



A Field Monitoring Report of the Key Components of the National Health Mission WAYANAD KERALA,



जनसंख्या अनुसंधान केंद्र
(लोकाः समस्ताः सुखिनो भवन्तु)



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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 Wayanad district of Kerala. 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 District Hospital, Kalpetta, Family Health Centre, Mepaddy, CHC Panamaram, UPHC Munderi, Family Health Centre, Varadoor, PHC Begur , PHC, Moopainad, AAM-SHC Bavali, AAM-SHC Kainatty , AAM-SHC Milimukku and AAM-SHC Kenichira.

Meetings were held with the State Programme Manager, RCH Officer, Senior Specialist Doctors, Medical Officer In-Charge (MOIC), Medical Officers (MOs), District Programme Manager (DPM) and Community Health Officers (CHOs) community level health care providers (ASHAs, Anganwadi workers etc.) and other supporting staff. Interactions were conducted to understand the strengths and weakness of the facilities in service provisioning

KEY OBSERVATIONS

Human Resources and Infrastructure

- Most facilities reported shortages of healthcare professionals, including doctors and specialists.
- Lack of proper accommodation for healthcare staff in many locations, leading to retention issues.
- Several facilities had outdated infrastructure and lacked essential upgrades.

Drugs and Diagnostics

- Many facilities suffered from shortages of essential medicines, including for tuberculosis, diabetes, and hypertension.
- Diagnostic services were often below the prescribed norms, with only 50% of required tests available in some facilities.
- Some facilities had outdated imaging equipment or lacked advanced diagnostic tools.

Delivery Care Services

- Deliveries were largely restricted to the District and Sub-District Hospitals.
- CHCs, PHCs, and SHCs did not conduct deliveries, leading to underutilization of maternity-related schemes (JSY, JSSK).
- Several facilities lacked operational labor rooms and maternity care infrastructure.

Funds and Reporting

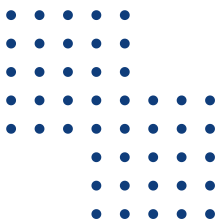
- Insufficient financial resources reported for infrastructure maintenance and service expansion.
- Delays in staff salary payments and incentives for ASHAs and CHOs in some centers.
- Poor record-keeping in multiple facilities affected financial transparency and accountability.

Teleconsultations and IT Infrastructure

- Teleconsultation services were available in some facilities but were not effectively utilized.
- Limited mental health screening, often restricted to teleconsultations.
- Digital infrastructure gaps, including non-functional devices, affected service delivery.

NCD Screening

- NCD screenings for diabetes and hypertension were primarily conducted at higher-level facilities.
- Limited availability of screening services at PHCs and SHCs



Family Planning

- No comprehensive family planning services were reported in several facilities.
- Lack of awareness materials and IEC displays regarding family planning services.

Community Interaction

- Discussions with the local community revealed that people want improvements in Ayushman Arogya Mandir (AAM) services.
- They expect a doctor to be available 24/7 at the centers for better accessibility.
- The tribal population in Wayanad is quite large, and they do not show much interest in government programs and camps. As a result, raising awareness becomes a challenge because they do not allow access to their areas, preventing information from reaching the people effectively.
- Some healthcare centers located far from residential areas are not easily accessible to elderly patients.

CHALLENGES AT FACILITIES

DISTRICT HOSPITAL, KALPETTA

- Challenges: Staff shortages, outdated imaging equipment, space constraints.
- Observations: Patients were being charged for lab tests; infrastructural maintenance issues.
- Needs: Additional funding, recruitment of specialists, modern imaging facilities.



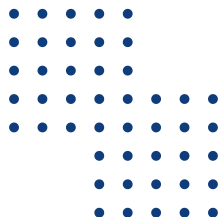
FAMILY HEALTH CENTRE, MEPADY

- Challenges: Accessibility issues for tribal populations, disaster-prone location, lack of ambulance services.
- Observations: Poor cleanliness, absence of specialist services.
- Needs: Specialist doctors, better disaster preparedness, ambulance procurement.



COMMUNITY HEALTH CENTRE, PANAMARAM

- Challenges: Staff shortages, tribal population engagement issues, lack of delivery services.
- Observations: No OT, limited antenatal care, no specialists available 24/7.
- Needs: HR recruitment, delivery services, enhanced maternal care





PRIMARY HEALTH CENTRE, BEGUR

- Challenges: Poor IEC display, limited diagnostic services.
- Observations: Good infrastructure, timely IT reporting.
- Needs: Better IEC materials, expanded diagnostic services.

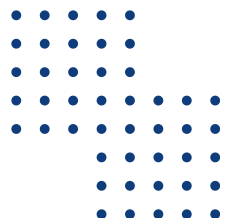
URBAN PRIMARY HEALTH CENTRE, MUNDERI

- Challenges: No delivery services, NCD screenings shifted to higher facilities.
- Observations: Well-maintained facility, efficient OPD services.
- Needs: Expanded service provision, localized NCD screenings.



PRIMARY HEALTH CENTRE, MOOPAINAD

- Challenges: Underutilization of maternal health schemes, poor record maintenance.
- Observations: Good infrastructure, low diagnostic availability.
- Needs: Strengthened documentation, improved diagnostics.



AYUSHMAN AROGYA MANDIR, BAVALI

- Challenges: Medicine shortages, poor record maintenance.
- Observations: No separate toilets, no power backup.
- Needs: Essential drug supply, improved documentation.

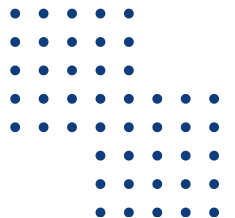


FAMILY HEALTH CENTRE, VARADOOR

- Challenges: Poor maintenance, outdated equipment, lack of power backup.
- Observations: Community dissatisfaction with services.
- Needs: Maintenance upgrades, better financial allocation.

AYUSHMAN AROGYA MANDIR, KAINATTY

- Challenges: Lack of IEC materials, poor financial incentives for CHOs/ASHAs.
- Observations: No government-provided laptop, weak record-keeping.
- Needs: Digital infrastructure, staff incentive improvements.



AYUSHMAN AROGYA MANDIR, MILIMUKKU

- Challenges: No separate toilets, mental health services only through teleconsultation.
- Observations: Delayed salary payments, limited medicine availability.
- Needs: Updated citizen charter, timely staff payments.



AYUSHMAN AROGYA MANDIR, KENICHIRA

- Challenges: No power backup, inadequate medicines, poor hygiene.
- Observations: High patient expenses due to medicine shortages.
- Needs: Power infrastructure, better service expansion, hygiene improvements.



RECOMMENDATIONS

- Strengthen recruitment and retention strategies for healthcare professionals.
- Ensure adequate funding for infrastructure maintenance and technological upgrades.
- Expand maternity services at PHCs and CHCs to improve maternal and newborn care access.
- Improve drug supply chains to ensure the availability of essential medicines.
- Enhance record-keeping systems for financial and operational transparency.
- Strengthen teleconsultation services with functional digital infrastructure.
- Improve IEC dissemination for family planning and reproductive health awareness.
- Ensure NCD screening services are available at lower-tier facilities for early detection and management.

CONCLUSION

The healthcare facilities in Wayanad face significant challenges in human resources, infrastructure, diagnostics, and maternal healthcare services. Addressing these issues through targeted interventions, better resource allocation, and improved management practices can significantly enhance healthcare service delivery.

CHECKLISTS SUBMITTED

1. District Hospital, Kalpetta
2. Community Health Centre, Mepaddy
3. Community Health Centre, Panamaram
4. Urban Primary Health Centre, Munderi
5. Primary Health Centre, Begur
6. Primary Health Centre, Moopainad
7. Primary Health Centre, Varadoor
8. Ayushman Arogya Mandir-Sub Health Centre, Bavali
9. Ayushman Arogya Mandir- Sub Health Centre, Milimukku
10. Ayushman Arogya Mandir, Sub Health Centre Kenichira
11. Ayushman Arogya Mandir- Sub Health Centre, Kainatty

Government Hospital, Kalpetta, Wayanad, Kerala

Date of Visit: 12/02/2025

GENERAL INFORMATION	
Name of facility visited	Government Hospital, Kalpetta
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: MEDICAL COLLEGE Distance: 20KM

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	8:00 AM – 1:00 PM	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: The infrastructure was quite good. The building was spacious and in good condition.	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): 6 years ago			
3. Number of functional in-patient beds	IPD Beds: 124 No of ICU Beds available: 10			As reported/Hospital Citizen Charter Board
4. List of Services available	<ul style="list-style-type: none"> • Emergency • Obs & Gynae • Medicine • Paediatrics • Dermatology • Ophthalmology • Orthology • OPD • IPD • Family Planning etc. 			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	
USG - OUTSOURCED				

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	7	Dental	Y	
	8	Imaging Services (X – ray)	Y	
	9	Imaging Services (USG)	N	
	10	District Early Intervention Centre (DEIC)	Y	
	11	Nutritional Rehabilitation Centre (NRC)	N	
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	N	
	13	Comprehensive Lactation Management Centre (CLMC) / Lactation Management Unit (LMU)	Y	
	14	Neonatal Intensive Care Unit (NICU)	N	
	15	Pediatric Intensive Care Unit (PICU)	Y	
	16	Labour Room Complex	Y	
	17	ICU	Y	
	18	Dialysis Unit	N	
	19	Emergency Care	Y	
	20	Burn Unit	N	
	21	Teaching block (medical, nursing, paramedical)	N	
	22	Skill Lab	N	
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			Tele-medicine records register/ e-sanjeevani portal

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	<p>If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e-Sanjeevani Portal) : <u>25</u></p> <p>If the facility is also functioning as ‘Hub’ to any of the AAM (SHC/PHC/UPHC/UAAM): <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p><input type="checkbox"/></p>	
7. Operation Theatre available	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/>No</p> <p>If yes, Tick the relevant</p> <p><input checked="" type="checkbox"/> Single general OT</p> <p><input type="checkbox"/> Elective OT-Major (General)</p> <p><input type="checkbox"/> Elective OT-Major (Ortho)</p> <p><input checked="" type="checkbox"/> Obstetrics & Gynecology OT</p> <p><input type="checkbox"/> Ophthalmology/ENT OT</p> <p><input checked="" type="checkbox"/> Emergency OT</p>	Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/>No</p> <ul style="list-style-type: none"> • If yes, number of units of blood currently available: <u> 0 </u> • No. of blood transfusions done in last month: 	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<p><input checked="" type="checkbox"/>Free for BPL</p> <p><input checked="" type="checkbox"/>Free for elderly</p> <p><input checked="" type="checkbox"/>Free for JSSK beneficiaries</p> <p><input checked="" type="checkbox"/>Free for all</p>	Blood Bank records Register
10. Biomedical waste management practices	<p>Sharp pit: <input type="checkbox"/></p> <p>Deep Burial pit: <input type="checkbox"/></p> <p>Incinerator: <input type="checkbox"/></p> <p>Using Common Bio Medical Treatment plant: <input type="checkbox"/></p>	Observation

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

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual		
		Sanctioned	Available	Sanctioned	Available	
	MO (MBBS)					
	Specialists	Medicine	4	2	0	0
		Ob-Gyn	5	5	0	0
		Pediatrician	4	2	0	0
		Anesthetist	2	1	0	0
		Surgeon	4	3	0	0
		Ophthalmologist	4	4	0	0
		Orthopedic	2	2	0	0
		Radiologist	1	1	0	0
		Pathologist	0	0	0	0
	Others					
	Dentist	1	1	0	0	
Staff Nurses/ GNMs	72	69	-	52		
LTs	10	10	9	9		

	Pharmacist	6	6	11	5
	Dental Technician/ Hygienist	1	1	0	0
	Hospital/ Facility Manager/ PRO	0	0	1	1
	EmOC trained doctor	0	0	0	0
	LSAS trained doctor	0	0	0	0
	Others				

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: YES <ul style="list-style-type: none"> Facility score:47 Award received: NO 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> Assessment done: NO Internal/State Facility score: 56 Certification Status: NIL 	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 checked="" type="checkbox"/> Yes/ <input 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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS & DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
	<ul style="list-style-type: none"> If yes, total number of drugs in EDL : <u>475</u> 	Verify EDL Displayed

https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<ul style="list-style-type: none"> EDL displayed in OPD Area: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No No. of drugs available on the day of visit (out of the EDL) 420 							
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: 50px; text-align: center;">1</td> <td rowspan="5" style="text-align: center; vertical-align: middle;">NO SHORTAGE</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 SHORTAGE	2	3	4	5	As reported, check DVDMS, E-aushadhi, etc.
1	NO SHORTAGE							
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: <u>NIL</u>	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: 24*7 Total number of tests available against Essential Diagnostic tests list for DH : <u>85</u> (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house						
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: 8:00 AM- 5: 00 PM Total number of tests provided by PPP provider : <u>30</u> Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP						

		provider agency
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: 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 type="checkbox"/> In-house/ <input checked="" type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): <u>Not provided.</u>	Observation Patient interviews
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation

<p style="text-align: center;">Not Implemented</p>	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: - <u> 0 </u>	Observation, Records
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service 	○ Previous year: <u>0</u> ○ Current FY: <u>0</u> <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)		As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	All equipments are available and functional.	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: <u>46</u>	Verify C-section records from Maternity

	No. of C-sections performed in last month: 10	OT registers
<ul style="list-style-type: none"> • Comment on the condition of: 	<p>Labour room: It was in good condition, and there were new and updated equipment as well. The labor room was also spacious. However, cleanliness was below the satisfactory level.</p> <p>OT: The infrastructure was good, and cleanliness was well maintained. Due to a shortage of several things, it could not get LAQSHYA certification earlier, but now they have improved significantly, and it is in good condition.</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 No Delay.	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay in payment to beneficiaries: (Average for how many days/beneficiary) Payment done till: Current month <input type="checkbox"/> Last month <input type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/> Reasons for delay:	Verify from JSY status report
30. Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported/As

	<p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p> <p><input checked="" type="checkbox"/>Free diagnostics</p> <p><input checked="" type="checkbox"/>Free blood services</p> <p><input checked="" type="checkbox"/>Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/>No user charges</p>	<p>Displayed in Maternity Ward</p>
<p>31. PMSMA services provided on 9th of every month</p>	<p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month : <u>10</u></p> <p>If No, reasons thereof:</p>	<p>PMSMA Register/High Risk Pregnancy Register, Staff review</p>
<p>32. Line listing of high-risk pregnancies</p>	<p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	<p>Verify Register availability</p>
<p>33. Practice related to Respectful Maternity Care</p>	<p><input checked="" type="checkbox"/> Privacy maintained during examination ensured</p> <p><input checked="" type="checkbox"/> Birth attendant allowed in Labour room</p> <p><input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian</p> <p><input checked="" type="checkbox"/> Safe care environment maintained</p>	<p>Observation, Patient review</p>
<p>34. Whether facility have registers for entering births and deaths</p>	<p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	<p>Birth Register, Death Records</p>

35. Number of Maternal Death reported in the facility	Previous year: 0 Current year:0	Maternal Deaths Records/R eview
36. Number of Child Death reported in the facility	Previous year: 0 Current year:0	Maternal Deaths Records/R eview
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	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	162	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	162	Verify BF records
41. Status of functionality of DEIC	<input checked="" type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant	Observation
42. Number of sterilizations performed in last one month	25	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received

44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify) _____		As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	The acceptance and utilization of contraception are good. The use of OCPs (Oral Contraceptive Pills) was found to be higher.		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: <u>RKSK Counselor</u> Separate male and female counselors available: <input checked="" type="checkbox"/> Yes/ <input 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:		Screened	Confirmed
			NCD Register

	a. Hypertension	10,980	Record not maintained	
	b. Diabetes	9586		
	c. Oral Cancer	12		
	d. Breast Cancer	20		
	e. Cervical Cancer	2		
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) 20%			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: 100% 			DBT/Nikshay Report
	<ul style="list-style-type: none"> Are all TB patients tested for HIV?<input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No 			DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 80%			DBT/Nikshay Report

F. RECORDS, FINANCE, OTHERS

53. Maintenance of records on	<ul style="list-style-type: none"> • TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • TB Notification Registers: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Malaria cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Palliative cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No • Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No 	Respective records									
54. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 7.4 L</p> <p>Fund utilized last year: FULL</p> <table border="1" data-bbox="719 725 1222 927"> <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>7.4 L</td> <td>7.4L</td> <td>100%</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization	7.4 L	7.4L	100%	Facility FMR
	Fund in prev. FY										
	Received	Utilized	% Utilization								
7.4 L	7.4L	100%									
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 checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated • Nikshay Portal: <input checked="" type="checkbox"/>Updated/ <input type="checkbox"/>Not updated 	Check respective portals at the facility wrt last entries									

56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Once in 3 months	RKS Register
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any): It has been reported that, the facility have enough ambulance and they do not required more.	
• How many cases were referred here in the last month?	Number: 134 Types of cases referred in: Delivery, Accidental, Trauma.	Referral-in register
• How many cases were referred out last month?	Number: 184 Types of cases referred out: High risk pregnancy, Shock, Cardiovascular.	Out-referral register

Key Challenges Observed in the Facility

Challenges	Root Cause
<p>Staff Shortage as per IPHS Guidelines</p> <p>According to the Indian Public Health Standards (IPHS) guidelines, the hospital does not meet the required staffing levels. This shortage affects patient care, especially in specialized departments.</p>	<p>Delays in recruitment, lack of skilled professionals in the region, and budgetary constraints have contributed to staffing issues.</p>
<p>Imaging Services Deficiencies</p> <p>The hospital lacks modern imaging facilities, with no access to 3D scanning technology. Additionally, the existing imaging machines are outdated, affecting the accuracy and speed of diagnostics.</p>	<p>Insufficient budget allocation for technological upgrades and delays in procuring new equipment have resulted in outdated imaging facilities.</p>
<p>Infrastructure and Maintenance Issues</p> <p>The hospital infrastructure requires significant repairs and improvements to ensure a safe and hygienic environment for patients and staff.</p>	<p>Insufficient funds for infrastructure maintenance and lack of regular audits to identify and address structural concerns.</p>

Space Constraints

One of the primary challenges identified is the shortage of space for various medical services. Due to limited infrastructure, several service centers are scattered across different locations, leading to inefficiencies in patient care and management.

Inadequate planning for expansion and growing patient demand have led to space limitations, making it difficult to provide integrated services under one roof.

Remarks & Observation:

One more thing we noticed during our community interaction at the hospital was that patients were being charged significantly for lab tests. We spoke to a lady who had a receipt for three tests, for which she had paid around 800 rupees. When we discussed this with the lab in-charge and senior officials, they informed us that lab tests are not free of cost there. Common individuals have to pay the full amount, while the elderly population receives a 50% concession. However, charges still have to be paid.

Community Health Centre (CHC), Mepaddy, Wayanad, Kerala

Urban/ Rural: Rural

Date of Visit: 11/02/2025

General Information	
Name of facility visited	CHC
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: GH, Kalpetta Distance: 20

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 9: 00 AM – 6:00 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: The infrastructure was good, it was spacious, and cleanliness and hygiene were maintained.	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female)	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	IPD Beds: 24 The male ward is under construction ICU Beds: 12			As reported/Hospital Citizen Charter Board	
5. List of Services available	<ul style="list-style-type: none"> • Emergency • IPD • OPD • Dental • General OPD 			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> • Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	N		
	2	O&G	N		
	3	Pediatric	N		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	N		
	7	Dental	Y		

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	8	Imaging Services (X-ray)	N		
	9	Imaging Services (USG)	N		
	10	Newborn Stabilization Unit	N		
• 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	
• If Yes, Mention the specialists available 24*7	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: Only GDMOs.			As reported	
• Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Observation: Verify if triage area is marked	
6. Tele-medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month was 10 per day If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Tele-medicine records register/ e-Sanjeevani Portal	
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, Major OT <input type="checkbox"/>			Observation Ensure signage and protocol displays	

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	Minor OT <input type="checkbox"/>	
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: <u> 0 </u> No. of blood transfusions done in last month: _____ 	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input 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: _____ 	As reported

B. Human Resources					As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)					
	Specialists	Medicine	No posts are			

		available fo ny specialist doctor				
		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:50 Award received: No Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: Yes Internal/State Facility score:83 Certification Status: NIL	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No	LaQshya Assessment

<p>There is no labour room as no deliveries are performed at the facility.</p> <p>OT not available.</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>	<p>Report – check score Verify certificate if awarded</p>					
D. DRUGS AND DIAGNOSTICS							
<p>16. Availability of list of essential medicines (EML)/ drugs (EDL)</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, total number of drugs in EDL: <u>142</u></p> <p>EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>No. of drugs available on the day of visit (out of the EDL) : <u>142</u></p>	<p>Verify EDL Displayed</p>					
<p>17. Implementation of DVDMS or similar supply chain management system</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If other, which one _____</p>	<p>Observation, Check software</p>					
<p>18. Shortage of 5 priority drugs from EDL in last 30 days, if any</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</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	2	3	4	5	<p>As reported, check DVDMS, E-aushadhi, etc.</p>
1							
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 ___2___	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: Total number of tests available against Essential Diagnostic tests list for CHC _____	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly	As reported

	<input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (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	Any Non-functional equipment not found.	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed <p>No deliveries are performed at the facility.</p>	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: <u>0</u> No. of C-sections performed in last month: <u>0</u>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: Since deliveries are not conducted at the facility. So, there is no labour room. OT: Not Available.	Observation

	Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
<p>27. Status of JSY payments</p> <p>Since deliveries are not conducted at the facility.</p>	<p>Payment is up to date:</p> <p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay: (Average for how many days/patients)</p> <p>Payment done till:</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p>
<p>28. Availability of JSSK entitlements</p> <p>No Deliveries are conducted.</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p>	<p>As reported/As Displayed in Maternity Ward</p>

	<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	
29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month : 6 If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input type="checkbox"/> Birth attendant allowed in Labour room <input type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year:0	Maternal Deaths

	Current year:0	Records/Review
34. Number of Child Death reported in the facility	Previous year:0 Current year: 0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	0	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	0	Verify BF records
39. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	OCPs utilization is more among the FP methods.	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: <u>Medical Officer</u> Separate male and female counselors available: <input checked="" type="checkbox"/> Yes/ <input 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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">NCD</th> <th style="width: 10%;">Screened</th> <th style="width: 10%;">Confirmed</th> <th style="width: 20%;">NCD Register</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td style="text-align: center;">5179</td> <td rowspan="5" style="text-align: center; vertical-align: middle;">Not Reported</td> <td rowspan="5" style="text-align: center; vertical-align: middle;">Proper Record not Maintained.</td> </tr> <tr> <td>b. Diabetes</td> <td style="text-align: center;">2918</td> </tr> <tr> <td>c. Oral Cancer</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d. Breast Cancer</td> <td style="text-align: center;">10</td> </tr> <tr> <td>e. Cervical Cancer</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	NCD	Screened	Confirmed	NCD Register	a. Hypertension	5179	Not Reported	Proper Record not Maintained.	b. Diabetes	2918	c. Oral Cancer	8	d. Breast Cancer	10	e. Cervical Cancer	0	
NCD	Screened	Confirmed	NCD Register															
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c. Oral Cancer	8																	
d. Breast Cancer	10																	
e. Cervical Cancer	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) : 3%	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: 60%	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Yes Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under	DBT/Nikshay Report

	Nikshay Poshan Yojana in the last 6 months: 20%	
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?	<p>Fund Received last year: 4.3 L</p> <p>Fund utilized last year: 4.3L</p>	Facility FMR

	<table border="1"> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> <tr> <td>4.3 L</td> <td>4.3 L</td> <td>100%</td> </tr> </table>	Fund in prev. FY			Received	Utilized	% Utilization	4.3 L	4.3 L	100%	
Fund in prev. FY											
Received	Utilized	% Utilization									
4.3 L	4.3 L	100%									
	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 checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the facility wrt last entries									
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Once in 3 months	RKS Register									
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available	As reported									

	<input checked="" 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	
	<p>Comment (if any):</p> <p>The facility does not have its own ambulance, they have taken one on contract.</p>	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	<p>Number: 20-25</p> <p>Types of cases referred in: Delivery, Accidental, CVD, Kidney failure.</p>	<p>Referral-in register</p>
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	<p>Number: 30</p> <p>Types of cases referred out: Delivery, Accidental, CVD, Kidney failure.</p>	<p>Referral Out register</p>

Challenges at the Facility:

1. Accessibility Issues for Tribal Population

Wayanad has a significant tribal population, which faces considerable difficulties in accessing healthcare facilities due to geographical and infrastructural barriers.

2. Disaster-Prone Region

Mepaddy is a disaster-prone area, and a major disaster in July resulted in 20 deaths. Frequent disasters contribute to difficulties in retaining doctors and a shortage of specialist healthcare providers.

3. Wildlife Threats

The region also experiences frequent attacks by wild animals, posing an additional risk to both residents and healthcare workers.

4. Geographical Challenges

Due to the scattered and vast nature of the region, patients face challenges in reaching healthcare centers. Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) also struggle to reach the target population effectively.

5. Shortage of Ambulance Services

Healthcare facilities in the area lack their own ambulances and rely on contracted services, leading to delays in emergency medical response.

6. Staff Accommodation Issues

The quarters meant for healthcare staff have been demolished, making it difficult for medical personnel to stay nearby. This results in commuting challenges and affects healthcare service delivery.

7. Infrastructure Concerns

There are significant infrastructural challenges, including inadequate healthcare facilities, which further hinder the effective functioning of the healthcare system in Wayanad.

Remarks & Observations:

- Regarding the infrastructure, the building is good and spacious, but it is not utilized properly. Cleanliness was not satisfactory at all.
- Not all diagnostic tests were available.
- Deliveries are not conducted at this facility, so there was no labor room.
- An operation theatre (OT) was also not available.
- The services provided are only basic; there are no specialist services like Pediatrics, Gynecology, Internal Medicine (MD), or Ophthalmology.
- Even during night-time emergencies, only General Duty Medical Officers (GDMOs) handle the cases.

Community Health Centre (CHC), Panamaram, Wayanad, Kerala

Urban/ Rural: Rural

Date of Visit: 12/02/2025

General Information	
Name of facility visited	Community Health Centre
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: DH, KALPATETTA Distance: 23 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 9: 00AM -2:00PM 2:00 PM -6:30 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: The building is quite large and spacious, but it is not properly maintained. The management was also not up to the mark. However, the MOIC has said that they will fix the management properly in a few days so that the services can run smoothly.	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 type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	42			As reported/Hospital Citizen Charter Board	
5. List of Services available	<ul style="list-style-type: none"> • IPD • OPD • Emergency • Paediatrics • Dental X-ray • Medicine 			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	N		
	3	Pediatric	Y		
	4	General Surgery	N		

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	5	Anesthesiology	N		
	6	Ophthalmology	N		
	7	Dental	Y		
	8	Imaging Services (X-ray)	Y		
	9	Imaging Services (USG)	N		
	10	Newborn Stabilization Unit	N		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available			As reported	
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: Medical Officer			As reported	
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Observation: Verify if triage area is marked	
6. Tele-medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month: 12 If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Tele-medicine records register/ e-Sanjeevani Portal	

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, Major OT <input type="checkbox"/> Minor OT <input type="checkbox"/>	Observation Ensure signage and protocol displays
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: 0 No. of blood transfusions done in last month: 0 	Blood Storage Unit records, Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: Very Good	As reported

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

		Sanctioned	Available	Sanctioned	Available
MO (MBBS)					
Specialists	Medicine	0	0	0	0
	Ob-Gyn	0	0	0	0
	Pediatrician	1	1	0	0
	Anesthetist	0	0	0	0
Dentist		1	1	0	0
SNs/ GNMs		7	7	0	0
LTs		2	2	1	1
Pharmacist		2	2	3	3
Dental Assistant/ Hygienist		1	0	0	0
Hospital/ Facility Manager		0	0	0	0
EmOC trained doctor		0	0	0	0
LSAS trained doctor		0	0	0	0
Others					

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 73 Award received: No Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: YES Internal/State: Yes Facility score: No	NQAS assessment report

	reported Certification Status:	Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	LaQshya Assessment Report – check score Verify certificate if awarded

D. DRUGS AND DIAGNOSTICS

16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed
	If yes, total number of drugs in EDL ____291____ EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) ____273_	
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____	Observation, Check software

18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	No Shortage	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: 3	As reported Stock/Indent register	
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported;	
• In-house tests	Timing: 8:30-5:00PM Total number of tests available against Essential Diagnostic tests list for CHC _____54____	Obtain the complete list of diagnostic tests performed in-house	
• Outsourced/ PPP	Timing: 9:00 – 4:00 PM Total number of tests Provided by PPP Provider : 15	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	Not Reported	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed <p>No deliveries are performed at the facility.</p>	<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: Not Available</p> <p>OT: No</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	<p>Observation</p>
<p>27. Status of JSY payments</p> <p>Since no deliveries are performed at the facility.</p>	<p>Payment is up to date:</p> <p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay: (Average for how many days/patients)</p> <p>Payment done till:</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p>
<p>28. Availability of JSSK entitlements</p>	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p>	<p>As reported/As Displayed in Maternity Ward</p>

	<input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
29. PMSMA services provided on 9 th of every month	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input type="checkbox"/> Privacy maintained during examination ensured <input type="checkbox"/> Birth attendant allowed in Labour room <input type="checkbox"/> Obtaining Informed consent of the mother/ custodian	Observation, Patient review

	<input 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	0	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	0	Verify BF records
39. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported

42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Acceptance for Condoms and OCPs are 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: Medical Officers and Staff Nurses Separate male and female counselors available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Observation, check AFHC register	
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)		Check NCD register	
46. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD			
		Screened	Confirmed	NCD Register
	a. Hypertension	5467	1540	
	b. Diabetes	3002	357	
	c. Oral Cancer	1238	3	
	d. Breast Cancer	2873	0	
	e. Cervical Cancer	2267	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) _____1.87%_	DBT/Nikshay Report
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months _____100%_____	DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input 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
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 80%	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: 75,000/-	Facility FMR				
	Fund utilized last year: 75,000/-					
	Fund in prev. FY					
	<table border="1"> <thead> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>75,000/-</td> <td>75,000/-</td> <td>100%</td> </tr> </tbody> </table>		Received	Utilized	% Utilization	75,000/-
Received	Utilized	% Utilization				
75,000/-	75,000/-	100%				
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)	ONCE IN A MONTH	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 15 Types of cases referred in: Accidental, CVD, KFD, Pancreatitis	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 43 Types of cases referred out: Deliveries, Accidental, Trauma.	Referral Out register

Challenges Observed at the Facility

1. Human Resource Challenges:

The Community Health Centre (CHC) is facing significant human resource issues. Although there are vacancies for doctors, very few professionals are willing to join. Even when they do, retention remains a major concern, leading to frequent staff shortages.

2. Challenges with Tribal Population:

The tribal population in the area presents another challenge, as they do not actively participate in health programs. Their lack of interest and engagement limits the effectiveness of various healthcare initiatives.

3. Infrastructure Limitations:

The infrastructure of the CHC is somewhat outdated. However, the in-charge has initiated plans to upgrade the facility. Efforts are being made to improve storage and ensure that all medicines are kept systematically for better accessibility and management.

4. Absence of Delivery Services:

Deliveries are not conducted at this Community Health Centre (CHC). Reports indicate that throughout Wayanad, deliveries are only conducted at the District Hospital (DH) and Sub-District Hospital (SDH), while no deliveries take place at any CHC, Primary Health Centre (PHC), or Sub-Health Centre (SHC).

5. Lack of Operation Theatre (OT):

The CHC does not have an operational Operation Theatre (OT), further limiting its ability to handle maternal healthcare and emergency surgical procedures.

This highlights the need for infrastructure upgrades and improved maternal healthcare services at lower healthcare facility levels.

Remarks & Observation:

- This facility also does not provide many specialist services.
- Deliveries are not conducted here either, so there was no labor room.
- Only ANC (Antenatal Care) services are provided.
- No specialist is available 24 hours a day—cases, including night emergencies, are handled only by Medical Officers (MOs) and General Duty Medical Officers (GDMOs).

- Since there is no Operation Theatre available at this facility, neither minor nor major procedures are performed here.
- Only OPD (Outpatient Department) and IPD (Inpatient Department) services are provided.

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

Urban /Rural: Urban

Date of Visit: 12/02/2025

A. General Information	
1. State	KERALA
2. District Name	WAYANAD
3. Block/Taluka Name	MUNDERI
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	1115334623
7. No. of days in a week facility is operational	6
8. OPD Timings	1 :00 PM -7:00 PM
9. Month & Year of operationalization of AAM	2023
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	
12. Next Referral Facility Name	GH , KALPETTA
13. Distance of next referral facility (in Km)	4 KM
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	9
2. No. of Households	Not Reported
3. Total catchment Population	
4. Population who are 30 years of age and above	

B. Physical Infrastructure	
Infrastructure Status and details	Availability

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

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8	Information on referral transport displayed	<input 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	0	0	2	2
2.	AYUSH MO*	1	0	0	0	0
3.	Dentist*	1	0	0	0	0
4.	Staff Nurse	2	0	0	3	3
5.	Pharmacist	1	0	0	1	1
6.	Laboratory Technician	1	0	0	2	2
7.	ANM/MPW (F)#	1	0	0	3	3
8.	MPW (M)	1	0	0	1	1
9.	Lady Health Visitor	1	0	0	0	0
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	1	1
12.	Data entry operator	1	0	0	-	SAME
13.	Sanitation staff	1	0	0	2	2
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		0	0	8	8
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	YES
ASHA	YES	YES	YES	YES	YES	YES

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

F. Availability of Essential medicines	
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>169</p>
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p>

		<input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input 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-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input 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	59

4	Number of tests Provided through In House Mode	AVAILABLE
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	3 months
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	No Any

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

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

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input 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 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	Expenditure	% Expenditure
	NHM Fund/untied funds utilized during last year: (Amount in Rs.)	(Amount in Rs.)	

	15 Lakhs	11 Lakhs	73.3%
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		

Availability of JSSK entitlements	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	8780
2	No. of PW registered for ANC	31
3	No. of PW received 4 or more ANC check-ups	37
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	13
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	45
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	44
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	0

	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	0		
12	% of target population administered CBAC	Facility does not have linked Sub Centre.		
	% 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			
	Diabetes			
	NCDs <i>(No. of individuals in Last 6 Months)</i>			
	Oral Cancer*			
	Breast Cancer*			
	Cervical Cancer*			

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

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	86.5

Remarks & Observation

Infrastructure and Hygiene

The building of the UPHC is well-constructed, spacious, and well-maintained. Cleanliness and hygiene are given high priority, ensuring a safe and healthy environment for both patients and healthcare staff.

OPD Services

The Outpatient Department (OPD) operates in two shifts, allowing better access to medical consultation and reducing patient load during peak hours.

Delivery Services

- Delivery services are not available at the UPHC.
- It has been reported that patients prefer to go directly to the District Hospital (DH) or Sub-District Hospital (SDH) for deliveries instead of opting for services at the UPHC.
- While Antenatal Care (ANC) services are provided at the center, the absence of delivery services limits the provision of Janani Shishu Suraksha Karyakram (JSSK) entitlements, which include free maternal and neonatal care benefits.

Non-Communicable Disease (NCD) Screening

- Since both SDH and DH are located nearby, most NCD screenings (such as diabetes and hypertension checks) are conducted at these higher-level facilities rather than at the UPHC.

Conclusion

The UPHC is well-equipped in terms of infrastructure and hygiene, and its OPD services run efficiently in two shifts. However, the lack of delivery services and NCD screenings being

conducted elsewhere indicate the need for improving service availability to make the facility more comprehensive for urban healthcare needs.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	NO			
2	Laryngoscope	NO			
3	Radiant Warmer	NO			
4	Pulse Oximeter-Finger Tip	YES		YES	
5	Pulse Oximeter-Table Top	NO			
6	Labor Bed	NO			
7	Foetal Doppler	YES		YES	
8	Phototherapy Unit	YES		YES	
9	Shoulder Wheel	NO			
10	Shoulder Pulley	NO			
11	Shoulder Abduction Ladder	NO			
12	Suction Machine	NO			
13	Mobile Spotlight	NO			
14	Manual Vacuum Aspirator	NO			
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	NO			
22	ILR With Voltage Stabilizer-Small	YES		YES	
23	Deep Freezer-Small	YES		YES	
24	ILR With Voltage Stabilizer-Large	NO			

S.No.	Equipment	Available	Not available	Functional	Non-Functional
25	Deep Freezer-Small-Large	NO			
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	NO			
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	

Ayushman Arogya Mandir-Primary Health Centre (AAM -PHC)

Urban /Rural: Rural

Date of Visit: 11/02/2025

A. General Information	
1. State	KERALA
2. District Name	WAYANAD
3. Block/Taluka Name	Moopainad
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	1115334656
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	9:00 AM- 1:00 PM 3:00 PM-6:00 PM
9. Month & Year of operationalization of AAM	2023
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	DH, Kalpetta
13. Distance of next referral facility (in Km)	14KM
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	16
2. No. of Households	6445
3. Total catchment Population	28240
4. Population who are 30 years of age and above	13231

B. Physical Infrastructure

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

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input 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	1	1	2	2
2.	AYUSH MO*	1	1	1	0	0
3.	Dentist*	1	0	0	0	0
4.	Staff Nurse	2	1	1	1	1
5.	Pharmacist	1	1	1	1	1
6.	Laboratory Technician	1	0	0	1	1
7.	ANM/MPW (F)#	1	7	4	0	0
8.	MPW (M)	1	4	4	0	0
9.	Lady Health Visitor	1	1	0	0	0
10.	Dresser	1	1	1	0	0
11.	Accountant	1	0	0	0	0
12.	Data entry operator	1	0	0	0	0
13.	Sanitation staff	1	0	0	0	0
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		22	22	0	0
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)	Y	Y	Y	Y
Child Health (New Born Care/ HBNC/HBYC)	Y	Y	Y	Y
Family Planning	Y	Y	Y	Y
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Y	Y	Y	Y
NCD	Y	Y	Y	Y
Others (Specify)	Y	Y	Y	Y

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)	Y	Y	Y	Y	Y	Y
Staff Nurse	Y	Y	Y	Y	Y	N
ANM/ MPW-F	Y	Y	Y	Y	Y	N
MPW- M	Y	Y	Y	Y	Y	N
ASHA	Y	Y	Y	Y	Y	N

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input 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 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;">172</p>				
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>				
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Oral Contraceptives</td> <td style="width: 50%;"><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Analgesics / NSAIDs)</td> <td><input checked="" type="checkbox"/> Anti-fungal</td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis	<input type="checkbox"/> Analgesics / NSAIDs)	<input checked="" type="checkbox"/> Anti-fungal
<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis				
<input type="checkbox"/> Analgesics / NSAIDs)	<input checked="" type="checkbox"/> Anti-fungal				

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

G.1 Availability of Diagnostic Services		
1	<p>Availability of diagnostic services:</p>	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	<p>Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list</p>	<p>(Total number of diagnostic tests at AAM-PHC/UPHC as per National Essential Diagnostic list-63)</p>
3	<p>Number of tests available at AAM-PHC/UPHC</p>	30

4	Number of tests Provided through In House Mode	30
5	Number of tests Provided through Hub & Spoke (Public Health System)	29
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input 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 checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Cold, cough, fever, Headache, Muscular Pain
Total teleconsultations in the last 01 month	200

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 type="checkbox"/> Yes <input type="checkbox"/> No	
Fund utilization	Funds received	Expenditure	% Expenditure
	NHM Fund/untied funds utilized during last year: (Amount in Rs.)	(Amount in Rs.)	

	No Record Found	No Record Found	
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>		
<p>Status of JSY Payments</p> <p>Since Deliveries are not conducted at the facility.</p>	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		

<p>Since Deliveries are not conducted at the facility.</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 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	252
3	No. of PW received 4 or more ANC check-ups	224
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	66
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	828
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	827
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	46
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	5
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	5
	No. of TB patients diagnosed out of the presumptive patients referred	2

	No. of TB patients taking treatment in the AAM	5		
12	% of target population administered CBAC	13231		
	% of target population with score below 4	9766		
	% of target population with score 4 and above	30.42		
Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	12,296	5355	3075
	Diabetes	12308	8708	1243
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	114	0	0
	Breast Cancer*	29	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 type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	96.6
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 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	0/1/2025
2	Facility aggregate score using ODK Took kit	81.2

Remarks & Observations:

Infrastructure

The healthcare facility had a well-constructed, spacious, and well-maintained building. However, cleanliness was not up to the mark, which needs improvement to ensure a hygienic environment for patients and staff.

Human Resources (HR)

There were no significant HR-related issues at the facility. The staff informed that they have sufficient human resources, primarily because deliveries do not take place at this center. Due to the absence of maternity services, the workload remains manageable for the available staff.

Utilization of Maternal Health Schemes (JSY & JSSK)

Since deliveries are not conducted at this facility, the full utilization of schemes like Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) was not observed. These schemes, which provide financial assistance and free maternal and newborn care, are underutilized due to the lack of maternity services at the center.

Diagnostic Services

The availability of diagnostic tests at the facility was found to be below the prescribed norms. Only about 50% of the required tests were available, which may affect timely diagnosis and treatment for patients. Strengthening diagnostic services is essential for improving overall healthcare delivery.

Record Maintenance

The maintenance of records was found to be poor. When asked for OPD (Outpatient Department) data, the facility was unable to provide the required information. Additionally, financial records were not properly maintained, indicating a need for better documentation and record-keeping practices.

Conclusion & Recommendations

While the facility has a good physical infrastructure and sufficient human resources, several areas require attention:

- Improvement in cleanliness and hygiene standards.
- Strengthening diagnostic services to meet standard norms.
- Better utilization of maternal health schemes, if feasible.
- Enhancing record maintenance for improved accountability and efficiency.

Addressing these gaps can significantly improve the effectiveness of primary healthcare services at the facility.

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		
6	Labor Bed	YES		YES	
7	Foetal Doppler	YES		YES	
8	Phototherapy Unit	YES		YES	
9	Shoulder Wheel	YES		YES	
10	Shoulder Pulley		YES		
11	Shoulder Abduction Ladder		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	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
24	ILR With Voltage Stabilizer-Large		YES		
25	Deep Freezer-Small-Large		YES		
26	Vaccine Carrier with Ice Packs	YES	YES	YES	
27	Cell Counter – 3 Part		YES		
28	Semi-Automated Biochemistry Analyser	YES			
29	Binocular Microscope				
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	

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

Urban /Rural: Rural

Date of Visit: 11/02/2025

A. General Information	
1. State	KERALA
2. District Name	WAYANAD
3. Block/Taluka Name	BEGUR
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	1115557439
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	9:00 AM-1:00 PM 2:00PM-6:00 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	SDH, Kalpetta
13. Distance of next referral facility (in Km)	10-12 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	9
2. No. of Households	4050
3. Total catchment Population	16061
4. Population who are 30 years of age and above	-

B. Physical Infrastructure	
Infrastructure Status and details	Availability

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

B.1 Information, Education & communication (IEC) material			
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7	Information on grievance redressal displayed	<input 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	0	0
3.	Dentist*	1				
4.	Staff Nurse	2	2	2	1	1
5.	Pharmacist	1	1	1	1	1
6.	Laboratory Technician	1	1	1	0	0
7.	ANM/MPW (F)#	1	4	4	0	0
8.	MPW (M)	1	3	3	0	0
9. 0	Lady Health Visitor	1	1	1	0	0
10.	Dresser	1	2	2	0	0
11.	Accountant	1	1	1	0	0
12.	Data entry operator	1				
13.	Sanitation staff	1				
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		9	9	16	16
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	NO
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines					
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p 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;">268</p>				
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>				
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Oral Contraceptives</td> <td><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Analgesics / NSAIDs)</td> <td><input type="checkbox"/> Anti-fungal</td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis	<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal
<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis				
<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal				

		<input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" 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	45

4	Number of tests Provided through In House Mode	45
5	Number of tests Provided through Hub & Spoke (Public Health System)	22
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input 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 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 checked="" type="checkbox"/> No	
Fund utilization	Funds received	Expenditure	% Expenditure
	NHM Fund/untied funds utilized during last year: (Amount in Rs.)	(Amount in Rs.)	

	80,000/-	80,000/-	100%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>		
Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		

<p>Since no deliveries are not performed at the facility.</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 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	17512
2	No. of PW registered for ANC	29
3	No. of PW received 4 or more ANC check-ups	14
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	10
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	279
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	238
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	17
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	28
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	-
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	200
	No. of TB patients diagnosed out of the presumptive patients referred	1

	No. of TB patients taking treatment in the AAM	6		
12	% of target population administered CBAC	8709		
	% of target population with score below 4	42%		
	% of target population with score 4 and above	37%		
Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	4369	274	274
	Diabetes	3524	289	289
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	28	0	0
	Breast Cancer*	58	0	0
	Cervical Cancer*	30	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	Awaited
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	24 JAN 2025
2	Facility aggregate score using ODK Took kit	80.7

Remarks & Observation:

Infrastructure:

The infrastructure was good, and cleanliness and hygiene were well maintained. The in-charge also reported that they plan to develop it further.

HR:

There were no major HR issues at this facility, and it was mentioned that there was no staff shortage.

IEC:

However, not all IEC (Information, Education, and Communication) materials were displayed properly. Awareness materials and handwash corner IEC were not well displayed, and other important program-related awareness IEC was also missing.

Maternity Services:

Deliveries are not performed at this facility, so there was no labor room. Additionally, not all diagnostic tests were available.

Only ANC (Antenatal Care) services are available.

IT:

Regarding IT services, the facility has a proper system and a good internet connection. Reporting on all applications is done in a timely manner.

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	NO			
9	Shoulder Wheel	NO			
10	Shoulder Pulley	NO			
11	Shoulder Abduction Ladder	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			
20	Dental Chair-Basic	YES		YES	
21	Oxygen Hood Neonatal	NO			
22	ILR With Voltage Stabilizer-Small	NO			
23	Deep Freezer-Small	YES		YES	
24	ILR With Voltage Stabilizer-Large	NO			
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	NO			
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	NO			
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	NO			
43	Exerciser Couch/Table	YES		YES	
44	Finger Exerciser Web	NO			
45	Walking Aid for Training/ Reciprocal Walker	YES		YES	

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

Urban /Rural: Rural

Date of Visit: 12/01/2025

A. General Information	
1. State	KERALA
2. District Name	WAYANAD
3. Block/Taluka Name	VARADOOR
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	7351678839
7. No. of days in a week facility is operational	6
8. OPD Timings	9: 00 AM-1:30 PM 3:00 PM- 6:00 PM
9. Month & Year of operationalization of AAM	2023
10. Details of co-location, if any <i>(If any co-located SHC)</i>	No
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	DH, Kalpetta
13. Distance of next referral facility (in Km)	18 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	18
2. No. of Households	9339
3. Total catchment Population	39681
4. Population who are 30 years of age and above	19005

B. Physical Infrastructure

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	2	2	0	0
2.	AYUSH MO*	1	1	1	0	0
3.	Dentist*	1	0	0	0	0
4.	Staff Nurse	2	0	0	1	1
5.	Pharmacist	1	1	1	0	0
6.	Laboratory Technician	1	0	0	1	1
7.	ANM/MPW (F)#	1	9	9	0	0
8.	MPW (M)	1	4	4	0	0
9.	Lady Health Visitor	1	1	0	0	0
10.	Dresser	1	1	1	0	0
11.	Accountant	1	1	1	0	0
12.	Data entry operator	1	1	1	0	0
13.	Sanitation staff	1	1	1	0	0
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		23	23	0	0
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	NO	NO
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 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 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 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><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;">230</p>				
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>				
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Oral Contraceptives</td> <td style="width: 50%;"><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Analgesics / NSAIDs)</td> <td><input type="checkbox"/> Anti-fungal</td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis	<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal
<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis				
<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal				

		<input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input 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	48

4	Number of tests Provided through In House Mode	48
5	Number of tests Provided through Hub & Spoke (Public Health System)	23
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input 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 checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	No Record
Total teleconsultations in the last 01 month	225

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

J. Governance

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

K. Reporting

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

L. Finance

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

	3.29 Lakhs	3.29 Lakhs	100%
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input 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)</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 If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	9515
2	No. of PW registered for ANC	148
3	No. of PW received 4 or more ANC check-ups	138
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	47
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	139
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	150
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	12
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	25
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	1186

	No. of TB patients diagnosed out of the presumptive patients referred	24		
	No. of TB patients taking treatment in the AAM	12		
12	% of target population administered CBAC	91%		
	% of target population with score below 4	60.8%		
	% of target population with score 4 and above	35%		
Community Based Screening for NCDs				
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	4984	1586	1586
	Diabetes	5491	271	271
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	54	28	28
	Breast Cancer*	108	44	44
	Cervical Cancer*	48	46	46

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	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	June 2024
2	Facility aggregate score using ODK Took kit	68.2

Remarks & Observations

Infrastructure and Maintenance

- The building of the UPHC is well-constructed, but maintenance is a concern.
- Cleanliness and hygiene were found to be unsatisfactory, indicating a need for better upkeep and sanitation measures.

Equipment Availability and Condition

- The facility reported having all necessary medical equipment, but upon verification, it was found that most of the equipment was outdated.
- The labour room is not maintained due to the absence of delivery services, and the equipment has not been updated accordingly.
- Despite this, Antenatal Care (ANC) services are available for pregnant women.

OPD and Human Resources (HR)

- The Outpatient Department (OPD) operates in two shifts, ensuring extended service hours.
- Human resource availability is not a major issue, as reported by the facility in charge.

Community Feedback

- During community interactions, many residents expressed dissatisfaction with the services provided at the facility.
- The lack of proper maintenance, outdated equipment, and service gaps were major concerns among the people.

Financial and Operational Challenges

- The facility in-charge reported that insufficient funds are a major barrier to proper maintenance and management.
- Power backup is not available, which could disrupt essential services during power outages.

Conclusion

While the UPHC has basic infrastructure and staffing, it faces challenges due to poor maintenance, outdated equipment, lack of delivery services, and inadequate financial resources.

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	NO			
2	Laryngoscope	NO			
3	Radiant Warmer	NO			
4	Pulse Oximeter-Finger Tip	YES		YES	
5	Pulse Oximeter-Table Top	YES		YES	
6	Labor Bed	NO			
7	Foetal Doppler	YES		YES	
8	Phototherapy Unit	NO			
9	Shoulder Wheel	NO			
10	Shoulder Pulley	NO			
11	Shoulder Abduction Ladder	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			
20	Dental Chair-Basic	YES		YES	
21	Oxygen Hood Neonatal	YES		YES	
22	ILR With Voltage Stabilizer-Small	NO			
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			

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

Date of Visit: 11/02/2025

A. General Information	
1. State	KERALA
2. District Name	WAYANAD
3. Block/Taluka Name	BAVALI
4. Name of Facility	AAM- Sub Health Centre
5. Type of Facility	Sub Health Centre
6. NIN of the facility	8554388523
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	9:00 AM – 2:00 PM
9. Month & Year of AAM operationalization	2023
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	GH, Kalpetta
12. Distance of next referral facility (Km)	22 Km

A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	909
3. Total catchment Population	3569
4. Population who are 30 years of age and above	1714

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input 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 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	1	1	0	0
3	MPW-M		1	1	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	8	8	0	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	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
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Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Essential medicines

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105)</p>
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Total number of medicines available at AAM-SHC	36	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" 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 type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week	

	<input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	9
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation

Infrastructure (Availability) Tablet available but not in working condition	<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 checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Common Conditions for which teleconsultation being done	
Total Teleconsultations in the last 01 month	25

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input 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 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:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
Is untied fund being spent on following activities	<p>At the facility it has been reported that They didn't receive the untied fund.</p> <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>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti 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 month1.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	0	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	145
2	No. of PW registered for ANC	5
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	3
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	3
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	2

8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			1
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			0
No. of TB patients taking treatment in the AAM			3	
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:			No Record Found
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	43	11	10
	Diabetes	46	9	9
	Oral Cancer	81	0	0
	Breast Cancer	61	0	0
	Cervical Cancer	30	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	34
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	52.3

Remarks & Observations

Infrastructure and Hygiene

- The building was clean and well-maintained, ensuring a hygienic environment.
- However, separate toilets for male and female patients were not available, which can be a significant issue for patient comfort and privacy.
- There was no power backup, which may disrupt essential medical services during power failures.
- Staff quarters were not available, leading to difficulties for the Community Health Officer (CHO), who has to travel from a distant location.

Human Resources (HR) and Staffing

- There were no staffing shortages; the facility had adequate human resources to manage its operations effectively.

Medicine and Diagnostic Availability

- Severe medicine shortages were observed, and the available stock did not meet the prescribed norms.
- Essential medicines for Tuberculosis (TB), Diabetes, and Hypertension were not available, which significantly affects patient care.
- Diagnostic tests were also not available as per the norms, limiting the facility's ability to conduct necessary screenings and treatments.

Equipment and Record Maintenance

- A tablet was available at the facility for digital record-keeping, but it was not in working condition.
- Record maintenance was found to be poor, which can lead to inefficiencies in patient management and service delivery.

Delivery Services and Management

- No deliveries take place at the facility, and as a result, there were no arrangements or management systems in place for maternity care. Only ANC/PNC services are available.

Key Challenges Identified

- Lack of power backup, which can affect service continuity.
- No separate toilets for males and females, impacting patient convenience.
- Absence of staff quarters, causing inconvenience for healthcare personnel.
- Shortage of essential medicines and diagnostic services, leading to inadequate treatment options.
- Poor record maintenance, affecting overall management and efficiency.

Appendix-List of equipment

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

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

Date of Visit: 12/02/2025

A. General Information	
1. State	KERALA
2. District Name	WAYANAD
3. Block/Taluka Name	KAINATTY
4. Name of Facility	AAM- SHC
5. Type of Facility	Health and Wellness Centre
6. NIN of the facility	2338247584
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	9:00 AM- 2:00 PM
9. Month & Year of AAM operationalization	2022
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	DH, Kalpetta
12. Distance of next referral facility (Km)	16Km

A.1 Demographic Details	
1. Number of Villages	3
2. No. of Households	1130
3. Total catchment Population	4309
4. Population who are 30 years of age and above	2297

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input 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 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 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	0	0
3	MPW-M		1	1	0	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	0	0	3	2
4	Any other (If yes, specify)					

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

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/ No)	Trained in ENT care (Yes/ No)	Trained in oral care (Yes/ No)	Trained in MNS (Yes/ No)	Trained in Elderly & Palliative care (Yes/ No)	Trained in Trauma & Emergency care (Yes/ No)
CHO	YES	YES	YES	YES	YES	YES
ANM/ MPW (F)	YES	YES	YES	YES	YES	YES
MPW (M)	YES	YES	YES	YES	YES	NO
ASHA	YES	YES	YES	YES	NO	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105)
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Total number of medicines available at AAM-SHC	25	
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 checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input 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 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 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	8
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 checked="" type="checkbox"/> Ortho-toluidine reagent <input checked="" 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) They have their personal Laptop. Not provided by the facility.	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input checked="" type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	Headache, Fever, Bodyache , Mental Health Counselling.

Total Teleconsultations in the last 01 month	25
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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 type="checkbox"/> Yes <input checked="" 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: It has been reported that the facility didn't receive any untied fund. All are being managed by DH/SDH.	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	0	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 checked="" 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
	<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		
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 month12...	
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	18	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	244
2	No. of PW registered for ANC	5
3	No. of PW received 4 or more ANC check-ups	10
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	3
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	2
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	2
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	12
9	TB patients undergoing treatment	
	Indicators	Current year

	No. of presumptive TB patients identified	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:	60% 30% 40%		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	419	6	6
	Diabetes	443	16	16
	Oral Cancer	34	0	0
	Breast Cancer	24	2	2
	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	Result Awaited

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	23 Jan 2025
2	Facility aggregate score using ODK Took kit	68

Remarks & Observations

Infrastructure and Hygiene

- The building was clean and well-maintained, providing a hygienic environment.
- However, separate toilets for males and females were not available, which can cause inconvenience to patients.
- No power backup was available, which may disrupt healthcare services during power outages.
- Staff quarters were not available, making it difficult for healthcare workers, especially the Community Health Officer (CHO), who has to commute from a distant location.

Medicine and Diagnostic Facilities

- Severe shortage of medicines was observed, and the available stock did not meet the prescribed norms.
- Essential medicines, including those for Tuberculosis (TB), Diabetes, and Hypertension, were not available, affecting the treatment of chronic patients.
- Diagnostic tests were very limited, failing to meet the required standards for a functional UPHC.

Human Resources and Staff Issues

- While there was no shortage of healthcare staff, a major concern was that CHOs and ASHAs were not receiving their incentives and remuneration on time, affecting their motivation and efficiency.

Information, Education, and Communication (IEC) Gaps

- IEC materials were not properly displayed at the facility, reducing public awareness about available health services.
- No IEC materials related to RMNCHA (Reproductive, Maternal, Newborn, Child, and Adolescent Health) were found, which is essential for educating patients about key health programs.
- The Citizen Charter Board was not maintained, which should ideally inform patients about their rights and the services provided at the facility.

Equipment and Record Maintenance

- The facility did not have a government-provided laptop; instead, the CHO was using a personal laptop for record-keeping.
- Record maintenance was found to be poor, leading to inefficiencies in managing patient data and tracking healthcare services.

Key Challenges Identified

- Critical shortage of medicines and diagnostic tests, leading to gaps in patient care.
- Delay in incentives and remuneration for CHOs and ASHAs, affecting their morale.
- Lack of IEC materials, resulting in low awareness about essential health services.
- Absence of staff quarters, creating inconvenience for healthcare personnel.
- Non-functional Citizen Charter Board, reducing transparency in service delivery.
- No government-provided laptop, forcing the CHO to use a personal device for official work.

Appendix-List of equipment

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

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

Date of Visit: 12/02/2025

A. General Information	
1. State	KERALA
2. District Name	WAYANAD
3. Block/Taluka Name	KENICHIRA
4. Name of Facility	Aayushman Aarogya Mandir, Sub Health Centre
5. Type of Facility	Sub Health Centre
6. NIN of the facility	8572623877
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	9:00 AM -1:00 PM 2:00 AM -4:00 PM
9. Month & Year of AAM operationalization	2022
10. Accessible from nearest road head (Yes/No)	No
11. Next Referral Facility	FHC Poothady
12. Distance of next referral facility (Km)	1 km

A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	1143
3. Total catchment Population	4700
4. Population who are 30 years of age and above	2070

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Maternal Health (ANC/PNC Care)	YES	YES	YES
Child Health (New Born Care/ HBNC/HBYC)	YES	YES	YES
Family Planning	YES	YES	YES
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	YES	YES	YES
NCD	YES	YES	YES

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)	NO	NO	NO	NO	NO	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>

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

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference-	
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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	36	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" 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 checked="" type="checkbox"/> Oral hypoglycemics <input checked="" 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 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	9
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input checked="" type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit

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

Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	Not Reported
Total Teleconsultations in the last 01 month	25

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input 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 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

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

Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month11...	
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	219
2	No. of PW registered for ANC	7
3	No. of PW received 4 or more ANC check-ups	7
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	1
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			10
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			10
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:			88.26% 56% 43.48%9;
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	915	5	5
	Diabetes	915	5	5
	Oral Cancer	299	2	2
	Breast Cancer	200	3	3
	Cervical Cancer	21	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety

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

4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	79
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	23/7/2024
2	Facility aggregate score using ODK Took kit	68.69

Remarks & Observation

Lack of Power Backup:

- The facility does not have a proper power backup system, leading to operational difficulties.

Unavailability of Medicines:

- Essential medicines were not fully available.
- As per the norms, only 50% of the required stock was present.
- Due to this shortage, patients were forced to purchase medicines from private sources at their own expense.

Deficiency in Diagnostic Services:

- Not all required diagnostic tests were available at the facility.
- This created challenges for residents who rely on these services.

Absence of Expanded Package Services:

- Essential healthcare services, including expanded package services, drugs, and diagnostics, were not adequately provided.

Hygiene and Maintenance Issues:

- Hygiene standards were not properly maintained, which could pose health risks to patients.

Conclusion:

The overall healthcare services at the facility were found to be unsatisfactory. The lack of essential medicines, diagnostic tests, power backup, and hygiene maintenance has significantly affected the residents. Immediate corrective measures are required to ensure proper healthcare delivery

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 , Milimukku, Wayanad, Kerala
(AAM-SHC)**

Date of Visit: 12/02/2025

A. General Information	
1. State	KERALA
2. District Name	WAYANAD
3. Block/Taluka Name	MILIMUKKU
4. Name of Facility	AAM-SHC
5. Type of Facility	Sub Health Centre
6. NIN of the facility	3127525164
7. No. of days in a week facility is operational	6
8. OPD Timings	9:00 AM- 1:00 PM 2: 00 PM-4:00 PM
9. Month & Year of AAM operationalization	2021
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	GH, Kalpetta
12. Distance of next referral facility (Km)	9 Km

A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	1161
3. Total catchment Population	5483
4. Population who are 30 years of age and above	2083

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

21.	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input 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	0	0
3	MPW-M		0	0	0	0
3	ASHA <i>(Population Norms -1 ASHA per 1000 population)</i>	-	0	0	5	5
4	Any other (If yes, specify)					

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

Maternal Health (ANC/PNC Care)	YES	YES	YES
Child Health (New Born Care/ HBNC/HBYC)	YES	YES	YES
Family Planning	YES	YES	YES
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	YES	YES	YES
NCD	YES	YES	YES

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

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <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>

	<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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference-	
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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	36	
Availability of medicines for priority conditions PHC ONLY	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input 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 type="checkbox"/> Yes <input checked="" 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	9
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input checked="" type="checkbox"/> Ortho-toluidine reagent <input checked="" type="checkbox"/> H ₂ S strip test kit

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

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

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input 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

<p>Facility funds</p> <p>Timely disbursement of untied funds</p> <p>Fund flow through other sources</p> <p>Specify any other fund source:</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Fund utilization</p> <p>% NHM Fund utilized last year:</p>	<p>Funds received (Amt in Rs.)</p> <p>30,000/-</p>	<p>Expenditure (Amt in Rs.)</p> <p>30,000/-</p>	<p>% Expenditure</p> <p>100%</p>
<p>Is untied fund being spent on following activities</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>K. Governance</p>			
<p>Community-based platforms</p> <p>Constitution of Jan Arogya Samiti</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

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 month10.....	
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	9	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	836
2	No. of PW registered for ANC	24
3	No. of PW received 4 or more ANC check-ups	17
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	9
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	11
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	17

8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			0
9	TB patients undergoing treatment			
	Indicators			Current year
	No. of presumptive TB patients identified			2
	No. of TB patients diagnosed out of the presumptive patients referred			0
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:			88% 54% 20%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	2830	65	65
	Diabetes	1355	38	38
	Oral Cancer	145	2	2
	Breast Cancer	58	5	5
	Cervical Cancer	17	2	2

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	65%
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	25/7/2024
2	Facility aggregate score using ODK Took kit	58

Remarks & Observations

Infrastructure Condition

- The building was in good condition, and cleanliness was satisfactory. However, there were no separate toilets for males and females.
- Additionally, color-coded waste bins were not available, though the facility management has assured that this provision will be made soon.

Residential Facilities

There were no residential quarters for staff, which has caused difficulties as employees have to travel long distances to reach the facility.

Information and Citizen Charter

The Citizen Charter board was not updated, and no relevant information was displayed for public reference.

Availability of Services

- Expanded Package Services: Essential services such as oral care and emergency care, including necessary drugs and diagnostics, were not available.
- Mental Health Services: Mental health screening was conducted only through teleconsultation, with no in-person screening observed.

Medicine and Diagnostics:

- The availability of medicines was below 50% of the prescribed norms.
- Diagnostic tests were also limited to only 50% of the required number.
- Medicines for Tuberculosis (TB), Diabetes, and Hypertension were available only at Primary Health Centers (PHCs), which may create accessibility challenges for patients in remote areas.

Salary and Incentives

- There was a delay in the timely payment of salaries and incentives to Accredited Social Health Activists (ASHAs) and Community Health Officers (CHOs), causing financial difficulties for them.

Conclusion

The facility has a well-maintained structure and adequate cleanliness but lacks key infrastructural provisions like gender-segregated toilets and residential quarters. Service

delivery is incomplete, with major gaps in medicine availability, diagnostics, and mental health care. Additionally, restricting TB, Diabetes, and Hypertension medicines to PHCs may affect patient adherence to treatment. The delay in salary payments for healthcare workers highlights administrative inefficiencies. Immediate action is needed to improve service delivery, update the Citizen Charter, ensure timely payments to staff, and enhance medicine accessibility at all levels of care.

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	