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A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE

NATIONAL HEALTH MISSION

WEST KARBI ANGLONG, ASSAM



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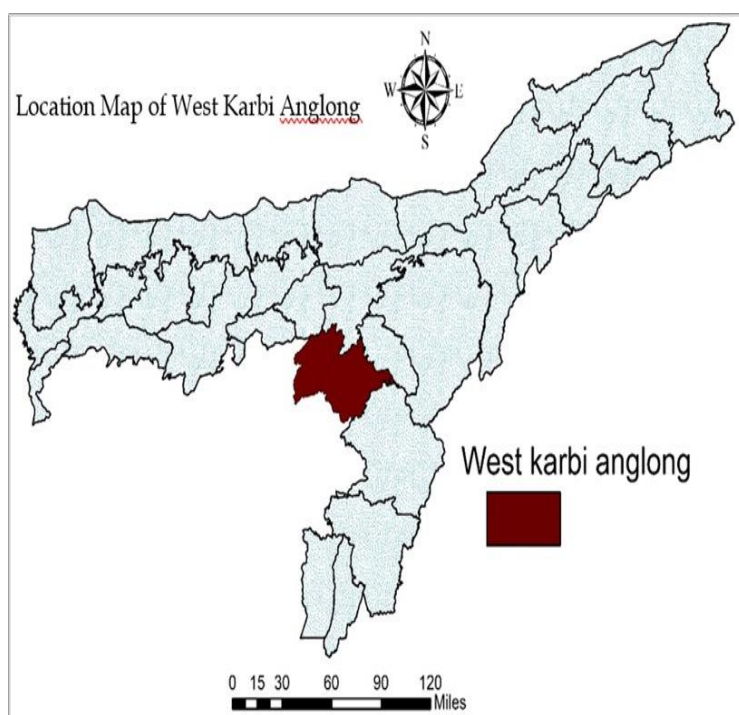
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Introduction

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



The findings are based on field visits conducted by the PRC-IEG team, comprising Dr. Priyanka Yadav and Ms. Pragya Shree to various public healthcare facilities. These include CHC Kheroni Model Hospital, PHC Baithalangso; MPHC Taradubi; PHC Tumpreng; AAM SHC Borkok; AAM SHC Jengkha; AAM SHC Satgaon and AAM SHC Tika.

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

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Key Findings and Observations from the District:

- ❖ **High urgency of Infrastructure Maintenance and Civil work:** For a longer period of time, the facility's civil work requirements are ignored and unaddressed. The buildings condition is very pathetic and dangerous and require serious maintenance. There is a requirement of a District hospital or Medical College in the West Karbi Anglong as the people have to travel long distance during critical condition.
- ❖ **Lack of Human Resource and Shortage of Equipment's:** The district faces a dearth of medical officers and specialists at the PHC and CHC levels. To satisfy demographic norms, more ASHAs are required even though AAM SHCs have enough employees. Most of the facility don't have functional X-ray and USG facilities available.
- ❖ **Public health financing:** Funds are allotted periodically to all the facilities as per the guidelines. The facilities utilize the fund to the maximum. The fund utilization percent is above 95% among all the facilities.
- ❖ **AAM Services:** The Sub Centres and Primary Health Centres have been converted to Ayushman Arogya Mandirs (AAM). AAM SHCs successfully deliver majority of the Comprehensive Primary Healthcare (CPHC) packages. Majority of the AAM SHC are also not delivery points. However, due to a paucity of medical officers in PHCs, services are confined to basic care such as regular births, family planning, and OPD, with just a few CPHC packages being implemented.
- ❖ **NCD Screening:** NCD screening is provided at all levels of care, including CHC, PHC, SHC. PHCs and SHCs primarily treat hypertension and diabetes. Oral, Breast Cancer are only screened and suspected cases are referred to higher facilities whereas in case of Cervical cancer in absence of proper training and infrastructure it remains unscreened.
- ❖ **Drugs and Diagnostics:** Drug availability is generally satisfactory across all visited facilities. Although some medicines were temporarily out of stock at CHC and PHC levels, they were promptly restocked. Essential medicines were fully available at all levels.

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- ❖ **Status of Maternal Health and Health Outcomes:** The district performs well in terms of ANC coverage. C-Section are performed only at the CHC level. Most of the SHC do not perform Delivery services. PHCs perform only Normal Delivery services and lags in C-Section deliveries due to absence of specialists and staff. Family Planning services are well utilized in the district. Majorly, Oral Pill are utilized, however, the acceptance rate of IUCD and PPIUCD is low in the district and there is need to increase awareness level among the community.
- ❖ **Child health and Immunization:** The district is performing well in terms of child health and nutritional parameters. The immunization coverage is good in the district. In spite of being a tribal area the mass awareness in terms of immunization and nutrition is pretty satisfactory.
- ❖ **Data reporting:** Data reporting is consistently updated across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya). Data are also reported on U-Win and Anmol portal. The quality of physical reporting is inconsistent and requires enhancement to match the standards of digital reporting.
- ❖ **Teleconsultation services:** Teleconsultation services are available only at few facilities, and the utilization also remains low across the district. Major cases of teleconsultation include fever, hypertension, skin disease, cough etc.
- ❖ **Quality Programs:** Quality programs such as Kayakalp, NQAS and LaQshya are not actively implemented in the district. In most of the facility's internal assessment under NQAS were done. However, the facilities lag to qualify under the Quality programs parameters.
- ❖ **Community Interaction:** Community feedback shows a significant reliance on public health facilities. However, there is need to upgrade the facilities for better services. There is an utmost requirement of a District Hospital or Medical College in the district.

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District Health Facility Assessment

CHC Kheroni Model Hospital

CHC Kheroni Model Hospital is a rural Community Health Centre located in Donkamokam block of West Karbi Anglong District of Assam. The list of services available at the centre are 24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Medicine, Obstetrics & Gynecology, General Surgery, USG, Referral, Medicare, Specialist. The facility is 30 bedded. The OPD timing is from 8.30 AM to 02:00PM. There is no blood storage unit available in the facility. X-ray service is not available in the CHC. There is no Medicine Specialist, Pediatrician, Dentist or Dental Assistant available in the facility. The facility is not NQAS or Kayakalp certified. However internal assessment has been done for NQAS. 272 drugs were available on the day of visit. 40 types of In-house tests are performed in the facility. Both Normal and C-Section deliveries are performed in the facility. The JSY Payment to the beneficiaries is up to date. The most prevalent Contraception method are Condom and OCPs. The facility is well maintained following all SOPs of BMW were displayed. There is HR shortage which also effects the functionality of the CHC.



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PHC Baithalangso

AAM- PHC Baithalangso is a 24*7 functional facility catering to a total catchment population of 88981 thus creating a heavy workload on the limited staff. The facility infrastructure requires major renovation. There are issues of water seepage. There is no boundary wall which is also a serious concern on safety point. The facility is divided into 2 parts and a road is passing through the middle which creates a problem in its functioning. There is also issue of water logging during the rainy season as Flood water gets into labour room and casualty. There is scarcity of drinking water. There is no service of X-ray in the facility. Teleconsultation service is not provided in the facility. There is no Auto-Cleft machine in the delivery room.

MPHC Taradubi

MPHC Taradubi serves as a crucial healthcare facility, providing essential medical services to the local population. The centers offer outpatient consultations, maternal and child health services, immunizations, and basic emergency care. The facility lacks in basic infrastructure, has space shortage issue with partial boundary wall. Residential quarter is not available for Staff. The facility lags in providing X-ray and USG facility. The staff are not trained and also basic equipment lags for Screening of Cervical cancer patients.



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PHC Tumpreng

AAM PHC Tumpreng is situated in an old building which requires major renovation with expanded space. There is no IPD beds in the facility. Lack of training of MO, ANM, MPW (M) on Expanded CPHC packages. Shortage of equipment's in the facility such as Analyzer. There is shortage of MO as there is no Contractual MO in the facility. There is no vehicle available for Outreach programmes. The facility lags in providing X-ray and USG facility.

AAM- SHC Jengkha

The facility faces several challenges, including the absence of boundary walls, external branding as per CHC guidelines, and separate toilets for males and females. There is a shortage of running and drinking water, no power backup, and a lack of residential quarters for staff. Additionally, there is no designated functional handwashing corner with running water and soap, and essential IEC materials like the Citizen Charter, BMW posters, and water, sanitation, and hygiene-related information are missing. Training gaps exist, with CHOs lacking training in maternal and child health and MPWs not trained in the expanded CPHC package. The facility also experiences a shortage of antidotes for poisoning, limited laboratory testing (only three tests performed), and no institutional deliveries. Some villagers are uncooperative, though immunization coverage is at 100%, and ANC checkups are conducted for all. While home deliveries occur occasionally, at least one case per month other opts for institutional delivery.



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AAM- SHC Borkok

The facility lags in basic infrastructure and requires upgradation. Lack of IEC material in the facility such as citizen charter, BMW poster. The facility has staff shortage according to IPHS norms; there is no ANM in the facility. The staff requires training as there is Lack of training: CHO and MPW not trained in RMNCHA+, Communicable and Non-Communicable Diseases programme. ASHA partial trained in Expanded CPHC package. The facility doesn't provide Screening of Cervical cancer and mental health. He facility provides Teleconsultation service.

AAM-SHC Satgaon

The healthcare facility faces significant infrastructural and operational challenges, including the absence of boundary walls, separate toilets, and residential quarters for staff. A lack of running water, electricity, and power backup hampers daily operations, while poor sanitation, water leakage, and damp walls further deteriorate conditions. The facility lacks IEC materials, a functional handwashing station, and cervical cancer screening services. Additionally, MPW (M) and ASHA workers are not trained in the expanded CPHC package, affecting service delivery. Urgent improvements in infrastructure, staff training, and resource allocation are essential to enhance service quality and efficiency.



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AAM-SHC Tika

The healthcare facility faces major challenges, including inadequate sanitation, water shortage, lack of electricity, and no staff quarters, all affecting service delivery. Hygiene is compromised due to the absence of a functional handwashing corner, while the lack of IEC materials limits awareness. Additionally, untrained CHOs and MPWs impact maternal and child healthcare, and the absence of cervical cancer and mental health screenings weakens preventive care. Urgent infrastructure upgrades, staff training, and resource allocation are needed to improve healthcare services.

Recommendations:

- 1. Upgradation of the facilities:** There is a high urgency of upgrading the infrastructure of the facilities of the district. The basic infrastructure such as water, electricity, boundary wall, toilet facilities should be available at the facility. There is a need of a District Hospital in the district.
- 2. Providing Human Resource as per IPHS norms:** In order to provide better services sanctioned amount of HR should be deployed. The issue of shortage of Specialist and Medical Officers should be addressed. The shortage of cleaning staff is a major problem in the district.
- 3. Training on Complete CPHC Package:** The CHOs and MOs have not received all the complete 12 package training, most of the staff have received only 7 or 8 modules only. Therefore, in order to strengthen the PHCs and SCs there is need to train all the staff with complete modules.
- 4. Awareness on Family Planning:** There is a requirement of bringing more awareness about the family planning methods in the district. Prevalence of IUD and PPIUCD is very less and there is a need to increase it.
- 5. Accessibility to the facilities:** As some part of the district is hilly accessibility becomes a major hurdle in order to avail the services. Accessibility is a major issue in reaching this place due to the lack of proper roads. During rainy season, as flood appears reaching o the facility becomes impossible and the patient have to visit the nearby district for availing services.

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

Urban/ Rural: Rural

Date of Visit: 08-02-2025

General Information	
Name of facility visited	CHC Kheroni Model Hospital
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: Diphu Medical College Distance: 125 km

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 08:30 AM to 02:00 PM	As reported/Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: Good	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available	Observation

A. INFRASTRUCTURE				Means of Verification	
Indicator	INFRASTRUCTURE				
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital				
4. Number of functional in-patient beds	30			As reported/Hospital Citizen Charter Board	
5. List of Services available	ANC, PNC, Immunization, Family Planning, General OPD, ENT, Dental, Dressing, Casualty, Laboratory, Pharmacy, X-ray.			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> 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	N		
	4	General Surgery	Y(Partial)		
	5	Anesthesiology	Y		
	6	Ophthalmology	N		
	7	Dental	N		
	8	Imaging Services (X – ray)	N		
	9	Imaging Services (USG)	Y		
10	Newborn Stabilization Unit	Y (not function yet)			

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

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input 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: <u>Good</u> 	As reported

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

	SNs/ GNMs	6	6	2	2
	LTs	2	2	2	2
	Pharmacist	1	1	1	1
	Dental Assistant/ Hygienist	-	-	-	-
	Hospital/ Facility Manager	-	-	-	-
	EmOC trained doctor	-	-	-	-
	LSAS trained doctor	-	-	-	-
	Others	25	25	-	-

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 63% Award received: Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	Assessment done: No Internal/State Facility score: Certification Status:	NQAS assessment report Verify certificate if awarded
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input 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
	<p>If yes, total number of drugs in EDL__320_____</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) _272_____</p>	
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one_____	Observation, Check software
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	As reported, check DVDMS,
	2	E-aushadhi, etc.
	3	
	4	
	5	
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months, how many times there was a shortage_ No_____	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: 08:30 AM to 02:00 PM Total number of tests available against Essential Diagnostic tests list for CHC __40____	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider _____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input 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))	No	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	No	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input 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: _80_____ No. of C-sections performed in last month: _7_____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: Good OT: Good Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
27. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from JSY status report

	<p>Average delay: (Average for how many days/patients)</p> <p>Payment done till: January, 2025</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>28. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/>Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/>Free diet</p> <p><input checked="" type="checkbox"/>Free drugs and consumables</p> <p><input checked="" type="checkbox"/>Free diagnostics</p> <p><input type="checkbox"/>Free blood services</p> <p><input checked="" type="checkbox"/>Free referral transport (home to facility)</p>	<p>As reported/As Displayed in Maternity Ward</p>

	<input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	
29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month 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 Jan 02
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review

35. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input 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	226	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	86	Verify BF records
39. Number of sterilizations performed in last one month	4	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Condom, OCPs more use PPIUCD not more use	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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, who provides counselling to adolescents: _____	Observation, check AFHC register

	Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input 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	2192	229	229
	b. Diabetes	2192	354	354
	c. Oral Cancer	0	0	0
	d. Breast Cancer	0	0	0
	e. Cervical Cancer	0	0	0
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records		
49. Status of TB elimination programme 19921	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) _339_____	DBT/Nikshay Report		

	<p>If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	DBT/Nikshay Report
	<p>Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months _0_____</p>	DBT/Nikshay Report
	<p>Is there a sample transport mechanism in place for: Yes</p> <p>Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	As reported
	<p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	DBT/Nikshay Report
	<p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 24</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 0</p>	Facility Register/Records for leprosy

	<p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance: Frequently</p>	
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 type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p> <p>Leprosy cases: <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p>	Respective records
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 2247000</p> <p>Fund utilized last year: 2247000</p>	Facility FMR
	Fund in prev. FY	
	Utilized	% Utilized
	List out Items/ Activities whose expenditure is met	RKS Register

	out of the RKS/ Untied Fund regularly:	
	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)	December, 2024	RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	

<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 62 Types of cases referred out: Emergency cases, Critical cases, Accidental cases.	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
1. Staff shortage 2. Water have more iron so drinking water issue 3. Running water is also issue	Requirement of Human Resource. Water scarcity.
4. Residential quarter issue 5. Renting issue 6. Medicine storage store room for medicine 7. Adolescent health clinic needed	Requirement of space, Issue of Space for Store room
8. Vehicle needed 9. CHC own ambulance needed 10. No blood storage unit 11. HR needed 12. No dentist	Shortage of Vehicle.

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

CHC Kheroni Model Hospital is a rural Community Health Centre located in Donkamokam block of West Karbi Anglong District of Assam. The list of services available at the centre are 24hrs Casualty, OPD, IPD, Laboratory, Pharmacy, Public Health unit, Medicine, Obstetrics & Gynecology, General Surgery, USG, Referral, Medicare, Specialist. The facility is 30 bedded. The OPD timing is from 8.30 AM to 02:00PM. There is no blood storage unit available in the facility. X-ray service is not available in the CHC. Medicine Specialist and Paediatrician not available in the facility. There is no Dentist or Dental Assistant available in the facility. The facility is not NQAS or Kayakalp certified. However internal assessment has been done for NQAS. 272 drugs were available on the day of visit. 40 types of In-house tests are performed in the facility. Both Normal and C-Section deliveries are performed in the facility. The JSY Payment to the beneficiaries is up to date. The most prevalent Contraception method are Condom and OCPs. The facility is well maintained following all SOPs of BMW. IEC were displayed. HR shortage also effects the functionality of the CHC.

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

Urban /Rural: Rural

Date of Visit: 08-02-2025

A. General Information	
1. State	Assam
2. District Name	West Karbi Anglong
3. Block/Taluka Name	Baithalangso
4. Name of Facility	PHC Baithalangso
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	1328828585
7. No. of days in a week facility is operational	6 days (Monday to Saturday)
8. OPD Timings	08:00 AM to 02:00 PM
9. Month & Year of operationalization of AAM	01/04/2023
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	Hojai
13. Distance of next referral facility (in Km)	50 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	363
2. No. of Households	16349
3. Total catchment Population	88981
4. Population who are 30 years of age and above	28741

B. Physical Infrastructure			
Infrastructure Status and details		Availability	
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	S.no	Building
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
3.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds (7 Beds)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8.	OPD room	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

C. Human Resource Availability						
No	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	1	1	2	2
2.	AYUSH MO*	1				
3.	Dentist*	1				
4.	Staff Nurse	2	5	5	1	1
5.	Pharmacist	1	1	1		
6.	Laboratory Technician	1	1	1	2	2
7.	ANM/MPW (F)#	1	1	1	2	2
8.	MPW (M)	1				
9.	Lady Health Visitor	1	1	1		
10.	Dresser	1				
11.	Accountant	1			1	1
12.	Data entry operator	1			1	1
13.	Sanitation staff	1	1	1	2	2
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)				107	107
15.	ASHA Facilitator (If any, only for Rural areas)				2	2
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 type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	<input type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix <input type="checkbox"/> Screening and management of mental health ailments

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

F. Availability of Essential medicines			
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	172 <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>	
2	Total number of medicines available at AAM-PHC/UPHC	112	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input checked="" 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	63 (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	33
4	Number of tests Provided through In House Mode	33
5	Number of tests Provided through Hub & Spoke (Public Health System)	0

6	Number of tests Provided through Hub & Spoke- PPP Model	47
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input 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 (Jan, 2025)		<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:		U-WIN, Anmol	
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Other Sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	1255912	1255912	100%
	Is untied fund being spent on following activities? Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify: <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Status of JSY Payments	Payment done till (month/ year): January, 2025 Average Delay in Payment (days): 1 month Reasons for delay, if any		
Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics		

	<input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)																
1	Total number of outpatient department visits			3666												
2	No. of PW registered for ANC			52												
3	No. of PW received 4 or more ANC check-ups			21												
4	Total number of institutional deliveries			82												
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			68												
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			63												
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month			-												
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			40												
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months			-												
11	TB patients undergoing treatment															
	Indicators			Current year												
	No. of presumptive TB patients identified			39												
	No. of TB patients diagnosed out of the presumptive patients referred			0												
	No. of TB patients taking treatment in the AAM			12												
12	<table border="1" style="width: 100%;"> <tr> <td colspan="3">% of target population administered CBAC</td> <td></td> </tr> <tr> <td colspan="3">% of target population with score below 4</td> <td></td> </tr> <tr> <td colspan="3">% of target population with score 4 and above</td> <td></td> </tr> </table>				% of target population administered CBAC				% of target population with score below 4				% of target population with score 4 and above			
% of target population administered CBAC																
% of target population with score below 4																
% of target population with score 4 and above																
	Community Based Screening for NCDs															
13	NCDs	Screened	Treated	Follow-up												
	<i>(No. of individuals in Last 6 Months)</i>															

	Hypertension	5688	152	152
	Diabetes	5688	85	85
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	0	0	0
	Breast Cancer*	0	0	0
	Cervical Cancer*	0	0	0

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

		<input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	26-09-2024
2	Facility aggregate score using ODK Took kit	52.49

Remarks & Observations	
<p>Infrastructure</p> <p>Old building need renovation.</p> <p>Water leakage</p> <p>New building constructed, will shift.</p> <p>During flood water gets into labor room, and casualty.</p> <p>The facility is divided into two parts and a road is going through the middle.</p> <p>Drinking water scarcity.</p>	

HRH
Doctor needed
Requirement of Pharmacist
Requirement of more Medical Officer.
IEC
Expanded service Packages
A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.
IT System
Any Other
Requirement of training of staff.

Annexure- List of equipment

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

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

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

Urban /Rural: Rural

Date of Visit:08-02-2025

A. General Information	
1. State	Assam
2. District Name	West Karbi Anglong
3. Block/Taluka Name	Donkamokam
4. Name of Facility	PHC Taradubi
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	1578446435
7. No. of days in a week facility is operational	6 days
8. OPD Timings	08:00 AM to 02:00 PM
9. Month & Year of operationalization of AAM	01/04/2023
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Hojai and Donka CHC
13. Distance of next referral facility (in Km)	18 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	24
2. No. of Households	1537
3. Total catchment Population	7314
4. Population who are 30 years of age and above	4132

B. Physical Infrastructure			
Infrastructure Status and details		Availability	
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	S.no	Building
		A	Other Govt.
		B	Panchayat Bhawan
		C	Urban Local Body
		D	Rented etc
3.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds (5 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	125 <i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>	
2	Total number of medicines available at AAM-PHC/UPHC	125	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics

		<input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input 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	19
4	Number of tests Provided through In House Mode	19
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	Microscope 1
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	6 months

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input 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 type="checkbox"/> No <input checked="" type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone

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

I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti (31 Jan 2025)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Periodic VHND sessions undertaken		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> National NCD Portal/App		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> IHIP		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DVDMS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Nikshay		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fund utilization			
	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	424500	338100	79.64%
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

	<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) Jan, 2025</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p> <p>3 to 4 backlog because of no account</p>
<p>Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p>

	<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			2467
2	No. of PW registered for ANC			-
3	No. of PW received 4 or more ANC check-ups			-
4	Total number of institutional deliveries			23
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			-
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			-
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			-
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month			
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			12
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	6		
	No. of TB patients diagnosed out of the presumptive patients referred	0		
	No. of TB patients taking treatment in the AAM	6		
12	Community Based Screening for NCDs			
	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	NCDs	Screened	Treated	Follow-up
	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension	927	65	65

	Diabetes	779	42	42
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	0	0	0
	Breast Cancer*	0	0	0
	Cervical Cancer*	0	0	0

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

		<input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	12 June 2024
2	Facility aggregate score using ODK Took kit	37.79

Remarks & Observations	
Infrastructure	
No ambulance	
Residential quarters issue	
Shortage of room	
Space issue	
No boundary wall / no entire boundary	
Need separate labour room	
HRH	
No cleaning staff	
IEC	
No x ray	

No uSG
No radiant warmer
No IPD beds
Expanded service Packages
A wider range of healthcare services provided beyond basic maternal and child health care, such as noncommunicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.
IT System
1 Desktop needed for pharmacist
Any Other

Annexure- List of equipment

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

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

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

Urban /Rural:Rural

Date of Visit: 08-02-2025

A. General Information	
1. State	Assam
2. District Name	West Karbi Anglong
3. Block/Taluka Name	Donkamukam
4. Name of Facility	PHC Tumpreng
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	2845781372
7. No. of days in a week facility is operational	6 days (Monday- Saturday)
8. OPD Timings	08:00 AM to 02:00 PM
9. Month & Year of operationalization of AAM	01/11/2024
10. Details of co-location, if any (If any co-located SHC)	
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	CHC Dongamukam / Kheroni
13. Distance of next referral facility (in Km)	10 Km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	14
2. No. of Households	3200
3. Total catchment Population	11754
4. Population who are 30 years of age and above	3700

B. Physical Infrastructure	
Infrastructure Status and details	Availability

1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	If there is no government-owned Building, specify building type	S.no	Building	√ Mark
		A	Other Govt.	
		B	Panchayat Bhawan	
		C	Urban Local Body	
		D	Rented etc	
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4.	Availability of IPD Beds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
17.	Electricity connection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
18.	Power back up	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

F. Availability of Essential medicines	
1	<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>125</p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>
2	Total number of medicines available at AAM-PHC/UPHC
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>
4	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-tuberculosis</p> <p><input type="checkbox"/> Anti-fungal</p>

		<input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input 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	12
4	Number of tests Provided through In House Mode	12

5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	Analyser
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	2 months

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

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

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

Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months (Jan 09 2025)	<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:	U-WIN, Anmol

L. Finance

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

	513400/-	513400/-	100%
<p>Is untied fund being spent on following activities?</p> <p>Minor repairing</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till (month/ year) January, 2025</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any Account related issues</p>		
Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		

	<p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p> <p><input 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	773
2	No. of PW registered for ANC	28
3	No. of PW received 4 or more ANC check-ups	42
4	Total number of institutional deliveries	29
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	55
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	45
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	-
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	1
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	-
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	9
	No. of TB patients diagnosed out of the presumptive patients referred	9
	No. of TB patients taking treatment in the AAM	0
12	Community Based Screening for NCDs	

	% of target population administered CBAC			
	% of target population with score below 4			
	% of target population with score 4 and above			
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	1147	16	16
	Diabetes	1146	23	23
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	0	0	0
	Breast Cancer*	0	0	0
	Cervical Cancer*	0	0	0

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

		<input type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	12 june 2024
2	Facility aggregate score using ODK Took kit	46

Remarks & Observations	
<p>Infrastructure</p> <p>Old building</p> <p>Room is not sufficient</p> <p>Space needed</p>	

<p>NO IPD bed</p> <p>Repairing needed</p> <p>Major renovation required</p> <p>Quarter is not sufficient</p> <p>Running water issue</p> <p>Wiring issue in residential quarter</p>
<p>HRH</p> <p>No regular MO and contractual also</p>
<p>IEC</p> <p>NO USG no X-ray</p> <p>No ambulance</p> <p>No vehicle for outreach program</p> <p>Hire private vehicle for immunization and camp</p>
<p>Expanded service Packages</p> <p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p>
<p>IT System</p>
<p>Any Other</p> <p>Solar installation done</p> <p>Generator maintenance is expensive for diesel purchase</p>

Annexure- List of equipment

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
6	Labor Bed	Yes		Yes	
7	Foetal Doppler	Yes		Yes	
8	Phototherapy Unit				
9	Shoulder Wheel				
10	Shoulder Pulley				
11	Shoulder Abduction Ladder				
12	Suction Machine				
13	Mobile Spotlight	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				
19	Fully Loaded Dental Chair Electrically Operated				
20	Dental Chair-Basic				
21	Oxygen Hood Neonatal				
22	ILR With Voltage Stabilizer-Small	Yes		Yes	
23	Deep Freezer-Small	Yes		Yes	
24	ILR With Voltage Stabilizer-Large				
25	Deep Freezer-Small-Large	Yes		Yes	
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part	Yes		Yes	
28	Semi-Automated Biochemistry Analyser				
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser				
31	Turbidometer				
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	

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

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

Urban /Rural: Rural

Date of Visit:08-02-2025

A. General Information	
1. State	Assam
2. District Name	West Karbi Anglong
3. Block/Taluka Name	Donkamokam
4. Name of Facility	Jengkha
5. Type of Facility	AAM- SC
6. NIN of the facility	3478263639
7. No. of days in a week facility is operational	6 days (Monday- Saturday)
8. OPD Timings	10:00 AM to 01:30 PM
9. Month & Year of AAM operationalization	01/04/2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Kheroni Model Hospital
12. Distance of next referral facility (Km)	10 km

A.1 Demographic Details	
1. Number of Villages	23
2. No. of Households	1236
3. Total catchment Population	11536
4. Population who are 30 years of age and above	2436

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

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	1	1	-	-
2	ANM/MPW-F	2	2	2	-	-
3	MPW-M		1	1	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	12	-	-
4	Any other (If yes, specify)					

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

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

	<input type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services
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Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	31 (Total medicines at AAM-SHC as per national EML is 105)
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Total number of medicines available at AAM-SHC	31	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input checked="" type="checkbox"/> Monthly <input 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	14 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	3
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: Sub Divisional Hospital
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Fever, Cough, Skin, Diarrhea
Total Teleconsultations in the last 01 month	0

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

J. Finance			
Remuneration & Incentives			
Timely disbursement of incentives to ASHAs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Timely disbursement of remuneration to CHOs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Facility funds			
Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Fund flow through other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Specify any other fund source:			
Fund utilization	Funds received	Expenditure (Amt in Rs.)	% Expenditure
% NHM Fund utilized last year:			

20k untied + 43k NHM	(Amt in Rs.)		
Is untied fund being spent on following activities	63000/-	25000/-	39.68
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned)	16 Jan, 2025 <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Regular payment of Bills: Yes No

If yes, specify

Electricity

Drinking Water

Internet

Regular purchase: Yes No

If yes, specify

Medicines

Reagents/Consumables

Equipment

Payment of support/cleaning Staff:

Yes No

Involvement of CHO in community-based platforms		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
L. Wellness Activities		
Wellness sessions being held periodically		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Wellness sessions conducted in Last month		10.....
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		48
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	588
2	No. of PW registered for ANC	40
3	No. of PW received 4 or more ANC check-ups	35
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	1
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	75
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	48
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	28
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	13

	No. of TB patients diagnosed out of the presumptive patients referred	13		
	No. of TB patients taking treatment in the AAM	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:	1545		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	2570	304	94
	Diabetes	2570	121	59
	Oral Cancer	0	0	0
	Breast Cancer	0	0	0
	Cervical Cancer	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	12-06-2024
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2	Facility aggregate score using ODK Took kit	49.37%
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Remarks & Observations	
Infrastructure	<p>No boundary wall</p> <p>No transportation</p> <p>No separate toilet facility</p> <p>No drinking water</p> <p>Requirement of Quarter for residential purposes</p>
HRH	
IEC	IEC required
Expanded service Packages	<p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p>
IT System	No tablet/ smartphone or any laptop desktop available in the facility.
Any Other	<p>People not cooperative in some village.</p> <p>Percentage of immunization: 100 %</p> <p>ANC Checkup is 100%</p> <p>There are cases of Home delivery in the area.</p>

Appendix-List of equipment

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

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

Urban /Rural: **Rural**

Date of Visit: **09-02-2025**

A. General Information	
1. State	Assam
2. District Name	West Karbi Anglong
3. Block/Taluka Name	Baithalangso
4. Name of Facility	Borkok FW SC
5. Type of Facility	AAM- SHC (R)
6. NIN of the facility	6348178416
7. No. of days in a week facility is operational	6 Days (Monday to Saturday)
8. OPD Timings	08:30 AM to 02:00 PM
9. Month & Year of AAM operationalization	01/04/2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Kampur
12. Distance of next referral facility (Km)	18 KM

A.1 Demographic Details	
1. Number of Villages	11
2. No. of Households	636
3. Total catchment Population	3038
4. Population who are 30 years of age and above	1124

B. Physical Infrastructure

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

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

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

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

Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	No	Yes
NCD	Yes	No	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)	No	No	No	No	No	No
ASHA partial	No	No	No	No	No	No

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

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

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

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference-	31
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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	24	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input 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	14 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	7
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent

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

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

	Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Fever, HT, DM, Cough, Joint pain
Total Teleconsultations in the last 01 month	5

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 / IJSP	<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:	U-WIN and Anmol

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

Facility funds Timely disbursement of untied funds <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Fund flow through other sources <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify any other fund source:				
Fund utilization % NHM Fund utilized last year: 2023-24 untied 35000/- (all) 2024-25 untied 54000/- (Use 45000/-) Untied fund 10k 2 times in year		Funds received (Amt in Rs.) 35000	Expenditure (Amt in Rs.) 35000	% Expenditure 100%
Is untied fund being spent on following activities		Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No If yes, specify <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K. Governance				
Community-based platforms		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Periodic VHND sessions undertaken (Sessions held against planned) 3 VHND session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	10	
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	808
2	No. of PW registered for ANC	47
3	No. of PW received 4 or more ANC check-ups	16
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	4
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	9

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	21		
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	-		
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	4		
	No. of TB patients diagnosed out of the presumptive patients referred	4		
	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:	64.38		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension (1136)	1124	42	42
	Diabetes	1124	10	10
	Oral Cancer	0	0	0
	Breast Cancer	0	0	0
	Cervical Cancer	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

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

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

		<input type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	26-09-2024
2	Facility aggregate score using ODK Took kit	14.91

Remarks & Observations	
Infrastructure	<p>No boundary walls</p> <p>No power backup</p> <p>Requirement of Furniture</p> <p>No delivery service room available.</p> <p>Security issue, there are cases of Theft.</p>
HRH	<p>Requirement of 1 more ANM for delivery services.</p>
IEC	<p>Requirement of IEC material.</p> <p>Lack of IEC such as Citizen charter, BMW Poster, Grievance related IEC, Next Referral centre IEC.</p>

Expanded service Packages

A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.

IT System

No desktop laptop or Tab

Any Other

Appendix-List of equipment

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

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

Urban/Rural: Rural

Date of Visit: 08-02-2025

A. General Information	
1. State	Assam
2. District Name	West Karbi Anglong
3. Block/Taluka Name	Baithalangso
4. Name of Facility	AAM SHC Satgaon
5. Type of Facility	AAM-SC (R)
6. NIN of the facility	1444738536
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	10:00 AM to 02:00 PM
9. Month & Year of AAM operationalization	01/04/2023
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Donkamokam
12. Distance of next referral facility (Km)	5 km

A.1 Demographic Details	
1. Number of Villages	50
2. No. of Households	2070
3. Total catchment Population	11090
4. Population who are 30 years of age and above	4100

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Provision of BMW management	<input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1
2	ANM/MPW-F	2	1	1	1	1
3	MPW-M		-	-	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	12	12
4	Any other (If yes, specify) ASHA supervisor and HW		-	-	2	2

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)	No	No	No	No	No	No
ASHA	No	No	No	No	No	No

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

	<input type="checkbox"/> Leprosy <input type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines	
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	31

	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	31	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks	

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

H. Information Technology & Teleconsultation

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

Common Conditions for which teleconsultation being done	Fever, Hypertension, Diabetes, Cough & Cold
Total Teleconsultations in the last 01 month	35 in December & 0 in January

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:	U-WIN, Anmol

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

Fund flow through other sources Specify any other fund source:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	36500	36500	100%

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

Community-based platforms	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
JAS meeting minutes available (Jan 2025)	

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	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...10.....	
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	12	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	881
2	No. of PW registered for ANC	48
3	No. of PW received 4 or more ANC check-ups	48
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	2
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	64
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	47

8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			41
9	TB patients undergoing treatment			
	Indicators	Current year		
	No. of presumptive TB patients identified	8		
	No. of TB patients diagnosed out of the presumptive patients referred	8		
	No. of TB patients taking treatment in the AAM	4		
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:			98.35%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	2389	53	53
	Diabetes	2389	27	27
	Oral Cancer	2389	0	0
	Breast Cancer	900	0	0
	Cervical Cancer	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	12 June 2024
2	Facility aggregate score using ODK Took kit	45.32%

Remarks & Observations

Infrastructure

No permanent boundary wall

No drinking water facility

No separate toilet facility for male and female.

Space constraint issue.

There is no Electricity or Power back-up in the facility.

Leakage of water issue from roof.

Walls are damp.

Water seepage issue.

Requirement of 1 Almirah

HRH

Requirement of MPW (M)

IEC

Expanded service Packages

A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.

IT System

Any Other

Appendix-List of equipment

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

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

Rural/Urban: Rural

Date of Visit: 09-02-2025

A. General Information	
1. State	Assam
2. District Name	West Karbi Anglong
3. Block/Taluka Name	Baithalangso
4. Name of Facility	Tika FW SC
5. Type of Facility	AAM-SC
6. NIN of the facility	6323427846
7. No. of days in a week facility is operational	6 days (Monday-Saturday)
8. OPD Timings	08:30 AM to 02:00 PM
9. Month & Year of AAM operationalization	01/04/2023
10. Accessible from nearest road head (Yes/No)	No
11. Next Referral Facility	Baithalangso Block PHC
12. Distance of next referral facility (Km)	7 km

A.1 Demographic Details	
1. Number of Villages	5
2. No. of Households	439
3. Total catchment Population	2717
4. Population who are 30 years of age and above	1050

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture:	
	Table	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Chairs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Provision of BMW management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

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

	<input type="checkbox"/> Acute simple illnesses Non-Communicable Diseases <input type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines

Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	31 (Total medicines at AAM-SHC as per national EML is 105)
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Total number of medicines available at AAM-SHC	31	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: Sub divisional hospital hamren
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Fever, Cough and Cold

Total Teleconsultations in the last 01 month	0
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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:	U-WIN and Anmol

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

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	33500	30000	85.71
Is untied fund being spent on following activities	Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No		
K. Governance			
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned)	<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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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 month7.....	
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	24	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	232
2	No. of PW registered for ANC	20
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	1
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	19
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	22
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	6
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:	90.13		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	320	8	10
	Diabetes	320	2	3
	Oral Cancer	0	0	0
	Breast Cancer	0	0	0
	Cervical Cancer	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety

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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	26 September, 2024
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2	Facility aggregate score using ODK Took kit	57.00
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Remarks & Observations
<p>Infrastructure</p> <p>No electricity</p> <p>Shortage of running and Drinking water</p> <p>No connecting road available.</p> <p>Difficulty for elderly and physically challenged patient</p> <p>No residential quarter for staff</p>
<p>HRH</p>
<p>IEC</p>
<p>Expanded service Packages</p> <p>A wider range of healthcare services provided beyond basic maternal and child health care, such as non-communicable diseases (NCDs), palliative care, oral health, eye and ENT care, mental health, and basic emergency treatment.</p>
<p>IT System</p>
<p>Any Other</p>

Appendix-List of equipment

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

Field Monitoring Format - Community Level

Date of Visit	08-02-2025
Name of Village/ Slum visited	Jengkha
Details of nearest public health facility (from residence)	<i>Facility name:</i> AAM SHC Jengkha <i>Facility type:</i> SHC <i>Distance:</i> 1 km
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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

Questions	Probes	Responses to be recorded here	
Topic: Community's choice of provider			
<i>From whom do you or your family seek healthcare in the event of minor ailments? Reasons, thereof.</i>	<i>Healthcare provider probes:</i> Self (home remedies), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.		√ Reason for the choice
		Self (home remedies)	<ul style="list-style-type: none"> • Proximity, • Convenience • Economical • Trust/Faith on the provider/ Practice .
		Informal healers	
		private practitioners/ hospitals,	
	<i>Reasons probes:</i> Proximity, convenience, availability of	public/ government primary hospitals	√

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

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

<p>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p> <p>(Option for response- (Its open ended)</p>	<p>May use local terms as recognized by the community</p> <p>Services may include: <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</i></p>	<p>The services provided are good and the medicines are also available.</p>
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<p><i>How long has it been there?</i></p> <p><i>What are the health services being provided there?</i></p>	<p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p> <p><i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i></p>	<p>More than a year</p> <p>ANC, Family Planning, NCD, Communicable disease, Elderly, Emergency medical care, Adolescent health, Immunization.</p>
<p>Topic: Accessibility to primary healthcare services</p>		
<p><i>How do you access the facility from your residence?</i></p>	<p><i>Probes: Walk to the facility</i></p> <p><i>Use public transport</i></p> <p><i>Use personal transport</i></p>	<p>Walk</p>
<p><i>What are the challenges you face in accessing this facility?</i></p>	<p><i>Barriers may include:</i></p> <p><i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p>	<ul style="list-style-type: none"> • <i>Geographical barriers</i> • <i>structural barriers within the facility or its premises</i> • <i>financial barriers</i> • <i>socio-cultural barriers</i> • <i>Others, (please specify):.....</i> • <i>No issue in reaching the facility.</i>
<p><i>Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/ visits?</i></p>	<p><i>Yes</i></p>	<p>Every week outreach program is organized.</p> <p>It helps the people with immunization and other programs. They don't have to go to the facility.</p>

Topic: Availability of primary health care infrastructure and services

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

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

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

<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is</i></p>	<p><i>Probe:</i> <i>To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i>Probe:</i> <i>To share some insights</i></p>	<p>Seasonal outbreak.</p> <p>The AAM-SC staff provides information regarding the disease and also organize wellness activities.</p>
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<p><i>the AAM providing relevant healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>		<p>Yes</p>
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Topic: Community's involvement / participation

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

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

How are the community members currently meeting these unmet needs?

Do they have to incur personal expenditure as a result?

Lab tests should be increased.

By going to CHC.

The travel cost incurred by the community people.

Topic: Quality of Care provided through the primary healthcare facility

What are your views on the quality of healthcare provided at the primary healthcare facility?

Do you feel that certain areas may be improved

Probes

- *Provider behaviour/ attitude*
- *Waiting time*
- *Cleanliness of the premises*
- *Provision for Grievance redressal and escalation*
- *Practice of soliciting and implementing feedback*
- *Right diagnosis*
- *Accuracy of diagnostic tests done at the facility*

Good.

Yes, by increasing Laboratory test and medicine availability.

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

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