



A Field Monitoring Report of the Key Components of the National Health Mission SOUTH DISTRICT, ANDAMAN & NICOBAR



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INTRODUCTION

The Ministry of Health and Family Welfare (MoHFW), Government of India has assigned Population Research Centre (PRC) the task of field monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan for the year 2024-25. This report of Population Research Centre, Institute of Economic Growth, PRC- IEG Delhi presents the key findings from the field monitoring of essential components under NHM in South district of Andaman & Nicobar Island. The report is prepared on the basis of visits to the following public health care facilities visited by the PRC-IEG Team: Prof. Suresh Sharma and Dr. Kiran Sharma. The facilities which team visited are GB Pant Hospital, Sri Vijayapuram, CHC Bambooflat, UPHC Gharacharma,, PHC Manglutan, PHC Chouldari, PHC Swarajdweep, SHC Guptapara, SHC Rangachang, SHC Shorepoint, SHC Kalapatther, SHC Krishna Nagar.

Meetings were held with the Mission Director, Directorate of Health Secretariat, State Programme Manager, District Programme Manager, RCH Officer, Senior Specialist Doctors, Medical Officer In-Charge (MOIC), Medical Officers (MOs), and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning

OVERVIEW

The Andaman & Nicobar Islands are known for their beautiful landscapes, but providing quality healthcare here is a major challenge. Despite offering free healthcare services, the region struggles with limited resources and infrastructure, which affects the quality of medical care.

CURRENT HEALTHCARE FACILITIES

Super Speciality Services

Currently unavailable on the islands, forcing patients to seek advanced treatment on the mainland. This leads to delayed treatment and increased financial burden for families.

Refferal Services

A free air ambulance (helicopter) service is provided for critical cases, but due to limited availability, timely access remains a challenge.

Cost of Medical Services

All medical services, including deliveries, diagnostic tests, outpatient (OPD), inpatient (IPD), and referrals, are provided free of cost. However, the quality of services is compromised due to limited resources.

Dedicated Tribal Healthcare Section

Special healthcare services are available for the tribal population. Linked Primary Health Centres (PHCs) and Sub-Centres conduct awareness camps and provide treatment in remote tribal areas. However, reaching these remote communities is often difficult due to poor

Janani Shishu Suraksha Karyakram (JSSK)

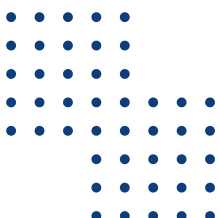
Not applicable here as all services are already free, but the lack of skilled healthcare workers affects maternal and child healthcare quality.

KEY CHALLENGES

HUMAN RESOURCE CHALLENGES

Lack of Specialist and Super-Specialist Doctors

- Many doctors avoid staying on the islands due to limited professional growth opportunities, lack of advanced medical facilities, and social isolation.
- The situation is worse in Nicobar due to its higher tribal population and challenging geographical distribution, which further discourages doctors from staying.



Shortage of ASHA Workers

With a monthly payment of ₹3000, it becomes difficult to attract and retain Accredited Social Health Activists (ASHA), especially considering the high cost of living and transportation.

Overburdened Healthcare Staff

- Limited human resources are expected to manage multiple portals, programs, and reporting systems, leading to mental and physical burnout.
- Auxiliary Nurse Midwives (ANMs) are unable to conduct regular home visits due to staff shortages and heavy workloads. Because they busy in handling multiple programmes at the same time and reporting in multiple portals that too at the same time.

Limited Training and Skill Development

- Healthcare workers have minimal access to regular training programs and workshops, which affects their ability to provide quality services.
- If General Duty Medical Officers (GDMOs) receive specialized training regularly, it can partially address the lack of super-specialists.

INFRASTRUCTURE CHALLENGES

Outdated Hospital Infrastructure

Although renovations are in progress, many facilities still lack advanced facilities and proper management systems

Limited Diagnostic Facilities

The absence of advanced diagnostic tools leads to delayed diagnosis and forces patients to travel to the mainland.

Poor Telemedicine Network

Weak internet connectivity limits the effectiveness of telehealth services and consultations with mainland specialists.

OTHER CHALLENGES

Delayed Emergency Response

Due to the geographical isolation, transporting critical patients to advanced healthcare facilities often faces delays

Lack of Awareness Programs

- Limited health education programs on preventive care and lifestyle diseases lead to a rise in chronic illnesses.
- Although a mental health program is running across the islands, there is no psychiatrist available, leaving mental health issues unaddressed.

Shortage of Medicines and Equipment

Transport constraints cause delays in the supply of essential drugs and medical tools

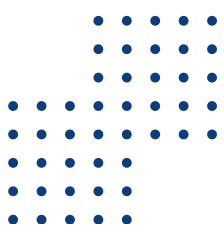
CHALLENGES AT FACILITIES

GB PANT HOSPITAL, SRI VIJAYAPURAM (PORT BLAIR)

GB Pant Hospital started as a district hospital and was upgraded to a medical college in 2015. However, even after becoming a tertiary care hospital, it does not offer advanced medical services because there are no super-specialist doctors, except in the cardiology department.

Infrastructure and Management

- The hospital building is quite old, which leads to poor management of services. Efforts are being made to improve the facilities.
- The hospital is not very clean, especially the labour room, which is dirty and poorly managed



- The Neonatal Intensive Care Unit (NICU) is not clean, which can affect the health of newborns.
- The lab has enough space, but poor management reduces its efficiency.
- There are very few posters, pamphlets, and other materials to educate patients and create awareness. More such materials are needed.



COMMUNITY HEALTH CENTRE,(CHC) BAMBOOFLAT

The Community Health Centre (CHC) in Bambooflat, South Andaman, is the only CHC in the region. It faces significant challenges in delivering quality healthcare services due to a lack of specialist doctors, limited diagnostic services, and outdated infrastructure.

Availability of Specialists

- No full-time specialist doctors are available.
- A gynecologist visits only twice a month, restricting maternal healthcare access.
- Pediatric services are limited to teleconsultation without in-person specialist support.
- Ultrasound (USG) services are provided only once a month, delaying timely diagnosis and antenatal care.
- Minimal deliveries occur due to the absence of a full-time gynecologist and the proximity of the district hospital.

Shortage of Equipment and Medicines

- The facility experiences a severe shortage of medical equipment.
- Although supply requests are made on time, deliveries are often delayed, affecting service delivery.
- The essential drug list is inadequate, leading to a shortage of key medications.
- Laboratory tests available in-house do not meet the prescribed norms, limiting diagnostic capabilities.



URBAN PRIMARY HEALTH CENTRE(UPHC) & PRIMARY HEALTH CENTRES (PHCs)

The healthcare infrastructure in South District of Andaman & Nicobar Islands, encompassing UPHC Gharacharma and PHCs in Manglutan, Chouldari, and Swarajdweep, is undergoing significant renovation and upgrade. Despite these efforts, numerous critical challenges persist, hampering the effective delivery of healthcare services. These issues primarily revolve around hygiene, infrastructure, equipment, and human resources.

- UPHC Gharacharma, PHC Manglutan, and PHC Chouldari suffer from poor hygiene and sanitation, especially in labour rooms and washroom facilities.
- PHC Swarajdweep maintains satisfactory cleanliness but struggles with operational challenges due to limited staff.

- Many facilities are equipped with outdated and rusted equipment, particularly in labour rooms and diagnostic laboratories.
- The absence of functional teleconsultation services restricts access to specialist doctors and timely diagnosis.
- PHC Swarajdweep (Havelock) faces additional pressure due to the influx of tourists and laborers, which the limited staff is unable to manage efficiently.
- Laboratories are mismanaged, with limited tests being conducted and no proper display of available services.
- Poor record-keeping systems result in delayed access to patient data, hampering timely diagnosis and treatment.



AAM – SUB HEALTH CENTRES

The assessment of five AAM Sub-Health Centres, namely Guptapara, Rangachang, Shorepoint, Kalapatther, and Krishna Nagar (Swaraj Dweep), highlights several common challenges and areas for improvement across infrastructure, service delivery, human resource availability, and data management.

Infrastructure and Maintenance

- Across all centres, there is a lack of proper maintenance and cleanliness. While Guptapara and Rangachang have adequate space, Shorepoint and Kalapatther struggle with poor infrastructure, absence of boundary walls, and lack of basic utilities like drinking water.
- The Krishna Nagar centre, although fully constructed, is yet to be operational. Poor maintenance of laboratories and limited IEC materials are also common issues.

Service Delivery and Diagnostic Capabilities

- All centres face challenges in providing comprehensive healthcare services. While Rangachang conducts NCD screenings, it lacks resources for cervical cancer screening. Shorepoint and Kalapatther do not conduct institutional deliveries due to proximity to better-equipped facilities.
- Teleconsultation services are non-functional in Guptapara and Shorepoint due to network issues. Diagnostic tests are incomplete, and essential rapid testing kits are unavailable in Rangachang and Shorepoint

Human Resource Challenges

- There is a critical shortage of ASHA workers, particularly in Rangachang, which has a large catchment area. Additionally, the absence of male staff forces female workers to handle emergency dressing. The need for training ANMs and ASHAs on expanded healthcare packages is also emphasized.



RECOMMENDATIONS

Retention of Specialist Doctors

Attractive salary packages, additional perks, and benefits should be provided to specialist doctors, especially in remote islands, to encourage long-term retention.

Integration of Multiple Portals

The various digital portals and reporting apps should be integrated into a single platform to reduce the workload on healthcare professionals, prevent data manipulation or inaccuracies, and streamline reporting processes.

Regular Training and Capacity Building

- Periodic training sessions and workshops should be conducted for doctors and healthcare staff to enhance their skills and keep them updated with the latest medical practices.
- In remote islands where specialist doctors are not retained, General Duty Medical Officers (GDMOs) should receive specialized training to manage emergency conditions effectively.

Increased Incentives for ASHA Workers

ASHA workers currently receive only ₹3,000, while the cost of living and transportation is significantly high. Their incentives should be increased to ensure motivation and better service delivery.

Optimizing Program Implementation

Multiple healthcare programs should not be implemented simultaneously, as there is already a shortage of human resources across the Andaman region. Overburdening healthcare workers leads to a decline in service quality, and ANMs are unable to conduct essential house visits. A strategic scheduling approach should be adopted to optimize resource allocation.

CONCLUSION

The Andaman & Nicobar Islands face unique healthcare challenges due to their remote location and limited resources. By focusing on improving human resources, integrating reporting systems, upgrading infrastructure, and enhancing community outreach, the region can overcome these challenges and provide quality healthcare services to its residents.

CHECKLISTS SUBMITTED

1. GB Pant Hospital, Sri Vijayapuram
2. CHC Bambooflat
3. UPHC Gharacharma
4. PHC Manglutan
5. PHC Chouldari
6. PHC Swarajdweep
7. AAM-SHC Guptapara
8. AAM-SHC Rangachang
9. AAM- SHC Shorepoint
10. AAM-SHC Kalapatther

District Hospital (DH)

Date of Visit: 06/ 03/ 2025

GENERAL INFORMATION	
Name of facility visited	GB Pant Hospital, South Andaman
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: Distance:

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	8:30 AM – 5:00 PM	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: <ul style="list-style-type: none">• Infrastructure is good and Spacious.• However, Hygiene and Cleanliness was found to be below satisfactory level.	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	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	<input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): Currently Undergoing_			
3. Number of functional in-patient beds	No. of IPD Beds: 545 No of ICU Beds available: 18			As reported/Hospital Citizen Charter Board
4. List of Services available	<ul style="list-style-type: none"> • Emergency Care • Medicine • Obs & Gynae • Paediatric • General Surgery • Anaesthesia • Dental • Imaging 			As reported/Hospital Citizen Charter Board
<ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	Y	
	2	O&G	Y	
	3	Pediatric	Y	
	4	General Surgery	Y	
	5	Anesthesiology	Y	
	6	Ophthalmology	Y	
	7	Dental	Y	

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	8	Imaging Services (X – ray)	Y	
	9	Imaging Services (USG)	Y	
	10	District Early Intervention Centre (DEIC)	N	
	11	Nutritional Rehabilitation Centre (NRC)	N	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	Y	
	14	Neonatal Intensive Care Unit (NICU)	Y	
	15	Pediatric Intensive Care Unit (PICU)	Y	
	16	Labour Room Complex	Y	
	17	ICU	Y	
	18	Dialysis Unit	Y	
	19	Emergency Care	Y	
	20	Burn Unit	Y	
	21	Teaching block (medical, nursing, paramedical)	Y	
22	Skill Lab	Y		
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/Hospital Citizen Charter Board
6. Tele-medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal) : 6-7			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 type="checkbox"/> No	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input checked="" type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input checked="" type="checkbox"/> Emergency OT	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>277</u> No. of blood transfusions done in last month: <u>352</u> 	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input checked="" type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	As reported

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	<ul style="list-style-type: none"> Internet connectivity: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: _____EXCELLENT_____ 	

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)	39	29	0	6
	Specialists	Medicine	04	0	0	0
		Ob-Gyn	03	0	0	0
		Pediatrician	02	01	0	0
		Anesthetist	03	01	0	0
		Surgeon	03	02	0	0
		Ophthalmologist	01	0	0	0
		Orthopedic	01	0	0	01
		Radiologist	01	0	0	0
		Pathologist	01	0	0	0
	Others	0	0	0	0	
		Dentist	02	0	0	0
		Staff Nurses/ GNMs	166	138	0	01
	LTs	30	19	0	0	
	Pharmacist	36	35	0	0	
	Dental Technician/ Hygienist	02	02	0	0	

	Hospital/ Facility Manager	0	0	0	0
	EmOC trained doctor	0	0	0	0
	LSAS trained doctor	0	0	0	0
	Others	0	0	0	0

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: YES <ul style="list-style-type: none"> Facility score: 92% Award received: NIL 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> Assessment done: NO Internal/ State : YES Facility score: Certification Status: 	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> ✓ LaQshya Certified – ✓ <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified – ✓ <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No ✓ If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No 	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS & DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
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"> If yes, total number of drugs in EDL _____ 545 _____ EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____ 545 _____ 	Verify EDL Displayed

17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____	Observation, Check software						
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;">1</td> <td rowspan="5" style="text-align: center; vertical-align: middle;">NO ANY</td> </tr> <tr> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">5</td> </tr> </table>	1	NO ANY	2	3	4	5	As reported, check DVDMS, E-aushadhi, etc.
1	NO ANY							
2								
3								
4								
5								
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____0____	As reported Stock/Indent register						
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported						
<ul style="list-style-type: none"> In-house tests 	Timing: 8:00 AM- 5:00 PM Total number of tests available against Essential Diagnostic tests list for DH _____46_____ (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: Total number of tests provided by PPP provider : ___NO ANY_____ Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP provider agency						

21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. CT scan services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes: <input checked="" type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan):	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 type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	Observation, Records

	Total number of tests performed: - _____17554_____	
<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: NOT REPORTED <input type="radio"/> Current FY: NOT REPORTED <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)	VENTILATOR	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: _____151_____ No. of C-sections performed in last month: _____101_____	Verify C-section records from Maternity OT registers

<ul style="list-style-type: none"> • Comment on the condition of: 	<p>Labour room:</p> <ul style="list-style-type: none"> • Labour is spacious and facility is having all the equipments. But Hygiene was below satisfactory level. • Washrooms were uncleaned and bedsheets were dirty. <p>OT: Spacious and well maintained. Facility has all the equipments and they are even modifying it.</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 checked="" 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>	Verify from JSY status report
30. Availability of JSSK entitlements	<p><input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p>	As reported/As Displayed in Maternity Ward
ALREADY ALL SERVICES ARE FREE FOR ALL		

	<input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
31. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month <u>67</u> If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
33. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	Previous year: 1 Current year:0	Maternal Deaths

		Records/R 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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observatio n Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	486	Immunisati on Register
40. Number of Newborns breastfed within one hour of birth during last month.	115	Verify BF records
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input checked="" type="checkbox"/> Not functional/ All posts vacant	Observatio n
42. Number of sterilizations performed in last one month	16	FP Sterilizatio ns register Verify if fixed days of sterilizatio n 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"/>	As reported

	Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____			
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Acceptance for FP Methods are good. And utilization of COPPER T and DMPA is more.	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: _____MO_____ 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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
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: Being screened through PHCs and Sub Centres.		Screened	Confirmed	NCD Register
	a. Hypertension	-	21	
	b. Diabetes	-	66	
	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 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) ____1% ____			DBT/Nikshay Report
	<ul style="list-style-type: none"> • If anti-TB drugs available at the facility: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • 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
	<ul style="list-style-type: none"> • Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months ____80.5% ____ 			DBT/Nikshay Report
	<ul style="list-style-type: none"> • Are all TB patients tested for HIV?<input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No 			DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 83.24%			DBT/Nikshay Report
F. RECORDS, FINANCE, OTHERS				
53. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No 			Respective records

	<ul style="list-style-type: none"> • Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No 										
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: <table border="1" style="margin-left: auto; margin-right: auto;"> <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>10 LAKH</td> <td style="background-color: red;"></td> <td>45</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization	10 LAKH		45	Facility FMR
	Fund in prev. FY										
	Received	Utilized	% Utilization								
10 LAKH		45									
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register										
Reasons for underutilization of fund (if any)	Staff review										
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> • HMIS: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated • MCTS: <input type="checkbox"/>Updated/ <input type="checkbox"/>Not updated • IHIP: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated • HWC Portal: <input 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									
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Once in a year.	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: 92 Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: 77 Types of cases referred out:	Out-referral register

Key Challenges & Observations

- The hospital's infrastructure is quite old and outdated, leading to mismanagement. However, renovation work is currently underway to improve the facilities.
- Cleanliness and hygiene levels were found to be below satisfactory standards.
- The labour room, in particular, was observed to be unhygienic and poorly managed.
- There is also a shortage of medical equipment, which further hampers the quality of care.
- The Neonatal Intensive Care Unit (NICU) also faced cleanliness issues. Although the laboratory had adequate space, it was still mismanaged, affecting efficiency.
- The presence of IEC materials in the hospital was minimal.
- There is an urgent need to install more IEC materials to enhance patient awareness and education.
- Despite being a tertiary care hospital and a medical college, the institution does not provide super-specialty services due to the unavailability of super-specialist doctors, with the exception of cardiology.

-Community Health Centre (CHC)

Urban/ Rural:

Date of Visit: 06/ 03/ 2025

General Information	
Name of facility visited	COMMUNITY HEALTH CENTRE, BambooFlat
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: GB PANT Distance: 12km

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 8:30 AM- 1:00 PM 2:00 PM- 4:00 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: <ul style="list-style-type: none"> • Very old infrastructure. • Was not maintained properly. • Building requires renovation. 	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	52			As reported/Hospital Citizen Charter Board	
5. List of Services available	<ul style="list-style-type: none"> • Medicine • Obs & Gynae (Twice in a month) • Paediatric (On call) • Ophthalmo • Dental • Imaging • Emergency 			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital	Citizen Charter Board
	1	Medicine	Y	Board	
	2	O&G	Y		
	3	Pediatric	Y		
	4	General Surgery	N		

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	5	Anesthesiology	N		
	6	Ophthalmology	Y		
	7	Dental	Y		
	8	Imaging Services (X-ray)	Y		
	9	Imaging Services (USG)	Once in a week		
	10	Newborn Stabilization Unit	Y		
<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 ON CALL 	<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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultations per day for the last month If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input type="checkbox"/> No			Tele-medicine records register/ e-Sanjeevani Portal	

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input checked="" type="checkbox"/> Minor OT <input checked="" type="checkbox"/>	Observation Ensure signage and protocol displays
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____5_____ 	Blood Storage Unit records, Register ELECTIVELY
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> 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)		It has been reported by the CMO that, the HR is managed by DHS office so they have no record and information regarding that.			
Specialists	Medicine				
	Ob-Gyn				
	Pediatrician				
	Anesthetist				
Dentist					
SNs/ GNMs					
LTs					
Pharmacist					
Dental Assistant/ Hygienist					
Hospital/ Facility Manager					
EmOC trained doctor					
LSAS trained doctor					
Others					

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 64 Award received: NIL Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: YES Internal/State Facility score: Certification Status:	NQAS assessment report

		Verify certificate if awarded
15. LaQshya	<p>Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Operation Theatre:</p> <p>LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS AND DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed
	<p>If yes, total number of drugs in EDL ____78____</p> <p>EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>No. of drugs available on the day of visit (out of the EDL) ____70____</p>	
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, Check software
	If other, which one _____	

18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	NO ANY	As reported, check DVDMS, E-aushadhi, etc.
	2		
	3		
	4		
	5		
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage_____1	As reported Stock/Indent register	
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;	
• In-house tests	Timing:8:30 AM-5 PM Total number of tests available against Essential Diagnostic tests list for CHC ____30____	Obtain the complete list of diagnostic tests performed in-house	
• Outsourced/ PPP	Timing: Total number of tests Provided by PPP Provider _____0__	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:	Observation	

	Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> 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		As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: ____0____ No. of C-sections performed in last month: ____0____	Verify C-section records from Maternity OT registers

<ul style="list-style-type: none"> • Comment on condition of: 	<p>Labour room: No cleanliness and hygiene maintained. Even the delivery table and some other equipments are also outdated.</p> <p>OT: Good but some improvements are needed. It has been reported also at the facility that they are about to upgrade their services.</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>	<p>Observation</p>
<p>27. Status of JSY payments</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:</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>ALREADY FREE FOR ALL</p>	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	<p>As reported/As Displayed in Maternity Ward</p>
<p>29. PMSMA services provided on 9th of every month</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month : 0</p> <p>If No, reasons thereof:</p>	<p>PMSMA Register/High Risk Pregnancy Register, Staff review</p>
<p>30. Line listing of high-risk pregnancies</p>	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	<p>Verify Register availability</p>
<p>31. Practice related to Respectful Maternity Care</p>	<p><input checked="" type="checkbox"/> Privacy maintained during examination ensured</p>	<p>Observation, Patient review</p>

	<input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year:0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 0 Current year:0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	01	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 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	Acceptance is good. Condoms and OCPs utilization is more.	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: _____MO_____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register		
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
a. Hypertension		1039	386	
b. Diabetes		1039	338	
c. Oral Cancer		1039	03	

	d. Breast Cancer	0	0	
	e. Cervical Cancer	0	0	
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _____1%_____			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 _____64%_____			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 type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			As reported

	<p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	DBT/Nikshay Report
	<p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 84%</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months:0</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance:</p>	Facility Register/Records for leprosy
F. RECORDS, FINANCE, OTHERS		
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <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?	Fund Received last year: 5 LAKH Fund utilized last year: 4.35 LAKH	Facility FMR						
	Fund in prev. FY							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Rece ived</th> <th style="text-align: center;">Utili zed</th> <th style="text-align: center;">% Utilization</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">5 L</td> <td style="text-align: center;">4.35 L</td> <td style="text-align: center;">87%</td> </tr> </tbody> </table>	Rece ived	Utili zed	% Utilization	5 L	4.35 L	87%	
	Rece ived	Utili zed	% Utilization					
5 L	4.35 L	87%						
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register							
Reasons for underutilization of fund (if any)	Staff review							
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input 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	Check respective portals at the facility wrt last entries						

	Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	TWICE IN A YEAR	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 16 Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 29 Types of cases referred out:	Referral Out register

Key Challenges & Observations

The absence of specialist doctors, limited diagnostic services, and outdated infrastructure significantly impact patient care and service delivery.

- The facility does not have any full-time specialist doctors.
- A gynecologist visits only twice a month, which limits access to maternal healthcare.
- Pediatric services are available only through teleconsultation, with no in-person specialist support.
- Ultrasound (USG) services are provided only once a month, restricting timely diagnosis and antenatal care.
- Due to the proximity of the district hospital and the non-availability of a full-time gynecologist, very few deliveries take place at this CHC.
- At times, there are no deliveries at all, indicating a lack of patient trust in the facility.
- The building is old and outdated, though there is sufficient space available. However, the space is not well-managed, affecting efficiency.
- There is a critical need for renovation, particularly in the laboratory and pharmacy sections.
- Significant shortage of medical equipment. Although indents for supplies are made on time, deliveries are often delayed, affecting service availability.
- The essential drug list is insufficient, leading to a shortage of key medications.
- Laboratory tests available in-house do not meet the prescribed norms, limiting diagnostic capabilities.

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

Date Visit: 05/03/2025

A. General Information	
1. State	Andaman
2. District Name	Sri Vijayapuram (Port Blair, South Andaman)
3. Block/Taluka Name	GHARACHARMA
4. Name of Facility	Urban Primary Health Centre
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	3254621158
7. No. of days in a week facility is operational	7 DAYS IN SUNDYS MORNING
8. OPD Timings	8:30 AM -12:30 PM 3:00 PM – 5:00 PM
9. Month & Year of operationalization of AAM	April 2024
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	GB Pant Hospital
13. Distance of next referral facility (in Km)	5 Km
14. If UPHC functions as a Polyclinic (Yes/No)	
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	19
2. No. of Households	20579
3. Total catchment Population	72439
4. Population who are 30 years of age and above	28984

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

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7	Information on grievance redressal displayed	<input 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						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1		5		2
2.	AYUSH MO*	1				
3.	Dentist*	1				
4.	Staff Nurse	2				
5.	Pharmacist	1				
6.	Laboratory Technician	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)					
15.	ASHA Facilitator (If any, only for Rural areas)					
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022	No record in facility level directly maintained by DHS office.				

*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)	YES	YES	YES	YES

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	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	NO

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

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

Ophthalmic care services	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines	
1	<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 style="text-align: right;"><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 style="text-align: center;">165</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"/> Anti-tuberculosis</p>

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

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	20
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	-
7	Availability of X-ray services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	Twice in 6 months.
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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA

22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Computer <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	-
Total teleconsultations in the last 01 month	-

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input 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 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 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 checked="" type="checkbox"/> Yes <input 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

<p>NHM Fund/untied funds utilized during last year:</p> <p>Committee was not there it is built now and they have received it late. Earlier it was RKS.</p>	<p>1,75,000/-</p>	<p>1,43,000/-</p>	<p>81%</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><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year) : YES</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 checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	34395
2	No. of PW registered for ANC	173
3	No. of PW received 4 or more ANC check-ups	136
4	Total number of institutional deliveries	02
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	21
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	143
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	148
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	54
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	19
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	95

	No. of TB patients diagnosed out of the presumptive patients referred	01		
	No. of TB patients taking treatment in the AAM	20		
12	% of target population administered CBAC	Done through Sub Centres.		
	% 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	8706	443	3007
	Diabetes	8706	310	1805
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	10776	0	0
	Breast Cancer*	5968	0	03
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	73.3%

6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	31 JAN 2025
2	Facility aggregate score using ODK Took kit	70.41%

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	YES		YES	
4	Pulse Oximeter-Finger Tip	YES		YES	
5	Pulse Oximeter-Table Top	YES		YES	
6	Labor Bed	YES		YES	
7	Foetal Doppler	YES		YES	
8	Phototherapy Unit	YES		YES	
9	Shoulder Wheel	YES		YES	
10	Shoulder Pulley	YES		YES	
11	Shoulder Abduction Ladder	YES		YES	
12	Suction Machine	YES		YES	
13	Mobile Spotlight	YES		YES	
14	Manual Vacuum Aspirator	YES		YES	
15	Weighing Scale	YES		YES	
16	Baby Weighing Scale	YES		YES	
17	Infantometer	YES		YES	
18	Ophthalmoscope	YES		YES	
19	Fully Loaded Dental Chair Electrically Operated	YES		YES	
20	Dental Chair-Basic	YES		YES	
21	Oxygen Hood Neonatal	YES		YES	
22	ILR With Voltage Stabilizer-Small	YES		YES	
23	Deep Freezer-Small	YES		YES	
24	ILR With Voltage Stabilizer-Large	YES		YES	
25	Deep Freezer-Small-Large	YES		YES	

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

Remarks & Observations

- Poor hygiene and cleanliness were observed across the facility.
- The waiting area was overcrowded, with poor crowd management.
- The laboratory is mismanaged, with 17-18 tests being conducted, but no display of available tests for patients.
- Lack of Information, Education & Communication (IEC) materials, especially on health awareness and preventive care.
- Extremely poor record-keeping system, making it difficult to access patient records on time.
- Outdated tables and trolleys, some of which were rusted and unclean.
- Lack of proper sanitation and hygiene in the labour room, posing a risk of infection.
- ANMs (Auxiliary Nurse Midwives) lack proper training in cold chain management, especially in temperature monitoring for vaccines and medicines.

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

Urban /Rural: **Rural**

Date of Visit: **__05/03/2025**

A. General Information	
1. State	ANDAMAN
2. District Name	SriVijayapuram (Port Blair, South Andaman)
3. Block/Taluka Name	MANGLUTAN
4. Name of Facility	PRIMARY HEALTH CENTRE
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	2861766489
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	8:30 -1 3-4
9. Month & Year of operationalization of AAM	April 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	GB Pant Hospital
13. Distance of next referral facility (in Km)	8 Kms
14. If UPHC functions as a Polyclinic (Yes/No)	
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	7
2. No. of Households	1094
3. Total catchment Population	3954
4. Population who are 30 years of age and above	1324

B. Physical Infrastructure			
Infrastructure Status and details		Availability	
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	S.no	Building
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8.	OPD room	<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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Colour coded waste bins	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	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	NO
ASHA	YES	YES	YES	YES	YES	NO

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

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

Ophthalmic care services	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines	
1	<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 style="text-align: right;"><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 style="text-align: center;">150</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"/> Anti-tuberculosis</p>

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

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	21
4	Number of tests Provided through In House Mode	21
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA

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

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

J. Governance			
Constitution of Jan Arogya Samiti		<input type="checkbox"/> Yes <input 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:			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Other Sources		<input 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:			
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) : MONTHLY</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		

Already All services are free for all.	<p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	6257
2	No. of PW registered for ANC	50
3	No. of PW received 4 or more ANC check-ups	8
4	Total number of institutional deliveries	2
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	10
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	24
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	NO record
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	53
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	63
	No. of TB patients diagnosed out of the presumptive patients referred	No Record

	No. of TB patients taking treatment in the AAM	4		
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	1506	98	927
	Diabetes	1506	64	731
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	1506	-	03
	Breast Cancer*	760	-	01
	Cervical Cancer*	-	-	01

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 the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	75
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter

		<input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	JAN 2025
2	Facility aggregate score using ODK Took kit	64.6%

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	YES		YES	
4	Pulse Oximeter-Finger Tip	YES		YES	
5	Pulse Oximeter-Table Top	NO			
6	Labor Bed	YES		YES	
7	Foetal Doppler	YES		YES	
8	Phototherapy Unit	YES		YES	
9	Shoulder Wheel	YES		YES	
10	Shoulder Pulley	YES		YES	
11	Shoulder Abduction Ladder	YES		YES	
12	Suction Machine	YES		YES	
13	Mobile Spotlight	YES		YES	
14	Manual Vacuum Aspirator	YES		YES	
15	Weighing Scale	YES		YES	
16	Baby Weighing Scale	YES		YES	
17	Infantometer	YES		YES	
18	Ophthalmoscope	YES		YES	
19	Fully Loaded Dental Chair Electrically Operated	NO			
20	Dental Chair-Basic	YES		YES	
21	Oxygen Hood Neonatal	YES		YES	
22	ILR With Voltage Stabilizer-Small	YES		YES	
23	Deep Freezer-Small	YES		YES	
24	ILR With Voltage Stabilizer-Large	YES		YES	
25	Deep Freezer-Small-Large	YES		YES	
26	Vaccine Carrier with Ice Packs	YES		YES	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
27	Cell Counter – 3 Part	YES		YES	
28	Semi-Automated Biochemistry Analyser	YES		YES	
29	Binocular Microscope	NO			
30	HbA1C Analyser	NO			
31	Turbidometer	YES		YES	
32	Glucometer	YES		YES	
33	Haemoglobinometer	YES		YES	
34	ESR Analyzer	YES		YES	
35	Electrolyte Analyzer	YES		YES	
36	Oxygen Cylinder- B Type	YES		YES	
37	BP Apparatus- Aneroid	YES		YES	
38	BP Apparatus-Digital	YES		YES	
39	Stethoscope	YES		YES	
40	Thermometer	YES		YES	
41	Examination Table	YES		YES	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	YES		YES	
43	Exerciser Couch/Table	YES		YES	
44	Finger Exerciser Web	YES		YES	
45	Walking Aid for Training/ Reciprocal Walker	YES		YES	

Remarks & Observations

Due to the unavailability of a dedicated OPD room during renovation, doctors are forced to conduct OPD consultations within the patient ward, where patients are already admitted. This leads to:

- Lack of privacy for patients
- Increased risk of infections
- Discomfort for both patients and doctors
- Labour room was very dirty and unhygienic.
- Labour table and trolley is outdated
- Teleconsultations is non- operational.
- IECs displayed are very less.
- Services providing are unsatisfactory. 12 packages of services are hindered.

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

Urban /Rural: Rural

Date Visit: 05/032025

A. General Information	
1. State	ANDAMAN
2. District Name	Sri Vijayapuram (Port Blair, South Andaman)
3. Block/Taluka Name	CHOULDARI
4. Name of Facility	Primary Health Centre
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	5644861865
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	8:30 AM – 1:00 PM 2:00 PM – 4:30 PM
9. Month & Year of operationalization of AAM	April 2023
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	GB Pant Hospital
13. Distance of next referral facility (in Km)	13 Kms
14. If UPHC functions as a Polyclinic (Yes/No)	
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	4
2. No. of Households	1245
3. Total catchment Population	5296
4. Population who are 30 years of age and above	1599

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

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7	Information on grievance redressal displayed	<input 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						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	0	2	2
2.	AYUSH MO*	1	2	0	2	2
3.	Dentist*	1	0	0	0	0
4.	Staff Nurse	2	4	3	1	1
5.	Pharmacist	1	1	0	1	1
6.	Laboratory Technician	1	1	0	1	1
7.	ANM/MPW (F)#	1	1	1	0	0
8.	MPW (M)	1	1	1	0	0
9.	Lady Health Visitor	1	1	1	0	0
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	0	0
12.	Data entry operator	1	0	0	0	0
13.	Sanitation staff	1	1	1	2	2
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)				4	4
15.	ASHA Facilitator (If any, only for Rural areas)					
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

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)	YES	YES	YES	YES

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	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	NO
ASHA	YES	YES	YES	YES	YES	NO

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

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

Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines	
1	<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 style="text-align: right;"><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 style="text-align: center;">500</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"/> Anti-tuberculosis</p>

		<input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" 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	(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	23
4	Number of tests Provided through In House Mode	23
5	Number of tests Provided through Hub & Spoke (Public Health System)	Depends on Severity.
6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	Yearly
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA

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

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source		Timely disbursement
	Untied		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Other Sources		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure

NHM Fund/untied funds utilized during 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><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) : Monthly.</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<input 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 type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	4643
2	No. of PW registered for ANC	13
3	No. of PW received 4 or more ANC check-ups	8
4	Total number of institutional deliveries	0
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	8
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	6
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	51
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	39
	No. of TB patients diagnosed out of the presumptive patients referred	0

	No. of TB patients taking treatment in the AAM	1		
12	% of target population administered CBAC	37%		
	% of target population with score below 4	No record		
	% of target population with score 4 and above	No record.		
	Community Based Screening for NCDs			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	370	34	34
	Diabetes	370	26	26
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	185	3	3
	Breast Cancer*	220	1	1
	Cervical Cancer*	220	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	83.9
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter

		<input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	28 Dec 2024
2	Facility aggregate score using ODK Took kit	50

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	YES		YES	
4	Pulse Oximeter-Finger Tip	YES		YES	
5	Pulse Oximeter-Table Top	NO		NO	
6	Labor Bed	YES		YES	
7	Foetal Doppler	YES		YES	
8	Phototherapy Unit	YES		YES	
9	Shoulder Wheel	YES		YES	
10	Shoulder Pulley	NO		NO	
11	Shoulder Abduction Ladder	NO		NO	
12	Suction Machine	YES		YES	
13	Mobile Spotlight	YES		YES	
14	Manual Vacuum Aspirator	YES		YES	
15	Weighing Scale	YES		YES	
16	Baby Weighing Scale	YES		YES	
17	Infantometer	YES		YES	
18	Ophthalmoscope	YES		YES	
19	Fully Loaded Dental Chair Electrically Operated	NO		NO	
20	Dental Chair-Basic	NO		NO	
21	Oxygen Hood Neonatal	YES		YES	
22	ILR With Voltage Stabilizer-Small	YES		YES	
23	Deep Freezer-Small	YES		YES	
24	ILR With Voltage Stabilizer-Large	YES		YES	
25	Deep Freezer-Small-Large	YES		YES	
26	Vaccine Carrier with Ice Packs	YES		YES	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
27	Cell Counter – 3 Part	YES		YES	
28	Semi-Automated Biochemistry Analyser	YES		YES	
29	Binocular Microscope	YES		YES	
30	HbA1C Analyser	YES		YES	
31	Turbidometer	YES		YES	
32	Glucometer	YES		YES	
33	Haemoglobinometer	YES		YES	
34	ESR Analyzer	YES		YES	
35	Electrolyte Analyzer	YES		YES	
36	Oxygen Cylinder- B Type	YES		YES	
37	BP Apparatus- Aneroid	YES		YES	
38	BP Apparatus-Digital	YES		YES	
39	Stethoscope	YES		YES	
40	Thermometer	YES		YES	
41	Examination Table	YES		YES	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	YES		YES	
43	Exerciser Couch/Table	YES		YES	
44	Finger Exerciser Web	YES		YES	
45	Walking Aid for Training/ Reciprocal Walker	YES		YES	

Remarks & Observations

1. Condition of the Labour Ward

- The labour ward was in an extremely unhygienic condition with significant dampness throughout the ward.
- The labour room was dirty and lacked proper hygiene maintenance.
- Blood-stained bed sheets were observed, indicating poor sanitation practices.

2. Kitchen and Food Storage

- The kitchen, where patient meals are prepared and rations are stored, was in a highly unclean state.
- Food items were covered with cobwebs, and the gas stove was also filthy.

3. Washroom Facilities

- The condition of the washrooms was extremely poor.
- There was a shortage of water, further exacerbating the sanitation issues.

4. Patient Management

- The In-Patient Department (IPD) capacity was minimal, while the Out-Patient Department (OPD) experienced heavy footfall.
- Patients admitted to the IPD often left against medical advice (LAMA), particularly from the labor class, as they preferred receiving medicines and returning home.

5. Laboratory and IEC Facilities

- Very few laboratory tests were conducted, and no list of available tests was displayed.
- Information, Education, and Communication (IEC) materials were insufficient.
- Overall cleanliness was below satisfactory levels.

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

Urban /Rural:Rural

Date of Visit: 07/03/2025

A. General Information	
1. State	ANDAMAN
2. District Name	Swarajdweep (Havelock)
3. Block/Taluka Name	Swarajdweep
4. Name of Facility	AAM- PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	3858313749
7. No. of days in a week facility is operational	7 DAYS
8. OPD Timings	8:30 -1
9. Month & Year of operationalization of AAM	April 2023
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	YES
12. Next Referral Facility Name	GB PANT
13. Distance of next referral facility (in Km)	86 Kms
14. If UPHC functions as a Polyclinic (Yes/No)	
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	5
2. No. of Households	-
3. Total catchment Population	7500
4. Population who are 30 years of age and above	3500

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
10.	Availability of furniture:	Table <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chairs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Almirah/Shelf <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Laboratory	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
13.	Space/ room identified for Wellness activities including Yoga sessions	<input 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 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						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	2	2	2
2.	AYUSH MO*	1	0	0	2	2
3.	Dentist*	1	0	0	1	1
4.	Staff Nurse	2	4	4	1	1
5.	Pharmacist	1	1	1	0	0
6.	Laboratory Technician	1	0	0	1	1
7.	ANM/MPW (F)#	1	1	1	0	0
8.	MPW (M)	1	1	0	0	0
9.	Lady Health Visitor	1	1	1	0	0
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	0	0
12.	Data entry operator	1	0	0	0	0
13.	Sanitation staff	1				
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)				4	4
15.	ASHA Facilitator (If any, only for Rural areas)					
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

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)	YES	YES	YES	YES

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in oral care (Y/N)	Trained in MNS (Y/N)	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	NO
ASHA	YES	YES	YES	YES	YES	NO

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 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 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 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 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	Total number of medicines available at AAM-PHC/UPHC	298		
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
4	Medicine categories with shortfall/stockouts on the day of assessment	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial </td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial
<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <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 checked="" 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	(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	35
4	Number of tests Provided through In House Mode	-

5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input 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 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	
Total teleconsultations in the last 01 month	0

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

L. Finance

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

	1,75,000/-	25,000/-	14%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<input 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 type="checkbox"/> Free drugs and consumables</p> <p><input type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	-
2	No. of PW registered for ANC	17
3	No. of PW received 4 or more ANC check-ups	6
4	Total number of institutional deliveries	1
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	01
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	27
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	18
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	41
	No. of TB patients diagnosed out of the presumptive patients referred	0

	No. of TB patients taking treatment in the AAM	4		
12	% of target population administered CBAC	NO RECORD FOUND		
	% 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	699	55	432
	Diabetes	699	30	231
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	699	0	0
	Breast Cancer*	402	0	0
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	62%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter

		<input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	13 TH OCT 2024
2	Facility aggregate score using ODK Took kit	62.87

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	YES		YES	
4	Pulse Oximeter-Finger Tip	YES		YES	
5	Pulse Oximeter-Table Top	YES		YES	
6	Labor Bed	YES		YES	
7	Foetal Doppler	YES		YES	
8	Phototherapy Unit	YES		YES	
9	Shoulder Wheel	YES		YES	
10	Shoulder Pulley	YES		YES	
11	Shoulder Abduction Ladder	YES		YES	
12	Suction Machine	YES		YES	
13	Mobile Spotlight	YES		YES	
14	Manual Vacuum Aspirator	YES		YES	
15	Weighing Scale	YES		YES	
16	Baby Weighing Scale	YES		YES	
17	Infantometer	YES		YES	
18	Ophthalmoscope	YES		YES	
19	Fully Loaded Dental Chair Electrically Operated	YES		YES	
20	Dental Chair-Basic	YES		YES	
21	Oxygen Hood Neonatal	YES		YES	
22	ILR With Voltage Stabilizer-Small	YES		YES	
23	Deep Freezer-Small	YES		YES	
24	ILR With Voltage Stabilizer-Large	YES		YES	
25	Deep Freezer-Small-Large	YES		YES	
26	Vaccine Carrier with Ice Packs	YES		YES	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
27	Cell Counter – 3 Part	YES		YES	
28	Semi-Automated Biochemistry Analyser	YES		YES	
29	Binocular Microscope	YES		YES	
30	HbA1C Analyser	NO		NO	
31	Turbidometer	YES		YES	
32	Glucometer	YES		YES	
33	Haemoglobinometer	YES		YES	
34	ESR Analyzer	YES		YES	
35	Electrolyte Analyzer	YES		YES	
36	Oxygen Cylinder- B Type	YES		YES	
37	BP Apparatus- Aneroid	YES		YES	
38	BP Apparatus-Digital	YES		YES	
39	Stethoscope	YES		YES	
40	Thermometer	YES		YES	
41	Examination Table	YES		YES	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	YES		YES	
43	Exerciser Couch/Table	YES		YES	
44	Finger Exerciser Web	YES		YES	
45	Walking Aid for Training/ Reciprocal Walker	YES		YES	

Remarks & Observations

- The infrastructure is satisfactory, and the premises are well-maintained and clean. This ensures a hygienic environment for patients and staff.
- Due to insufficient staff, the centre is unable to provide comprehensive healthcare services. The lack of skilled personnel affects the efficiency and quality of care.
- The island has a sparse local population; however, the influx of tourists and laborers leads to frequent emergencies. This dynamic puts additional pressure on the limited resources available.
- There is a noticeable reluctance among patients to seek medical care. This could be due to cultural beliefs or lack of awareness about available services.
- There is a shortage of technicians, which affects the smooth functioning of medical equipment.
- The labor table and other equipment are outdated, impacting the quality of treatment.
- Furniture is also obsolete, making the environment less comfortable for patients.
- Poor network connectivity hampers the continuity of teleconsultation services. This limits access to specialist advice and remote consultations.
- IEC materials are not properly displayed, which affects patient education and awareness.
- The overall cleanliness of the facility is commendable, contributing to a safe and hygienic environment.

-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit: 5/03/2025

A. General Information	
1. State	ANDAMAN
2. District Name	Sri Vijayapuram (Port Blair, South Andaman)
3. Block/Taluka Name	GUPTAPARA
4. Name of Facility	AAM SC
5. Type of Facility	SC
6. NIN of the facility	1573588777
7. No. of days in a week facility is operational	6 DAYS
8. OPD Timings	8:30-1:30 3-4
9. Month & Year of AAM operationalization	April 2023
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	GB Pant Hospital
12. Distance of next referral facility (Km)	11kms

A.1 Demographic Details	
1. Number of Villages	4
2. No. of Households	317
3. Total catchment Population	2211
4. Population who are 30 years of age and above	1300

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" 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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	1	1	1	1
3	MPW-M		0	0	0	0
3	ASHA <i>(Population Norms -1 ASHA per 1000 population)</i>	-	0	0	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)	NA	NA	NA	NA	NA	NA
ASHA	YES	YES	YES	YES	YES	NO

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p>

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	55	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input 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 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 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 EDLis 14)
Total number of diagnostic tests available at AAM-SC	10
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input 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) Non Functional	<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 type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)

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

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input 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 renumeration to CHOs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of renumeration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Fund utilization	Funds received	Expenditure	%
	(Amt in Rs.)	(Amt in Rs.)	Expenditure
% NHM Fund utilized last year:			
They have recently got the fund. Before that everything was being managed through DH.	30,000/-	0/-	0%

Is untied fund being spent on following activities	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input 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	
Number of Wellness sessions conducted in Last month4.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months		
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	769
2	No. of PW registered for ANC	29
3	No. of PW received 4 or more ANC check-ups	3
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	7
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	4

8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			9
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:			70% 0 70
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	170	31	37
	Diabetes	170	28	37
	Oral Cancer	170	0	0
	Breast Cancer	109	0	0
	Cervical Cancer	109	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

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

4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	82.50%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	19 th Nov 2024
2	Facility aggregate score using ODK Took kit	91.92%

Remarks & Observations

Infrastructure:

- Adequate space available
- Both AYUSH and Allopathic OPDs operational
- Poor maintenance
- Minimal IEC (Information, Education, and Communication) materials; basic ones missing

Teleconsultation and Training:

- Teleconsultation services non-functional due to network issues
- Need for training of ANMs (Auxiliary Nurse Midwives) and ASHAs (Accredited Social Health Activists) on Expanded Packages

Online Reporting and Data Management:

- Reporting done through personal mobile phones
- Poor quality of reporting
- Improper data record maintenance
- Significant data mismatches

Financial Records:

- Extremely poor financial record management

Appendix-List of equipment

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

-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit: 06/03/2025

A. General Information	
1. State	ANDAMAN
2. District Name	Sri Vijayapuram (Port Blair, South Andaman)
3. Block/Taluka Name	RANGACHANG
4. Name of Facility	HEALTH AND WELLNESS CENTRE
5. Type of Facility	HWC
6. NIN of the facility	1421631357
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8:30 AM- 5:30 PM
9. Month & Year of AAM operationalization	April 2023
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	GB Pant Hospital
12. Distance of next referral facility (Km)	15 kms

A.1 Demographic Details	
1. Number of Villages	6
2. No. of Households	628
3. Total catchment Population	2705
4. Population who are 30 years of age and above	1034

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input 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 type="checkbox"/> ANM

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	0	0	2	1
3	MPW-M		1	0	0	0
3	ASHA <i>(Population Norms -1 ASHA per 1000 population)</i>	-	0	0	1	1
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	NO
MPW (M)	YES	YES	YES	YES	YES	NO
ASHA	YES	YES	YES	YES	YES	NO

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB

	<input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105)</p>
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Total number of medicines available at AAM-SHC	65	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral 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 checked="" type="checkbox"/> Monthly <input checked="" 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 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 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 type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation

Infrastructure (Availability) NOTHING They are reporting by their personal phones.	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fund flow through other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input 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	
Number of Wellness sessions conducted in Last month3....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	-	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1836
2	No. of PW registered for ANC	6
3	No. of PW received 4 or more ANC check-ups	4
4	Total number of institutional deliveries	0
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	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			802
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	6		
	No. of TB patients taking treatment in the AAM	1		
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:			60% 50% 10%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	394	11	210
	Diabetes	394	11	165
	Oral Cancer	394	0	0
	Breast Cancer	202	1	1
	Cervical Cancer	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

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

4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	89
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	NOV 2024
2	Facility aggregate score using ODK Took kit	89

Appendix-List of equipment

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

Remarks & Observations

Infrastructure:

- **Adequate space with proper cleanliness and maintenance:** The centre is well-maintained and hygienic, providing a conducive environment for healthcare services.
- **Most IEC materials displayed:** Awareness materials are available, except for those related to water and sanitation.
- **No dedicated water and sanitation corner or related IEC materials:** The absence of a dedicated space and materials for water and sanitation awareness limits community education.

NCD Screening:

- **Comprehensive NCD screening conducted:** The centre effectively screens for non-communicable diseases.
- **Cervical cancer screening not performed due to the unavailability of the necessary solution:** The lack of essential solutions prevents cervical cancer screening.

Disease Prevalence and Testing:

- **High prevalence of malaria in the area:** Malaria cases are common in this region.
- **Lack of rapid testing kits and diagnostic tests as per norms:** The centre faces a shortage of essential diagnostic tools for timely malaria detection.

Human Resource Availability:

- **Shortage of ASHA workers despite a large and distant catchment population:** The limited number of ASHA workers struggles to cater to the extensive population.
- **No male staff; female staff handling dressing during emergencies:** The absence of male staff forces female staff to manage emergency dressing tasks.

Medicine Supply:

- **Shortage of medicines:** Essential medicines are often unavailable.
- **Significant delays in receiving supplies after placing an indent:** The facility experiences long waiting times for medicine procurement.

Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit: 06/03/2025

A. General Information	
1. State	ANDAMAN
2. District Name	Sri Vijayapuram (Port Blair, South Andaman)
3. Block/Taluka Name	SHOREPOINT
4. Name of Facility	AAM-SHC
5. Type of Facility	SUB HEALTH CENTRE
6. NIN of the facility	3288326469
7. No. of days in a week facility is operational	7 DAYS
8. OPD Timings	8:30 AM- 1:00 PM
9. Month & Year of AAM operationalization	April 2025
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	GB Pant Hospital
12. Distance of next referral facility (Km)	16 Kms

A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	1027
3. Total catchment Population	3358
4. Population who are 30 years of age and above	1489

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Provision of BMW management	<input 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 If yes, Specify the staff for which quarters available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	0	0	1	1
2	ANM/MPW-F	2	1	0	1	1
3	MPW-M		0	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	0	0	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)	NA	NA	NA	NA	NA	NA
ASHA	YES	YES	YES	YES	YES	NO

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB

	<input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Essential medicines

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

Total number of medicines available at AAM-SHC	85	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input 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 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 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 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 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

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

Total Teleconsultations in the last 01 month	0
----------------------------------------------	---

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of renumeration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	
Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fund flow through other sources	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify any other fund source:	

<p>Fund utilization</p> <p>% NHM Fund utilized last year:</p> <p>JUST RECEIVED</p>	<p>Funds received (Amt in Rs.)</p>	<p>Expenditure (Amt in Rs.)</p>	<p>% Expenditure</p>
	<p>30,000/-</p>	<p>0</p>	<p>0</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 type="checkbox"/> No</p>		
K. Governance			
<p>Community-based platforms</p> <p>Constitution of Jan Arogya Samiti</p> <p>Periodic JAS meetings in the last 6 months (Once a month)</p> <p>JAS meeting minutes available</p> <p>VHSNC Meeting held and minutes available</p>		<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Periodic VHND sessions undertaken (Sessions held against planned)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month6.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months		
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	655
2	No. of PW registered for ANC	8
3	No. of PW received 4 or more ANC check-ups	4
4	Total number of institutional deliveries	0 (FROM CHC)
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	13
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	9
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	75
9	TB patients undergoing treatment	
	Indicators	Current year

	No. of presumptive TB patients identified	8		
	No. of TB patients diagnosed out of the presumptive patients referred	8		
	No. of TB patients taking treatment in the AAM	6		
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:			70% 20% 50%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	514	75	414
	Diabetes	514	84	212
	Oral Cancer	305	0	0
	Breast Cancer	305	0	0
	Cervical Cancer	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

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

5	If yes, achievement under Kayakalp (Winner, commendation) and score	53.3
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input 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 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	26 DEC 2024
2	Facility aggregate score using ODK Took kit	87

Appendix-List of equipment

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

Remarks & Observations

- The space within the facility was sufficient to accommodate healthcare services; however, there was a complete lack of cleanliness, which affects the overall environment and patient experience.
- The facility's signage and branding were not aligned with the prescribed guidelines, which could lead to confusion for visitors.
- The absence of a boundary wall compromises security and privacy within the facility.
- While there was an electricity connection, the lack of power backup posed challenges during power outages, impacting service delivery.
- The laboratory had ample space for diagnostic activities, but poor maintenance hindered its functionality.
- There was no provision for drinking water, which is essential for both staff and patients.
- Only 50% of the diagnostic tests were being conducted as per the standard norms, limiting the facility's diagnostic capabilities.
- Institutional deliveries were not conducted at this facility due to its proximity to the Community Health Centre (CHC), located within a 2 km radius, which is better equipped for such services.
- Online reporting of data was done using personal mobile phones, which is not ideal and raises concerns about data security and efficiency.
- Teleconsultation services were not functional due to network issues, thereby limiting access to remote medical advice.

-Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC)

Date of Visit:07/03/2025

A. General Information	
1. State	Andaman
2. District Name	Swarajdweep (South Andaman)
3. Block/Taluka Name	KALAPATHER
4. Name of Facility	AAM-SHC
5. Type of Facility	Sub Health Centre
6. NIN of the facility	7614646839
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	8:30 AM -12:30PM 3:00 PM-4:00 PM
9. Month & Year of AAM operationalization	April 2023
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	PHC Swarajdweep
12. Distance of next referral facility (Km)	4 Kms

A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	156
3. Total catchment Population	680
4. Population who are 30 years of age and above	250

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Laboratory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Pharmacy /Drug store	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Provision of BMW management	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input 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	0	0	1	1
2	ANM/MPW-F	2	1	0	1	1
3	MPW-M		0	0	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	0	0	1	0
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	NO	YES	YES	YES	YES
MPW (M)	NA	NA	NA	NA	NA	NA
ASHA	NA	NA	NA	NA	NA	NA

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services <p>Communicable diseases</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB

	<input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)
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Total number of medicines available at AAM-SHC	60	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral 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 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 checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks	

	<input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	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 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

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

Total Teleconsultations in the last 01 month	-
----------------------------------------------	---

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of renumeration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	
Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fund flow through other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specify any other fund source:	

<p>Fund utilization</p> <p>% NHM Fund utilized last year:</p> <p>FROM JAS (Received few days back only)</p>	<p>Funds received (Amt in Rs.)</p>	<p>Expenditure (Amt in Rs.)</p>	<p>% Expenditure</p>
	<p>30,000/-</p>	<p>0</p>	<p>0</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 type="checkbox"/> No</p>		
<p>K. Governance</p>			
<p>Community-based platforms</p> <p>Constitution of Jan Arogya Samiti</p> <p>Periodic JAS meetings in the last 6 months (Once a month)</p> <p>JAS meeting minutes available</p> <p>VHSNC Meeting held and minutes available</p>		<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input 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	
Number of Wellness sessions conducted in Last month2.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months		
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	174
2	No. of PW registered for ANC	01
3	No. of PW received 4 or more ANC check-ups	0
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	01
9	TB patients undergoing treatment	
	Indicators	Current year

	No. of presumptive TB patients identified	0		
	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			40% - -
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	190	90	50
	Diabetes	190	40	20
	Oral Cancer	190	-	-
	Breast Cancer	83	-	-
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	76.3

6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input 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	30 TH OCT 2024
2	Facility aggregate score using ODK Took kit	82.64%

Appendix-List of equipment

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

Remarks & Observations

- The sub-health centre is situated in Havelock, a popular tourist destination. However, it appears neglected as it is not easily accessible from the main road and lacks proper maintenance.
- The facility primarily handles Out-Patient Department (OPD) services, but the patient footfall is very low.
- The Community Health Officer (CHO) had a tablet for reporting, but it is now non-functional. Therefore, reporting is done through personal mobile phones.
- Deliveries are not conducted here as the Primary Health Centre (PHC) is located within a 1 km radius, where all deliveries take place.
- The building is very old and in poor condition. Although a request letter for renovation has been sent, no response has been received yet.
- There is no boundary wall, which further adds to the security concerns