV/ LED screen in the waiting area for IEC display*	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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
3	MPW (Male)	1				
4	Sanitary Staff*	1			1	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	Yes	Yes	Yes	Yes	Yes	Yes
MPW (F) / (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	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>
	288

	https://nhsrcindia.org/sites/default/files/SHC-HWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf	<i>(Total medicines at UAAM as per national EML is 105)</i>	
2	Total number of medicines available at the UAAM	125	
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 checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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

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	0
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 (days)	
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input 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 type="checkbox"/> DH <input type="checkbox"/> Medical College Hospital <input type="checkbox"/> Other, specify:
Teleconsultation platforms used	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	NCD
Total teleconsultations in the last 01 month	36

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 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 type="checkbox"/> Yes <input checked="" 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			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
United Fund utilized during last year			
	Funds received	Expenditure	% Expenditure

	(Amount in Rs.)	(Amount in Rs.)	
	150000	136434	91%
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>		
Status of JSY Payments	<p>Payment done till:</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

	<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><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1200
2	No. of PW registered for ANC	-
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	-
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	-
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	-
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	-
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	-
8	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	-
	No. of TB patients diagnosed out of the presumptive patients referred	-
	No. of TB patients taking treatment in the AAM	-
9	Community Based Screening for NCDs	

	<table border="1"> <tr> <td>% of target population administered CBAC</td> <td></td> </tr> <tr> <td>% of target population with score below 4</td> <td></td> </tr> <tr> <td>% of target population with score 4 and above</td> <td></td> </tr> </table>			% of target population administered CBAC		% of target population with score below 4		% of target population with score 4 and above	
% of target population administered CBAC									
% of target population with score below 4									
% of target population with score 4 and above									
10	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up					
	Hypertension	1745	241	241					
	Diabetes	90	197	197					
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up					
	Oral Cancer*	1685	5	-					
	Breast Cancer*	-	-	-					
	Cervical Cancer*	-	-	-					

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score	
6	Patient Rights	<input checked="" 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 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	29 Sept, 2024
2	Facility aggregate score using ODK Took kit	96.46%

Remarks & Observations
<p>Infrastructure</p> <p>Rented building.</p> <p>Requirement of ramp.</p> <p>Requirement of space for laboratory.</p>
<p>HRH</p>
<p>IEC</p> <p>Requirement of IEC</p>
<p>Expanded service Packages</p> <p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p>
<p>IT System</p> <p>There is Desktop with internet facility.</p>
<p>Any Other</p>

Annexure- List of essential equipment

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

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

Date of Visit: 24-01-2025

A. General Information	
1. State	Kerala
2. District Name	Palakkad
3. Block/Taluka Name	Parli
4. Name of Facility	Ezhakkad
5. Type of Facility	SC
6. NIN of the facility	7142766844
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	02:00 PM to 04:00 PM
9. Month & Year of AAM operationalization	01/04/2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	FHC, Mundur & DH Palakkad
12. Distance of next referral facility (Km)	3 KM

A.1 Demographic Details	
1. Number of Villages	1 (4 Wards)
2. No. of Households	1907
3. Total catchment Population	7843
4. Population who are 30 years of age and above	5314

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

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

	<input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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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. Essential medicines	
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	

	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	28	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

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

G. Essential diagnostics

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

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

Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	Skin, Fever, Dental, Hypertension & Diabetes
Total Teleconsultations in the last 01 month	12

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

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

<p>Facility funds</p> <p>Timely disbursement of untied funds</p> <p>Fund flow through other sources</p> <p>Specify any other fund source:</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Panchayat : 10000 per ward.</p> <p>4 Wards = 40000</p>
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<p>Fund utilization</p> <p>% NHM Fund utilized last year:</p>	<p>Funds received</p> <p>(Amt in Rs.)</p>	<p>Expenditure</p> <p>(Amt in Rs.)</p>	<p>% Expenditure</p>

<p>Is untied fund being spent on following activities</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>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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K. Governance

<p>Community-based platforms</p> <p>Constitution of Jan Arogya Samiti</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Periodic JAS meetings in the last 6 months (Once a month)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
JAS meeting minutes available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	6	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	900
2	No. of PW registered for ANC	13
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	6
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	50

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			50
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			26
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	2		
	No. of TB patients diagnosed out of the presumptive patients referred	2		
	No. of TB patients taking treatment in the AAM	2		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	734	16	16
	Diabetes	734	10	10
	Oral Cancer	8	8	-
	Breast Cancer	5	5	-
	Cervical Cancer	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety

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

3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input checked="" 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 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
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	5-01-2025
2	Facility aggregate score using ODK Took kit	82.8%

Remarks & Observations
<p>Infrastructure</p> <p>The facility is well maintained.</p>
<p>HRH</p>
<p>IEC</p> <p>Sufficient</p>
<p>Expanded service Packages</p> <p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p>
<p>IT System</p> <p>There is Desktop with internet facility.</p>
<p>Any Other</p>

Appendix-List of equipment

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

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

Date of Visit: 24-01-2025

A. General Information	
1. State	Kerala
2. District Name	Palakkad
3. Block/Taluka Name	Kongad
4. Name of Facility	HWC Kunduvempadam
5. Type of Facility	Sub Centre
6. NIN of the facility	7723726837
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	09:00 AM to 04:00 PM
9. Month & Year of AAM operationalization	01/04/2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Kongad
12. Distance of next referral facility (Km)	10.5 KM

A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	872
3. Total catchment Population	3283
4. Population who are 30 years of age and above	1995

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

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

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

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

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

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

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

	<input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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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. Essential medicines	
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	

	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	32	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

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

G. Essential diagnostics

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

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

Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Skin, Fever, Joint pain, Eye problem
Total Teleconsultations in the last 01 month	25

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

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

Facility funds	
Timely disbursement of untied funds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fund flow through other sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify any other fund source:	Panchayat: 15000/-

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

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

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

JAS meeting minutes available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...12.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	6	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	750
2	No. of PW registered for ANC	9
3	No. of PW received 4 or more ANC check-ups	5
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	4
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	54
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	54

8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			7
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	3		
	No. of TB patients diagnosed out of the presumptive patients referred	3		
	No. of TB patients taking treatment in the AAM	2		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			1310 830 339
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	677	24	5
	Diabetes	654	18	3
	Oral Cancer	98	13	-
	Breast Cancer	18	2	-
	Cervical Cancer	6	1	-

N. Implementation of NQAS Quality Assurance and Patient Safety

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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	03-01-2025
2	Facility aggregate score using ODK Took kit	86.39%

Remarks & Observations

Infrastructure

No separate toilet facility for male and female in the centre.

HRH

IEC

Sufficient IEC.

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

Laptop, Desktop with Internet facility is available.

Any Other

Fund shortage, No fund received by NHM during the financial year.

Appendix-List of equipment

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

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

Date of Visit: 25-01-2025

A. General Information	
1. State	Kerala
2. District Name	Palakkad
3. Block/Taluka Name	Kollengode
4. Name of Facility	AAM HWC Peruvemba
5. Type of Facility	HWC
6. NIN of the facility	2485341487
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	02:00 PM to 04:00 PM
9. Month & Year of AAM operationalization	01/04/2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	FHC Peruvemba
12. Distance of next referral facility (Km)	1.5 KM

A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	1355
3. Total catchment Population	4561
4. Population who are 30 years of age and above	2920

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

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

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

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

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

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

	<p>Non-Communicable Diseases</p> <p><input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN)</p> <p><input checked="" type="checkbox"/> Screening of common cancers – Oral</p> <p><input type="checkbox"/> Screening of common cancers – breast</p> <p><input type="checkbox"/> Screening of common cancers – cervix</p>
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E.2 Availability of Expanded Packages of Services

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

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105)</p>
<p>Total number of medicines available at AAM-SHC</p>	<p>15</p>

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

	<input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	5
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Information Technology & Teleconsultation

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

Common Conditions for which teleconsultation being done	Fever, Skin Problems, Gynae case and medical cases.
Total Teleconsultations in the last 01 month	25

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

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

Fund flow through other sources Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure

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>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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K. Governance

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

Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...2.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	Yes	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1200
2	No. of PW registered for ANC	45
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	2
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	5
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	3
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	12
9	TB patients undergoing treatment	

	Indicators	Current year		
	No. of presumptive TB patients identified	6		
	No. of TB patients diagnosed out of the presumptive patients referred	-		
	No. of TB patients taking treatment in the AAM	-		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			88.3% 19.6%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	1267	162	-
	Diabetes	675	142	-
	Oral Cancer	37	37	-
	Breast Cancer	-	-	-
	Cervical Cancer	-	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety

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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	01-01-2025
2	Facility aggregate score using ODK Took kit	45.95%

Remarks & Observations	
Infrastructure	<p>Requirement of power back-up.</p> <p>Requirement of storage facility.</p> <p>Absence of infrastructure for IUD insertion in the facility so the ANM is doing in FHC.</p>
HRH	
IEC	<p>Requirement of IEC</p>
Expanded service Packages	<p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p>
IT System	<p>There is requirement of Desktop and Internet facility.</p>
Any Other	

Appendix-List of equipment

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

Annexure VI

Field Monitoring Format - Community Level

Date of Visit	24-01-20225
Name of Village/ Slum visited	Ezhakkad
Details of nearest public health facility (from residence)	<i>Facility name: AAM SC Ezhakkad</i> <i>Facility type: AAM SC</i> <i>Distance: 1 km</i>
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road	<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		
Topic: Community's choice of provider				
<i>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</i>	<i>Healthcare provider probes: 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 • Proximity, • Convenience • Economical • Trust/Faith on the provider/ Practice .
		<i>Self (home remedies)</i>		
		<i>Informal healers</i>		
		<i>private practitioners/ hospitals,</i>		
		<i>public/ government</i>	√	

<p>What about for conditions needing routine-visits/ check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.)</p> <p>Reasons, thereof.</p>	<p>Reasons probes: 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>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p> <p>(Option for response- (Its open ended)</p>	<p>May use local terms as recognized by the community</p> <p>Services may include: 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>Topic: Accessibility to primary healthcare services</p>		
<p><i>How do you access the facility from your residence?</i></p>	<p><i>Probes: Walk to the facility</i></p> <p><i>Use public transport</i></p> <p><i>Use personal transport</i></p>	<p>Walk</p>
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p><i>Barriers may include:</i></p> <p><i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p>	<ul style="list-style-type: none"> • <i>Geographical barriers</i> • <i>structural barriers within the facility or its premises</i> • <i>financial barriers</i> • <i>socio-cultural barriers</i> • <i>Others, (please specify):</i> • <i>No issue in reaching the facility.</i>
<p><i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed</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>			
Topic: Availability of primary health care infrastructure and services			
<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>Probes</p> <ul style="list-style-type: none"> - Condition of the building - Maintenance - Dedicated space for waiting and examination - Adequate seating arrangement - Functional toilet - Potable and drinking water - Power supply 	Infrastructure and services	Response
		<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>	Staff may include: 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>Probe</p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes, basic medicines are available.</p> <p>Sometimes if medicine is not available, people go to CHC.</p>
<p><i>Is the facility providing all the lab-tests/ diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Only basic laboratory test is available, being HWC all tests are not available.</p> <p>For other lab test, referred to CHC and DH.</p>
<p>Topic: Acceptability of healthcare services</p>		
<p><i>Do you feel that the staff at the facility is capable to</i></p>	<p>Probe: <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>Innovative may include</i> <i>painless, time-saving or cost-saving methods or technology</i></p> <p><i>Alternate phrasing:</i> <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></i></p>	<p>Yes</p> <p>Yes</p> <p>As they are free of cost therefore using those services at the facility.</p>
Topic: Appropriateness of primary healthcare services delivered through AAM		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p>	<p><i>Probe:</i> <i>To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe:</i> <i>To share some insights</i></p>	<p>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>Probes</p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p>Wellness Activities.</p> <p>Providing support in organizing camps and activities.</p>
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<i>your contribution</i>		
Topic: Unmet Needs		
<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>
Topic: Quality of Care provided through the primary healthcare facility		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - <i>Provider behaviour/ attitude</i> - <i>Waiting time</i> - <i>Cleanliness of the premises</i> - <i>Provision for Grievance redressal and escalation</i> - <i>Practice of soliciting and implementing feedback</i> 	<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"> - <i>Right diagnosis</i> - <i>Accuracy of diagnostic tests done at the facility</i> - <i>Effectiveness of medicines dispensed at the facility</i> 	<p>Yes, by increasing Laboratory test and medicine availability.</p> <p>Yes.</p>
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Summary:

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