

A FIELD MONITORING REPORT OF THE KEY COMPONENTS OF THE
NATIONAL HEALTH MISSION
WEST SINGHBHUM DISTRICT
JHARKHAND



Submitted by:

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Introduction:

The Ministry of Health and Family Welfare (MoHFW), Government of India, has entrusted the Population Research Centre (PRC) with the task of field monitoring the essential components of the National Health Mission (NHM) State Programme Implementation Plan for the year 2024-25. This report, prepared by the Population Research Centre, Institute of Economic Growth (PRC-IEG), Delhi, outlines the key findings from the field monitoring of NHM components in West Singhbhum district, Jharkhand.

The findings are based on visits conducted by the PRC-IEG team, comprising Dr. Rahul Kumar and Mr. Adarsh Gupta, to various public healthcare facilities, including Sadar Hospital, West Singhbhum; CHC Manoharpur; CHC Khuntpani; PHC Chotanagra; PHC Jaraikela; PHC Noamundi; UPHC Gareeb Colony; AAM SHC Aachu; AAM SHC Pampara; AAM SHC Bhoya; and AAM SHC Badachiru. The team held meetings with the Civil Surgeon (CS), nodal programme officers, Medical Officer-in-Charge (MOIC), facility staff (MOs, CHOs, ANMs, etc.), community health care providers (ASHAs, Anganwadi workers, etc.), and other supporting staff. These interactions aimed to evaluate the strengths and weaknesses of the facilities in terms of service delivery.

Major Observations of the District:

HR & Infrastructure: The district faces a shortage of specialists and medical officers at DH, CHC, and PHC levels. While AAM SHCs are adequately staffed, additional ASHAs are required per population norms. The District Hospital (DH) needs further upgrades due to excess patient load, with many cases referred to MGM Medical College.

AAM Services: Most Sub Centers and PHCs have been converted into Ayushman Arogya Mandirs (AAM). AAM SHCs successfully implement 7-9 Comprehensive Primary Healthcare (CPHC) packages. However, medical officer shortages at PHCs restrict services to basic care such as normal deliveries, family planning, and OPD, with only 1-2 CPHC packages being implemented.

NCD Screening: NCD screening is operational at all healthcare levels, with dedicated clinics at DH and CHC. PHCs focus only on hypertension and diabetes, with inadequate record maintenance. AAM SHCs perform well in NCD screening and have trained staff for VIA tests for cervical cancer, with consistent reporting.

National Health Programmes: The implementation of NHM programs is robust, with nearly all NHM programs functional in the district. Under the 15th Finance Commission, the Municipal Corporation handles the construction of UAAMs, while HR recruitment funds are allocated to the Health Department.

Drugs & Diagnostics: Drug availability is satisfactory across all visited facilities. While some medicines were temporarily out of stock at CHC and PHC levels, they were quickly replenished. Essential medicines were fully available at the NQAS certified AAM SHCs.

Delivery Care Services: Normal delivery services are available at all visited facilities. However, C-sections are performed only at DH due to a lack of OBGY specialists at CHC. AAM PHCs and SHCs provide normal delivery services, ensuring comprehensive care.

Fund Utilization: Fund allocation is timely and most facilities utilize over 90% of the funds. Delays at PHCs are due to vacant Medical Officer positions, which impact fund utilization due to the lack of signing authority.

Data Reporting: Data reporting is up to date across all portals (HMIS, NCD, HWC, IHIP, DVDMS, FPLMIS, and Nikshya). However, physical reporting is inconsistent and could be improved to match the quality of digital reporting.

Teleconsultation: Teleconsultation services are available at some facilities, but utilization is low across the district. Expansion and increased awareness of these services could improve their impact.

Quality Programs: Quality programs like Kayakalp, NQAS, LaQshya, and Suman are functional in the district. Several facilities are NQAS and Kayakalp certified.

Family Planning Services: Family planning services are well-implemented, with strong acceptance of the Antara program. PPIUCD services are widely utilized, but male sterilization rates remain low across the district.

Community Interaction: Community feedback indicates heavy reliance on public health facilities, especially in rural areas. The upgrade of SCHs to AAM SHCs has increased patient turnout. Alcohol and tobacco use are high, and anaemia is prevalent due to dietary habits. Despite cultural barriers, many communities now view healthcare as "free of cost."

Facility wise Observations

District Hospital:

Sadar Hospital Chaibasa is a 300-bedded, Kayakalp-awarded facility offering a wide range of services, including medicine, obstetrics and gynaecology (OBGY), paediatrics, anaesthesia, surgery, orthopaedics, pathology, physiotherapy, and dental care. The hospital has a daily OPD load of over 500 patients. However, a shortage of specialists, particularly in OBGY, anaesthesia, and medicine, has been reported. The facility is equipped with a colposcope for VIA testing for cervical cancer screening and features a modular OT, an IPHL lab, and advanced diagnostic testing facilities.

CHC Khuntpani:

CHC Khuntpani is a Non-FRU CHC with a daily OPD load of 60 to 70 patients. The facility offers OPD services, normal deliveries, family planning, a TB unit, and adolescent counselling services, with a monthly delivery load of 80 to 100 normal deliveries. However, its remote location, far from the main habitat, poses an additional challenge for patients. The area is predominantly inhabited by a tribal population, where deep-rooted superstitions often influence healthcare-seeking behaviour.

CHC Manoharpur:

CHC Manoharpura is an FRU with 60-70 OPD daily. C-Section delivery was available at the facility but it was not happening due to the non-availability of OBGY.

From last 7 months C-section services was closed. Facility has LSAS trained anaesthetist. Block has many hard to reach areas where providing services is quite challenging. People also reluctant to visit for normal follow-ups they only visit when they have to some for severe issues.

UPHC Gareeb Colony:

UPHC Green Colony is an urban facility located near the District Hospital. It provides only OPD services with a limited range of kit-based diagnostic tests. The facility operates in a small building with very limited space. Due to the absence of ward member elections, the Jan Arogya Samiti (JAS) has not been formed, preventing the facility from utilizing untied funds.

PHC Chotanagra:

PHC Chotanagra operates from a small building and provides only OPD services, normal deliveries, and basic family planning services, along with a limited range of kit-based diagnostic tests. Although the facility has one Medical Officer, they are attached to the District Hospital, leaving only one AYUSH doctor to manage operations. A new building has been under construction for the past six years but remains incomplete due to political issues. Regarding CPHC services, no training has been conducted, and only two goals have been partially covered.

PHC Jaraikela:

PHC Jaraikela shares a border with Odisha, leading many beneficiaries to seek healthcare services there, especially since CHC Manoharpur has not been providing C-section services for the past few months. The facility offers only OPD services, normal deliveries, and basic family planning services, along with a limited range of kit-based diagnostic tests. It is equipped with a solar power backup for electricity.

PHC Noamundi:

PHC Noamundi operates with a core staff of one dentist and four ANMs. The facility provides only OPD services, normal deliveries, and basic family planning services. Due to the proximity of Tata Main Hospital, most severe cases are referred there for treatment. No CPHC packages are available at the facility, and the staff has not received any training related to them.

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AAM Aachu & Pampara:

AAM Aachu & Pampara is an NQAS- and Kayakalp-certified facility, well-maintained in terms of sanitation, equipment functionality, service availability, biomedical waste (BMW) management, bed capacity, IEC material display, and drug availability. The CHO, ANM, and ASHAs demonstrated a strong understanding of the programs being implemented, which were effectively executed by the facility. For cervical cancer screening, the VIA test is conducted on-site. Additionally, the teleconsultation facility is functioning efficiently.

AAM Badachiru:

AAM Badachiru has a building but lacks essential infrastructure, including running water, electricity, and basic amenities such as chairs, tables, and functioning toilets. The facility provides only 10 to 12 OPD services per day and conducts outreach services. Additionally, no training has been conducted for CPHC packages.

AAM SHC Bhoya:

AAM Bhoya is located far from the village, with a daily OPD load of 10 to 12 patients. As it is just 2 km from CHC Khuntpani, most people prefer seeking care there. The facility offers only 5 to 6 types of kit-based diagnostic tests. Due to the absence of a Mukhiya, accessing untied funds when needed has been challenging. However, the CHO, ANM, and ASHAs have demonstrated a good understanding of the programs being implemented at the facility.

Recommendations:

Enhancing Delivery Services: EmOC and LSAS training should be provided to Medical Officers to strengthen delivery services across the district.

Training on CPHC Packages: All Medical Officers at PHCs, along with ANMs and CHOs, should receive training on the 12 CPHC packages to ensure effective implementation and service delivery.

Strengthening Teleconsultation Services: Teleconsultation services at the AAM SHC level should be improved, as facilities effectively utilizing teleconsultation have shown better OPD load management and NCD follow-ups.

Formation of JAS in Urban Wards: Since JAS formation is hindered due to pending elections, an alternative mechanism should be established by appointing temporary officers to facilitate its functioning until elections are held.



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Addressing Shortage of Specialist: The severe shortage of specialists, including the absence of a surgeon, gynecologist, and anesthetist, needs to be addressed by deploying qualified specialists to ensure uninterrupted essential medical services.



Field Monitoring Format -District Hospital (DH)

Date of Visit:16/1/25

GENERAL INFORMATION	
Name of facility visited	Sadar Hospital, Chaibasa
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: MGM, JSR Distance: 70 Km.

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9:00 a.m. – 3:000 p.m.	As reported/Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	Comments: good	Observation
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available	Observation

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	Power backup: <input type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____			
3. Number of functional in-patient beds	___304___ No of ICU Beds available: 08			As reported/Hospital Citizen Charter Board
4. List of Services available	Emergency services, ICU (SNCU), OPD, Delivery etc.			As reported/Hospital Citizen Charter Board
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board
	1	Medicine	Y	
	2	O&G	Y	
	3	Pediatric	Y	
	4	General Surgery	Y	
	5	Anesthesiology	Y	
	6	Ophthalmology	Y	
	7	Dental	Y	
	8	Imaging Services (X – ray)	Y	
	9	Imaging Services (USG)	Y	

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

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input checked="" type="checkbox"/> Emergency OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> • If yes, number of units of blood currently available: <u>45</u> • No. of blood transfusions done in last month: <u>1158</u> 	Blood Bank records Register
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
11. IT Services	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No Internet connectivity: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No Quality/strength of internet connection: __GOOD__	As reported

B. Human Resources		Means of verification- As reported				
12. Details of HR available in the facility (Sanctioned and In-place)	HR	Regular		Contractual		
		Sanctioned	Available	Sanctioned	Available	
	MO (MBBS)	13	9			
	Specialists	Medicine	2	1		
		Ob-Gyn	3	2		
		Pediatrician	3	2		
		Anesthetist	2	1		
		Surgeon	2	2		
		Ophthalmologist	1	1		
		Orthopedic	1	1		
		Radiologist	1	0		
		Pathologist	2	1		
	Others					
	Dentist	1	1		42	
	Staff Nurses/ GNMs				3	
LTs	1	1		1		
Pharmacist		2		1		

	Dental Technician/ Hygienist				1
	Hospital/ Facility Manager				1
	EmOC trained doctor				1
	LSAS trained doctor				
	Others				

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: YES <ul style="list-style-type: none"> Facility score: 80% Award received: Runner up 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> Assessment done: Yes Internal/State Facility score: Certification Status: 	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/>Yes/ ✓ No ✓ If No, Assessment Done - ✓ Yes/ <input type="checkbox"/>No Operation Theatre: <ul style="list-style-type: none"> ✓ LaQshya Certified - <input type="checkbox"/>Yes/ ✓ No ✓ If No, Assessment Done - ✓ Yes/ <input type="checkbox"/>No 	LaQshya Assessment Report – check score Verify certificate if awarded
D. DRUGS & DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	✓Yes/ <input type="checkbox"/> No	
	<ul style="list-style-type: none"> If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: ✓Yes/ <input type="checkbox"/>No 	Verify EDL Displayed

https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<ul style="list-style-type: none"> No. of drugs available on the day of visit (out of the EDL) _____ 																
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	Observation, Check software															
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">1</td> <td style="width:75%;"></td> <td style="width:20%;"></td> </tr> <tr> <td style="text-align:center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">5</td> <td></td> <td></td> </tr> </table>	1			2			3			4			5			As reported, check DVDMS, E-aushadhi, etc.
1																	
2																	
3																	
4																	
5																	
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage _____	As reported Stock/Indent register															
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported															
<ul style="list-style-type: none"> In-house tests 	Timing: 9 – 5 Total number of tests available against Essential Diagnostic tests list for DH _____ (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house															
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: 9-5 Total number of tests provided by PPP provider : _____ Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP															

		provider agency
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X-ray machine is available in the hospital: 4 Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. CT scan services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan):	Observation Patient interviews
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation

	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP Total number of tests performed: - _____	Observation, Records
<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service 	○ Previous year _____ ○ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment- https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf)		As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: <u>256</u>	Verify C-section records from Maternity

	No. of C-sections performed in last month: <u> 62 </u>	OT registers
<ul style="list-style-type: none"> • Comment on the condition of: 	Labour room: OT: Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
29. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Average delay in payment to beneficiaries: (Average for how many days/benefeciary) Payment done till: Current month <input checked="" type="checkbox"/> Last month <input type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/> Reasons for delay:	Verify from JSY status report
30. Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables	As reported/As Displayed in Maternity Ward

	<p>✓Free diagnostics</p> <p>✓Free blood services</p> <p>✓Free referral transport (home to facility)</p> <p>✓ Free referral transport (drop back from facility to home)</p> <p>✓No user charges</p>	
31. PMSMA services provided on 9 th of every month	<p>✓Yes/ <input type="checkbox"/>No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month ;- 5</p> <p>If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<p>✓Yes/ <input type="checkbox"/>No</p>	Verify Register availability
33. Practice related to Respectful Maternity Care	<p>✓ Privacy maintained during examination ensured</p> <p>✓ Birth attendant allowed in Labour room</p> <p>✓ Obtaining Informed consent of the mother/ custodian</p> <p><input type="checkbox"/> Safe care environment maintained</p>	Observation, Patient review
34. Whether facility have registers for entering births and deaths	<p>✓Yes/ <input type="checkbox"/>No</p>	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	<p>Previous year: 15</p> <p>Current year: 04</p>	Maternal Deaths Records/Review
36. Number of Child Death reported in the facility	<p>Previous year: 52</p>	Maternal Deaths

	Current year: 37 (April- December)	Records/R eview
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observatio n Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	865	Immunisati on Register
40. Number of Newborns breastfed within one hour of birth during last month.	237	Verify BF records
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input checked="" type="checkbox"/> Not functional/ All posts vacant	Observatio n
42. Number of sterilizations performed in last one month		FP Sterilizatio ns register Verify if fixed days of sterilizatio n exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported

45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Regular	As reported/observe FP registers/records if available	
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Check software	
47. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register	
48. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register	
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported	
50. Number of individuals screened for the following in last 6 months:			
	Screened	Confirmed	NCD Register
a. Hypertension	794	-	Record not maintained properly
b. Diabetes	1061	-	
c. Oral Cancer			
d. Breast Cancer			
e. Cervical Cancer			

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

54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3">Fund in prev. FY</th> </tr> <tr> <th>Received</th> <th>Utilized</th> <th>% Utilization</th> </tr> </thead> <tbody> <tr> <td>50700000</td> <td>47254568</td> <td>93%</td> </tr> </tbody> </table>	Fund in prev. FY			Received	Utilized	% Utilization	50700000	47254568	93%	Facility FMR
	Fund in prev. FY										
	Received	Utilized	% Utilization								
50700000	47254568	93%									
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register										
Reasons for underutilization of fund (if any)	Staff review										
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> • HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated 	Check respective portals at the facility wrt last entries									
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	In every 3 months	RKS Register									
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available	As reported									

	<input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	
	Comment (if any):	
<ul style="list-style-type: none"> How many cases were referred here in the last month? 	Number: Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: 213 Types of cases referred out:	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	

c)	
d)	
e)	

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

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

Urban/ Rural: **rural**

Date of Visit:

General Information	
Name of facility visited	CHC Khuntpani
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: Sadar Hospital, Chaibasa. Distance: 18km

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 9am- 3pm	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 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				
	✓OPD waiting area has sufficient sitting arrangement ✓ASHA rest room is available ✓ Drug storeroom with rack is available Power backup: ✓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	JSY, JSSK, RKSK, Leprosy, Malaria, NCD, daily OPD, Dental etc.			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital Citizen Charter Board	
	1	Medicine	N		
	2	O&G	N		
	3	Pediatric	N		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	Y		
	7	Dental	Y		
	8	Imaging Services (X-ray)	N		
	9	Imaging Services (USG)	N		

A. INFRASTRUCTURE			Means of Verification
Indicator	INFRASTRUCTURE		
	10	Newborn Stabilization Unit	N
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available		As reported
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input 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 type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input type="checkbox"/> Yes/ <input type="checkbox"/> No		Observation: Verify if triage area is marked
6. Tele-medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultations per day for the last month If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/UPHC/UAAM) <input type="checkbox"/> Yes/ <input type="checkbox"/> No		Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input 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		Blood Storage Unit records, Register

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	<ul style="list-style-type: none"> If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: 	
9. Whether blood is issued free, or user-fee is being charged	<input type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly <input checked="" 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: __GOOD__	As reported

B. Human Resources					As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		4	4		0
	Specialists	Medicine				0
Ob-Gyn		1	0		0	

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

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

	LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		
	If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		
D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed	
	If yes, total number of drugs in EDL_53_____		
	EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		
	No. of drugs available on the day of visit (out of the EDL) _40_____		
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, Check software	
	If other, which one_____		
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Metformin	As reported, check DVDMS,
	2	Amloopen-AT	E-aushadhi, etc.
	3	Centrizine	
	4	Drop Amoxy	
	5	Fluconazole	
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported	

	In last 6 months, how many times there was a shortage_____	Stock/Indent register
20. Availability of essential diagnostics	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input checked="" type="checkbox"/> Both/ Mixed	As reported;
• In-house tests	Timing: 9am -3pm Total number of tests available against Essential Diagnostic tests list for CHC ___16_____	Obtain the complete list of diagnostic tests performed in-house
• Outsourced/ PPP	Timing: Total number of tests Provided by PPP Provider ___01_____	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Under Installation.
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 type="checkbox"/> Free for all	As reported USG is outsourced through PPP.

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))	<ul style="list-style-type: none"> • Alis forecp • Suction • Spounge holder • Travel Forup 	As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	Not given	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> • If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: ___93___ No. of C-sections performed in last month: ___N/A___	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> • Comment on condition of: 	Labour room: GOOD OT: Under repairment. Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

<p>27. Status of JSY payments</p>	<p>Payment is up to date: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Average delay: (Average for how many days/patients)</p> <p>Payment done till:</p> <p>Payment done till: Nov 2024</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input checked="" type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay: Fund not available.</p>	<p>Verify from JSY status report</p>
<p>28. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input 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>As reported/As Displayed in Maternity Ward</p>

	<input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges	
29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month 39 If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input 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: Current year: 3	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: Current year: 13	Maternal Deaths

		Records/Review
35. If Comprehensive Abortion Care (CAC) services available	✓Yes/ <input type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	✓Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: ✓Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	307	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	94	Verify BF records
39. Number of sterilizations performed in last one month	17	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	✓Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor ✓ Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Regular	Observation/ FP records and registers
43. FPLMIS has been implemented	✓Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	✓Yes/ <input type="checkbox"/> No If yes, who provides counselling to	Observation, check AFHC register

	adolescents: __Counselor_____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
47. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register
	a. Hypertension	2220	145	
	b. Diabetes	2220	89	
	c. Oral Cancer	2220	0	
	d. Breast Cancer	2	0	
	e. Cervical Cancer	0	0	
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Observation		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) ____233____	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 __29__</p>	DBT/Nikshay Report
	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p> <p>Investigations within public sector for other tests? <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p> <p>Outsourced testing? <input type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p>	As reported
	<p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	DBT/Nikshay Report
	<p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:</p> <p>85500</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 29</p>	Facility Register/Records for leprosy

	<p>Out of those, how many are having Gr. II deformity: n/a</p> <p>Frequency of Community Surveillance: n/a</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 type="checkbox"/>Yes/ <input checked="" type="checkbox"/>No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p> <p>Leprosy cases: <input checked="" type="checkbox"/>Yes/ <input type="checkbox"/>No</p>	Respective records	
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 26252000		Facility FMR
	Fund utilized last year: 26232251		
	Fund in prev. FY		
	Received	Utilized	% Utilization
		99.92%	
	List out Items/ Activities whose expenditure is met	RKS Register	

	out of the RKS/ Untied Fund regularly: YES	
	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)	1 MEETING/ QUARTERLY	RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available NO <input type="checkbox"/> CHC has contracted out ambulance services NO <input type="checkbox"/> Ambulances services with Centralized call centre NO <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: 39 Types of cases referred in: Accidents, pregnancy etc.	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 15 Types of cases referred out: FRU etc.	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) The population under service of CHC Khuntpani do not give priority to CHC for treatment.	Community are under the influence of superstition.
b) Panchayat is far from the CHC Khuntpani which creates distance and availability issue.	Geographically distance.
c)	
d)	
e)	

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

Urban/ Rural: Rural

Date of Visit: 18/1/25

General Information	
Name of facility visited	CHC Manoharpur
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: Sadar Chaibasa or IGH Distance: 130km or 50km

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 9a.m. to 3 p.m.	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: Partially 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				
	✓ OPD waiting area has sufficient sitting arrangement ✓ ASHA rest room is available ✓ Drug storeroom with rack is available Power backup: ✓ 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	OPD, Delivery, basic NCD, Dentist etc.			As reported/Hospital Citizen Charter Board	
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N	As reported/Hospital	Citizen Charter Board
	1	Medicine	N	Board	
	2	O&G	N		
	3	Pediatric	N		
	4	General Surgery	N		
	5	Anesthesiology	N		
	6	Ophthalmology	Y		
	7	Dental	Y		
	8	Imaging Services (X – ray)	Y		
	9	Imaging Services (USG)	Y		

A. INFRASTRUCTURE			Means of Verification
Indicator	INFRASTRUCTURE		
	10	Newborn Stabilization Unit	Y
<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 type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: Ophthalmology		As reported
<ul style="list-style-type: none"> Emergency 	General emergency: <input 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"/> <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input 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/ No <input checked="" type="checkbox"/>		Blood Storage Unit records, Register

A. INFRASTRUCTURE		Means of Verification
Indicator	INFRASTRUCTURE	
	<ul style="list-style-type: none"> If yes, number of units of blood currently available: ____0__ No. of blood transfusions done in last month: 0 	
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 checked="" type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	<ul style="list-style-type: none"> Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: __good__ 	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		7	2	1	0
	Specialists	Medicine	1	0	1	0
		Ob-Gyn	1	0	1	0
Pediatrician		1	0	1	0	

	Anesthetist	1	0	1	0
	Dentist	1	0	1	1
	SNs/ GNMs	4	0	4	6
	LTs	1	0	1	1
	Pharmacist	1	0	1	0
	Dental Assistant/ Hygienist	1	0	1	0
	Hospital/ Facility Manager	1	0	1	0
	EmOC trained doctor	1	0	1	0
	LSAS trained doctor	1	0	1	1
	Others				

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 68% Award received: Winner <input type="checkbox"/> Commendation <input checked="" 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/ No <input checked="" type="checkbox"/> Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ No <input checked="" type="checkbox"/>	LaQshya Assessment Report – check score Verify certificate if awarded

	If No, Assessment Done - <input type="checkbox"/> Yes/ No <input checked="" type="checkbox"/>		
D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify EDL Displayed	
	If yes, total number of drugs in EDL _____ EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) ___35___		
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	DATA NOT PROVIDED	As reported, check DVDMS, E-aushadhi, etc.
	2		
	3		
	4		
	5		
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported	

	In last 6 months, how many times there was a shortage_____	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: 9Am- 3pm Total number of tests available against Essential Diagnostic tests list for CHC _12_____	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: n/a Total number of tests Provided by PPP Provider ___0___	Obtain the complete list of diagnostic tests outsourced/done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: 01 Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported

23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment – (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))		As reported
25. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days		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: _____84_____ No. of C-sections performed in last month: _____0_____	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: Partially good OT: not functional. Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation

<p>27. Status of JSY payments</p>	<p>Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Average delay: (Average for how many days/patients)</p> <p>Payment done till:</p> <p>Payment done till:</p> <p>Current month <input checked="" type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p> <ol style="list-style-type: none"> 1. Insufficient fund 2. Inappropriate account no. 3. Beneficiaries have not valid records. 	<p>Verify from JSY status report</p>
<p>28. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input 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>As reported/As Displayed in Maternity Ward</p>

	<ul style="list-style-type: none"> ✓ Free blood services ✓ Free referral transport (home to facility) ✓ Free referral transport (drop back from facility to home) ✓ No user charges 	
29. PMSMA services provided on 9 th of every month	<ul style="list-style-type: none"> ✓ Yes/ <input type="checkbox"/>No <p>If yes, how many high risks pregnancies are identified on 9th for previous month</p> <p>If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<ul style="list-style-type: none"> ✓ Yes/ <input type="checkbox"/>No 	Verify Register availability
31. Practice related to Respectful Maternity Care	<ul style="list-style-type: none"> ✓ Privacy maintained during examination ensured ✓ Birth attendant allowed in Labour room ✓ Obtaining Informed consent of the mother/ custodian ✓ Safe care environment maintained 	Observation, Patient review
32. Whether facility have registers for entering births and deaths	<ul style="list-style-type: none"> ✓ Yes/ <input type="checkbox"/>No 	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	<p>Previous year: 0</p> <p>Current year: 0</p>	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	<p>Previous year: 0</p>	Maternal Deaths

	Current year: 0	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	248	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	231	Verify BF records
39. Number of sterilizations performed in last one month	30	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 type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Regularly	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to	Observation, check AFHC register

	adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register		
46. Are service providers trained in cancer services?	<input 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	2204	97	97
	b. Diabetes	2204	259	259
	c. Oral Cancer			
	d. Breast Cancer			
	e. Cervical Cancer			
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Observation		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) __3%__	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 <u>90%</u></p>	DBT/Nikshay Report
	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input 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: 59%</p>	DBT/Nikshay Report
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 14</p>	Facility Register/Records for leprosy

	<p>Out of those, how many are having Gr. II deformity: 0</p> <p>Frequency of Community Surveillance: YES</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 type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Respective records		
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 56400000		Facility FMR	
	Fund utilized last year: 55412612			
	Fund in prev. FY			
	Received	Utilized		% Utilization
		98.24		
	List out Items/ Activities whose expenditure is met	RKS Register		

<p>RKS Fund utilized for hospital strengthening, up keeping, wages & other misc. expenses.</p>	<p>out of the RKS/ Untied Fund regularly:</p> <p>500000</p>	
	<p>Reasons for underutilization of fund (if any)</p>	<p>Staff review</p>
<p>53. Status of data entry in (match with physical records)</p>	<p>HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>MCTS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p>	<p>Check respective portals at the facility wrt last entries</p>
<p>54. Frequency of RKS meeting (check and obtain minutes of last meeting held)</p>		<p>RKS Register</p>
<p>55. Availability of ambulance services in the area</p>	<p><input checked="" type="checkbox"/> CHC own ambulance available</p> <p><input type="checkbox"/> CHC has contracted out ambulance services</p> <p><input type="checkbox"/> Ambulances services with Centralized call centre</p> <p><input type="checkbox"/> Government ambulance services are not available</p>	<p>As reported</p>

	Comment (if any):	
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 2 Types of cases referred in: Delivery related cases.	Referral-in register
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 14 Types of cases referred out: Leakages, pregnancy related complications.	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a)	
b)	
c)	
d)	

e)	

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

Urban /Rural: Rural

Date of Visit:

A. General Information	
1. State	Jharkhand
2. District Name	West Singhbhum
3. Block/Taluka Name	Sadar
4. Name of Facility	UPHC Gareeb Colony
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	7538327581
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9am- 3pm
9. Month & Year of operationalization of AAM	April 2018
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	Sadar Hospital, Chaibasa
13. Distance of next referral facility (in Km)	2 kms
14. If UPHC functions as a Polyclinic (Yes/No)	
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	9 wards & 6 villages
2. No. of Households	4864
3. Total catchment Population	24081
4. Population who are 30 years of age and above	7950

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

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

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

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

*Desirable

For PHC sub centre-Co-located

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

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

E.2 Availability of Expanded Packages of Services						
Service Packages	Services Available		Drugs available		Diagnostics & consumables available	
Ophthalmic care services	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

F. 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>	171 <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	83
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 checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive

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

G.1 Availability of Diagnostic Services (Lab not available)		
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)	0

6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	15 days to 1 Month
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	Trunet Machine (More than 2 weeks)

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

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

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

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

<p>Whole fund unutilized as there is no JAS formation.</p>	<p>1.75 lakhs</p>	<p>Not utilized due to non-formation of JAS</p>	<p>0</p>
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>Not Applicable</p> <p>Average Delay in Payment (days):</p> <p>NO Account</p> <p>Reasons for delay, if any</p> <p>No individual ID.</p>		
<p>Availability of JSSK entitlements</p>	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p>		

	<input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	4026
2	No. of PW registered for ANC	186
3	No. of PW received 4 or more ANC check-ups	208
4	Total number of institutional deliveries	NA
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	61
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	172
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	174
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	21
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	126
	No. of TB patients diagnosed out of the presumptive patients referred	0
	No. of TB patients taking treatment in the AAM	-
12	Community Based Screening for NCDs	

	% of target population administered CBAC		35%	
	% of target population with score below 4		33.77%	
	% of target population with score 4 and above		1.3%	
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	862	411	411
	Diabetes	490	199	199
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*	862	0	0
	Breast Cancer*	552	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	State Level (86%)
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

		<ul style="list-style-type: none"> ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> ✓ Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms ✓ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

1	Date of assessment using ODK tool kit	NA
2	Facility aggregate score using ODK Took kit	NA

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other



Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	2		2	
2	Laryngoscope		✓		
3	Radiant Warmer		✓		
4	Pulse Oximeter-Finger Tip	1		1	
5	Pulse Oximeter-Table Top		✓		
6	Labor Bed	1		1	
7	Foetal Doppler		✓		
8	Phototherapy Unit		✓		
9	Shoulder Wheel		✓		
10	Shoulder Pulley		✓		
11	Shoulder Abduction Ladder		✓		
12	Suction Machine		✓		
13	Mobile Spotlight		✓		
14	Manual Vacuum Aspirator		✓		
15	Weighing Scale	1		1	
16	Baby Weighing Scale	1		1	
17	Infantometer		✓		
18	Ophthalmoscope		✓		
19	Fully Loaded Dental Chair Electrically Operated		✓		
20	Dental Chair-Basic		✓		
21	Oxygen Hood Neonatal		✓		
22	ILR With Voltage Stabilizer-Small		✓		

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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	4		3	1
33	Haemoglobinometer	4		3	1
34	ESR Analyzer		✓		
35	Electrolyte Analyzer		✓		
36	Oxygen Cylinder- B Type		✓		
37	BP Apparatus- Aneroid		✓		
38	BP Apparatus-Digital	2		1	1
39	Stethoscope	2		2	
40	Thermometer	4		4	
41	Examination Table		✓		
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle		✓		
43	Exerciser Couch/Table		✓		
44	Finger Exerciser Web		✓		
45	Walking Aid for Training/ Reciprocal Walker		✓		

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

Urban /Rural: Rural

Date of Visit:

A. General Information	
1. State	Jharkhand
2. District Name	West Singhbhum
3. Block/Taluka Name	Manoharpur
4. Name of Facility	PHC Chotanagar
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9am- 3pm
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any <i>(If any co-located SHC)</i>	
11. Accessible from nearest road head (Yes/No)	
12. Next Referral Facility Name	CHC Manoharpur
13. Distance of next referral facility (in Km)	35km
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	6
2. No. of Households	944
3. Total catchment Population	5016
4. Population who are 30 years of age and above	

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

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

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

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

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	Y	N	Y	Y
Child Health (New Born Care/ HBNC/HBYC)	N	N	N	N
Family Planning	N	N	N	N
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	N	N	N	N
NCD	N	N	N	N
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)	Y	Y	Y	Y	Y	Y
Staff Nurse	N (not available)	N	N	N	N	N
ANM/ MPW-F	Y	Y	Y	Y	Y	Y
MPW- M	Y	Y	Y	Y	Y	Y
ASHA	Y	Y	Y	Y	Y	Y

E.1 Availability of Services	
Reproductive Maternal and Child Health	<ul style="list-style-type: none"> ✓ ANC/ PNC ✓ Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services ✓ Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<ul style="list-style-type: none"> ✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ✓ TB ✓ Leprosy ✓ Acute simple illnesses
Non-Communicable Diseases	<ul style="list-style-type: none"> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix <input type="checkbox"/> Screening and management of mental health ailments

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

F. 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>	72 <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	24	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input 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 checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive

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

G.1 Availability of Diagnostic Services (Lab not available)		
1	Availability of diagnostic services:	<input 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	
4	Number of tests Provided through In House Mode	
5	Number of tests Provided through Hub & Spoke (Public Health System)	

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

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input 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 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
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Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<p>Whole fund unutilized as there is no JAS formation.</p>	<p>1.75 lakhs</p>	<p>0</p>	<p>0</p>
<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year)</p> <p>NO</p> <p>Average Delay in Payment (days):</p> <p>NO Account</p> <p>Reasons for delay, if any</p> <p>No individual ID.</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>		

	<input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" 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	1316
2	No. of PW registered for ANC	
3	No. of PW received 4 or more ANC check-ups	
4	Total number of institutional deliveries	85
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	Data not given for rest of the columns.
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	
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	Data not given
	No. of TB patients diagnosed out of the presumptive patients referred	
	No. of TB patients taking treatment in the AAM	
12	Community Based Screening for NCDs	

	% of target population administered CBAC			Data not given
	% 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	Data not given		
	Diabetes			
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*			
	Breast Cancer*			
	Cervical Cancer*			

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

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

O. IPHS Compliance

1	Date of assessment using ODK tool kit	Data not given.
2	Facility aggregate score using ODK Took kit	

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other



Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	2		2	
2	Laryngoscope		✓		
3	Radiant Warmer		✓		
4	Pulse Oximeter-Finger Tip	1		1	
5	Pulse Oximeter-Table Top		✓		
6	Labor Bed	1		1	
7	Foetal Doppler		✓		
8	Phototherapy Unit		✓		
9	Shoulder Wheel		✓		
10	Shoulder Pulley		✓		
11	Shoulder Abduction Ladder		✓		
12	Suction Machine		✓		
13	Mobile Spotlight		✓		
14	Manual Vacuum Aspirator		✓		
15	Weighing Scale	1		1	
16	Baby Weighing Scale	1		1	
17	Infantometer		✓		
18	Ophthalmoscope		✓		
19	Fully Loaded Dental Chair Electrically Operated		✓		
20	Dental Chair-Basic		✓		
21	Oxygen Hood Neonatal		✓		
22	ILR With Voltage Stabilizer-Small		✓		

S.No.	Equipment	Available	Not available	Functional	Non-Functional
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	4		3	1
33	Haemoglobinometer	4		3	1
34	ESR Analyzer		✓		
35	Electrolyte Analyzer		✓		
36	Oxygen Cylinder- B Type		✓		
37	BP Apparatus- Aneroid		✓		
38	BP Apparatus-Digital	2		1	1
39	Stethoscope	2		2	
40	Thermometer	4		4	
41	Examination Table		✓		
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle		✓		
43	Exerciser Couch/Table		✓		
44	Finger Exerciser Web		✓		
45	Walking Aid for Training/ Reciprocal Walker		✓		

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

Urban /Rural: Rural

Date of Visit: _____

A. General Information	
1. State	Jharkhand
2. District Name	West Singhbhum
3. Block/Taluka Name	Manoharpur
4. Name of Facility	PHC Jaraikella
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	2445674373
7. No. of days in a week facility is operational	7 days
8. OPD Timings	9am-3pm
9. Month & Year of operationalization of AAM	
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 Manoharpur
13. Distance of next referral facility (in Km)	16km
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	19
2. No. of Households	5297
3. Total catchment Population	20000
4. Population who are 30 years of age and above	Not given.

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

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

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

*Desirable

For PHC sub centre-Co-located

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

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<ul style="list-style-type: none"> ✓ ANC/ PNC ✓ Neonatal and infant healthcare services ✓ Childhood and Adolescent healthcare services ✓ Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<ul style="list-style-type: none"> ✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ✓ TB ✓ Leprosy ✓ Acute simple illnesses
Non-Communicable Diseases	<p>Screening and management of common NCDs (DM, HTN)</p> <ul style="list-style-type: none"> ✓ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input 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
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Availability of Essential medicines											
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>142</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>										
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>50</p>										
3	<p>Availability of medicines for priority conditions</p> <p><input checked="" type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>										
4	<p>Medicine categories with shortfall/ stockouts on the day of assessment</p> <table border="0"> <tr> <td><input type="checkbox"/> Oral Contraceptives</td> <td><input type="checkbox"/> Anti-tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Analgesics / NSAIDs)</td> <td><input type="checkbox"/> Anti-fungal</td> </tr> <tr> <td><input type="checkbox"/> Anti-pyretic</td> <td><input type="checkbox"/> Anti-malarial</td> </tr> <tr> <td><input type="checkbox"/> Anti-allergics</td> <td><input type="checkbox"/> Anti-hypertensive</td> </tr> <tr> <td><input type="checkbox"/> Antidotes for poisoning</td> <td><input type="checkbox"/> Oral hypoglycaemics</td> </tr> </table>	<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis	<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal	<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial	<input type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-hypertensive	<input type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> Oral hypoglycaemics
<input type="checkbox"/> Oral Contraceptives	<input type="checkbox"/> Anti-tuberculosis										
<input type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-fungal										
<input type="checkbox"/> Anti-pyretic	<input type="checkbox"/> Anti-malarial										
<input type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-hypertensive										
<input type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> Oral hypoglycaemics										

		<input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	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	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input type="checkbox"/> <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input 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

None	<input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	
Total teleconsultations in the last 01 month	

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

Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K. Reporting			
Online Platforms	Reporting		
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Nikshay	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input type="checkbox"/> Yes <input checked="" 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
	1.75 lakhs	0	0%

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

	<input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	
2	No. of PW registered for ANC	84
3	No. of PW received 4 or more ANC check-ups	68
4	Total number of institutional deliveries	
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month	0
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	399
	No. of TB patients diagnosed out of the presumptive patients referred	17
	No. of TB patients taking treatment in the AAM	17
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	Data not given.		
	Diabetes			
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	Follow-up
	Oral Cancer*			
	Breast Cancer*	Date not given.		
	Cervical Cancer*			

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2021; commendation.
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 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 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 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	Data not provided.
2	Facility aggregate score using ODK Took kit	

Remarks & Observations

Infrastructure

HRH

IEC

Expanded service Packages

IT System

Any Other

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	✓		✓	
2	Laryngoscope		✓		
3	Radiant Warmer	✓		✓	
4	Pulse Oximeter-Finger Tip		✓		
5	Pulse Oximeter-Table Top		✓		
6	Labor Bed	✓		✓	
7	Foetal Doppler	✓		✓	
8	Phototherapy Unit	✓		✓	
9	Shoulder Wheel	✓		✓	
10	Shoulder Pulley		✓		
11	Shoulder Abduction Ladder		✓		
12	Suction Machine		✓		
13	Mobile Spotlight	✓		✓	
14	Manual Vacuum Aspirator		✓		
15	Weighing Scale	✓		✓	
16	Baby Weighing Scale	✓		✓	
17	Infantometer		✓		
18	Ophthalmoscope		✓		
19	Fully Loaded Dental Chair Electrically Operated		✓		
20	Dental Chair-Basic		✓		
21	Oxygen Hood Neonatal	✓		✓	
22	ILR With Voltage Stabilizer-Small		✓		
23	Deep Freezer-Small		✓		
24	ILR With Voltage Stabilizer-Large		✓		
25	Deep Freezer-Small-Large		✓		

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

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

Urban /Rural: Rural

Date of Visit: 18-1-25

A. General Information	
1. State	Jharkhand
2. District Name	West Singhbhum
3. Block/Taluka Name	Noamundi
4. Name of Facility	PHC Noamundi
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	1368758460
7. No. of days in a week facility is operational	7 days
8. OPD Timings	9am- 3pm
9. Month & Year of operationalization of AAM	Data not given
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	TISCO (Tata main hospital)
13. Distance of next referral facility (in Km)	1 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	8
2. No. of Households	1005
3. Total catchment Population	6298
4. Population who are 30 years of age and above	2330

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

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

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

*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)	N	N	N	Y
Child Health (New Born Care/ HBNC/HBYC)	N	N	N	Y
Family Planning	N	N	Y	Y
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	N	N	Y	N
NCD	N	N	Y	N
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)	N	N	N	N	N	N
Staff Nurse	N	N	N	N	N	N
ANM/ MPW-F	Y	Y	Y	Y	Y	N
MPW- M						
ASHA	N	N	N	N	N	N

E.1 Availability of Services	
Reproductive Maternal and Child Health	<ul style="list-style-type: none"> ✓ ANC/ PNC ✓ Neonatal and infant healthcare services ✓ Childhood and Adolescent healthcare services ✓ Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<ul style="list-style-type: none"> ✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB ✓ Leprosy <input type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	<ul style="list-style-type: none"> Screening and management of common NCDs (DM, HTN) <input type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix <input type="checkbox"/> Screening and management of mental health ailments

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

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

F. Availability of Essential medicines			
1	<p>Number of medicines at AAM-PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>172</p> <p><i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i></p> <p><i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i></p>		
2	<p>Total number of medicines available at AAM-PHC/UPHC</p> <p>25</p>		
3	<p>Availability of medicines for priority conditions</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input checked="" type="checkbox"/> Diabetes</p> <p><input checked="" type="checkbox"/> Hypertension</p> <p><input checked="" type="checkbox"/> Fever</p>		
4	<table border="0"> <tr> <td> <p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input checked="" type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-pyretic</p> <p><input checked="" type="checkbox"/> Anti-allergics</p> <p><input type="checkbox"/> Antidotes for poisoning</p> <p><input type="checkbox"/> Gastrointestinal meds</p> </td> <td> <p><input type="checkbox"/> Anti-tuberculosis</p> <p><input checked="" type="checkbox"/> Anti-fungal</p> <p><input checked="" type="checkbox"/> Anti-malarial</p> <p><input checked="" type="checkbox"/> Anti-hypertensive</p> <p><input type="checkbox"/> Oral hypoglycaemics</p> <p><input type="checkbox"/> Hypolipidemic</p> </td> </tr> </table>	<p>Medicine categories with shortfall/stockouts on the day of assessment</p> <p><input checked="" type="checkbox"/> Oral Contraceptives</p> <p><input type="checkbox"/> Analgesics / NSAIDs)</p> <p><input type="checkbox"/> Anti-pyretic</p> <p><input checked="" type="checkbox"/> Anti-allergics</p> <p><input type="checkbox"/> Antidotes for poisoning</p> <p><input type="checkbox"/> Gastrointestinal meds</p>	<p><input type="checkbox"/> Anti-tuberculosis</p> <p><input checked="" type="checkbox"/> Anti-fungal</p> <p><input checked="" type="checkbox"/> Anti-malarial</p> <p><input checked="" type="checkbox"/> Anti-hypertensive</p> <p><input type="checkbox"/> Oral hypoglycaemics</p> <p><input type="checkbox"/> Hypolipidemic</p>
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		<input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input checked="" 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 type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services: (NO LAB TECHNICIAN AVAILABLE)	<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	6 (kit based only)
4	Number of tests Provided through In House Mode	
5	Number of tests Provided through Hub & Spoke (Public Health System)	
6	Number of tests Provided through Hub & Spoke- PPP Model	
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Malaria Rapid test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Typhoid test (IgM)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone

	<input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/CHCs/DH/MCH)	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Periodic VHND sessions undertaken		✓ Yes <input type="checkbox"/> No	
K. Reporting			
Online Platforms		Reporting	
<input type="checkbox"/> AAM Portal/App		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> National NCD Portal/App		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> IHIP		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> HMIS		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> FPLMIS		✓ Yes <input type="checkbox"/> No	
<input type="checkbox"/> DVDMS		<input type="checkbox"/> Yes ✓ No	
<input type="checkbox"/> Nikshay		✓ Yes <input type="checkbox"/> No	
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	
	Untied	<input type="checkbox"/> Yes ✓ No	
	Other Sources	<input type="checkbox"/> Yes ✓ No	
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	1,75,000	47,127	26.92%

<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year) Nov, 2024</p> <p>Average Delay in Payment (days): 10 days</p> <p>Reasons for delay, if any- Account details not available.</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>

	<input 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			561
2	No. of PW registered for ANC			36
3	No. of PW received 4 or more ANC check-ups			31
4	Total number of institutional deliveries			111
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			0
8	Number of cases referred from Sub centre AAM (From all sub-centre -AAM under PHC) to PHC AAM during last month			0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			0
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months			0
11	TB patients undergoing treatment			
	Indicators			Current year
	No. of presumptive TB patients identified			0
	No. of TB patients diagnosed out of the presumptive patients referred			0
	No. of TB patients taking treatment in the AAM			0
12	% of target population administered CBAC			Data not provided.
	% 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	110	5	5
	Diabetes	127	2	2
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Referred	F0ollow-up
	Oral Cancer*	0		0
	Breast Cancer*	0		
	Cervical Cancer*	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 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 type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" 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 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 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	Yes
2	Facility aggregate score using ODK Took kit	Data not provided

Remarks & Observations	
Infrastructure	
HRH	
IEC	

Expanded service Packages

IT System

Any Other

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	2		✓	
2	Laryngoscope	0	✓		
3	Radiant Warmer	1		✓	
4	Pulse Oximeter-Finger Tip		✓		
5	Pulse Oximeter-Table Top		✓		
6	Labor Bed	2		1	1
7	Foetal Doppler	2		2	
8	Phototherapy Unit		✓		
9	Shoulder Wheel		✓		
10	Shoulder Pulley		✓		
11	Shoulder Abduction Ladder		✓		
12	Suction Machine	1		✓	
13	Mobile Spotlight	3		✓	
14	Manual Vacuum Aspirator		✓		
15	Weighing Scale	1	1		
16	Baby Weighing Scale	3		1	2
17	Infantometer		✓		
18	Ophthalmoscope		✓		
19	Fully Loaded Dental Chair Electrically Operated		✓		
20	Dental Chair-Basic		✓		
21	Oxygen Hood Neonatal		✓		
22	ILR With Voltage Stabilizer-Small	2		1	1
23	Deep Freezer-Small	1		1	
24	ILR With Voltage Stabilizer-Large		✓		
25	Deep Freezer-Small-Large	1		1	
26	Vaccine Carrier with Ice Packs	14		14	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
27	Cell Counter – 3 Part		✓		
28	Semi-Automated Biochemistry Analyser		✓		
29	Binocular Microscope		✓		
30	HbA1C Analyser		✓		
31	Turbidometer		✓		
32	Glucometer	1		✓	
33	Haemoglobinometer	2		✓	
34	ESR Analyzer		✓		
35	Electrolyte Analyzer		✓		
36	Oxygen Cylinder- B Type	1		✓	
37	BP Apparatus- Aneroid	1		✓	
38	BP Apparatus-Digital	2		✓	
39	Stethoscope	2		✓	
40	Thermometer	2		✓	
41	Examination Table	1		✓	
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)

Date of Visit: 17-01-2025

A. General Information	
1. State	Jharkhand
2. District Name	West Singhbhum
3. Block/Taluka Name	Chaibasa
4. Name of Facility	AAM Achu
5. Type of Facility	AAM SHC
6. NIN of the facility	
7. No. of days in a week facility is operational	
8. OPD Timings	9AM TO 3PM
9. Month & Year of AAM operationalization	2015
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	Sadar Hospital
12. Distance of next referral facility (Km)	5 km

A.1 Demographic Details	
1. Number of Villages	4
2. No. of Households	1008
3. Total catchment Population	5059
4. Population who are 30 years of age and above	1311

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.)	n/a
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (<i>used for segregation of biomedical waste</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Residential Quarters available for Staff <i>If yes, Specify the staff for which quarters available</i>	<input 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	✓ Yes □ No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	✓ Yes □ No
3	Display of IEC on water, sanitation & hygiene	✓ Yes □ No
4	IEC/Poster on BMW displayed at the facility.	✓ Yes □ No
5	Installation of TV/ LED screen in the waiting area for IEC display	□ Yes ✓ No
6	Display of citizen charter	✓ Yes □ No
7	Information on grievance redressal displayed	✓ Yes □ No
8	Information on referral transport displayed	✓ Yes □ No
9	Information on nearest referral facility displayed	✓ Yes □ 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					
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	5			5
4	Any other (If yes, specify)					

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

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

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

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

	<p>Non-Communicable Diseases</p> <p>✓ Screening and management of common NCDs (DM, HTN)</p> <p>✓ Screening of common cancers – Oral</p> <p>✓ Screening of common cancers – breast</p> <p>✓ Screening of common cancers – cervix</p>
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E.2 Availability of Expanded Packages of Services				
Service Packages	Services Available	Drugs available	Diagnostics & consumables available	
Ophthalmic care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	✓ No
Basic ear, nose, throat (ENT) care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	✓ No
Oral health care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	✓ No
Elderly and palliative care services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	✓ No
Screening & management of mental health ailments	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	✓ No
Emergency Medical Services	✓ Yes <input type="checkbox"/> No	✓ Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	✓ 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)	105 (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	56

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

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

Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	
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
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	<input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Emergency conditions.
Total Teleconsultations in the last 01 month	00

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

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

	(Amt in Rs.)	(Amt in Rs.)		
			60%	
Is untied fund being spent on following activities	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
K. Governance				
Community-based platforms				
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
JAS meeting minutes available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Involvement of CHO in community-based platforms				

		✓ Yes <input type="checkbox"/> No
L. Wellness Activities		
Wellness sessions being held periodically		✓ Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session		✓ Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar		✓ Yes <input type="checkbox"/> No
Number of Wellness sessions conducted in Last month	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)		✓ 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)		✓ Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months		Data not given
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1295
2	No. of PW registered for ANC	42
3	No. of PW received 4 or more ANC check-ups	30
4	Total number of institutional deliveries	39
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	02
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	38
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	34
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	00
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	00

	No. of TB patients diagnosed out of the presumptive patients referred	00		
	No. of TB patients taking treatment in the AAM	25		
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:	Data not provided.		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	371		45
	Diabetes	371		34
	Oral Cancer	371		
	Breast Cancer	212		
	Cervical Cancer	212		

N. Implementation of NQAS Quality Assurance and Patient Safety

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

		<ul style="list-style-type: none"> ✓ Provision for ensuring privacy ✓ Respectful Maternity care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> ✓ 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	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms ✓ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Data not provided

2	Facility aggregate score using ODK Took kit	
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Remarks & Observations	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	
Any Other	

Appendix-List of equipment data not provided.

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

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

Date of Visit: 17-01-25

A. General Information	
1. State	Jharkhand
2. District Name	West Singhbhum
3. Block/Taluka Name	Chaibasa sadar
4. Name of Facility	AAM Pampara
5. Type of Facility	SHC
6. NIN of the facility	7748845117
7. No. of days in a week facility is operational	6 DAYS
8. OPD Timings	9am-3pm
9. Month & Year of AAM operationalization	September, 2019
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Sadar Hosiptal Chaibasa
12. Distance of next referral facility (Km)	8 km

A.1 Demographic Details	
1. Number of Villages	3
2. No. of Households	653
3. Total catchment Population	3315
4. Population who are 30 years of age and above	1226

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

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

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

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

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

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

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

	<p>✓ Leprosy</p> <p>✓ Acute simple illnesses</p> <p>Non-Communicable Diseases</p> <p>✓ Screening and management of common NCDs (DM, HTN)</p> <p>✓ Screening of common cancers – Oral</p> <p>✓ Screening of common cancers – breast</p> <p>✓ Screening of common cancers – cervix</p>
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E.2 Availability of Expanded Packages of Services

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

F. Essential medicines

<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>106</p> <p>(Total medicines at AAM-SHC as per national EML is 105)</p>
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Total number of medicines available at AAM-SHC	96	
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 checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	15 (Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	10
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input 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 checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	NCD, High risk pregnancies, FP and other complicated cases.

Total Teleconsultations in the last 01 month	11
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I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes ✓ No
<input type="checkbox"/> Nikshay	✓ Yes <input type="checkbox"/> No
Specify others, if any:	

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

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
Is untied fund being spent on following activities	Data not given Not given 100% Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	✓ Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	✓ Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	✓ Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ 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)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No ✓ 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	718
2	No. of PW registered for ANC	29
3	No. of PW received 4 or more ANC check-ups	32
4	Total number of institutional deliveries	55
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	06
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	24
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	26
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	15
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	156

	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:	94.8%		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	406	45	74
	Diabetes	406	15	42
	Oral Cancer	88	0	0
	Breast Cancer	48	0	0
	Cervical Cancer	39	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Winner
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials

		<ul style="list-style-type: none"> ✓ Provision for ensuring privacy ✓ Respectful Maternity care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> ✓ Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> ✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	<ul style="list-style-type: none"> ✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<ul style="list-style-type: none"> ✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms ✓ Periodic reviews undertaken for quality assurance

O. IPHS Compliance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Data not given.

2	Facility aggregate score using ODK Took kit	
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Remarks & Observations	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	
Any Other	

Appendix-List of equipment (data not given)

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

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

Date of Visit:

A. General Information	
1. State	JHARKHAND
2. District Name	WEST SINGHBHUM
3. Block/Taluka Name	KHUNTPANI
4. Name of Facility	AAM Badachiru
5. Type of Facility	AAM
6. NIN of the facility	2287318477
7. No. of days in a week facility is operational	6
8. OPD Timings	9AM-3PM
9. Month & Year of AAM operationalization	
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	Chc Khuntpani
12. Distance of next referral facility (Km)	12km

A.1 Demographic Details	
1. Number of Villages	8
2. No. of Households	1531
3. Total catchment Population	4889
4. Population who are 30 years of age and above	720

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Pharmacy /Drug store	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input 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		
2	ANM/MPW-F	2		1		
3	MPW-M			0		
3	ASHA (Population Norms -1 ASHA per 1000 population)	-		8		
4	Any other (If yes, specify)			1		

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)	Y	Y	
Child Health (New Born Care/ HBNC/HBYC)	Y	Y	
Family Planning	Y	Y	
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Y	Y	

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

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>✓ Family planning, contraceptive and other reproductive healthcare services</p> <p>Communicable diseases</p> <p>✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> <p>✓ TB</p> <p>✓ Leprosy</p> <p>✓ Acute simple illnesses</p>

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

F. Essential medicines	
<p>Number of medicines at AAM-SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105)</p>
<p>Total number of medicines available at AAM-SHC</p>	<p>Data not provided.</p>

Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input 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 type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	

Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDLis 14)
Total number of diagnostic tests available at AAM-SC	Data not provided.
Mode of diagnostic services	<input type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/ equipment	<input type="checkbox"/> Rapid diagnostic testing kits <input type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

Fund flow through other sources Specify any other fund source:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
Is untied fund being spent on following activities	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" 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	<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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" 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	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	48	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	31
2	No. of PW registered for ANC	53
3	No. of PW received 4 or more ANC check-ups	53
4	Total number of institutional deliveries	26
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	44
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	46
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	n/a
9	TB patients undergoing treatment	
	Indicators	Current year

	No. of presumptive TB patients identified	12	
	No. of TB patients diagnosed out of the presumptive patients referred	12	
	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:		Data not provided.
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred
	Hypertension	461	16
	Diabetes	461	12
	Oral Cancer	461	00
	Breast Cancer	461	0
	Cervical Cancer	00	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 n/a
6	Patient Rights <input type="checkbox"/> Display of citizen's charter

		<ul style="list-style-type: none"> ✓ Display of IEC materials ✓ Provision for ensuring privacy ✓ Respectful Maternity care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> <input type="checkbox"/> Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Data not provided.

2	Facility aggregate score using ODK Took kit	

Remarks & Observations	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	
Any Other	

Appendix-List of equipment

S. No.	Equipment	Available	Not available	Functiona l	Not functional
1	BP apparatus- Digital/ Sphygmomanomete r	✓		✓	
2	BP apparatus- Aneroid/ Sphygmomanomete r				
3	Weighing machine Electronic	✓(not digital)_		✓	
4	Hemoglobinometer	✓		✓	
5	Glucometer	✓		✓	
6	Thermometer	✓		✓	
7	Baby weighing scale				
8	Stethoscope	✓		✓	
9	Near Vision chart				
10	Snellen vision chart				
11	Stadiometer				
12	Tuning fork				

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

Date of Visit: 17/1/25

A. General Information	
1. State	Jharkhand
2. District Name	West Singhbhum
3. Block/Taluka Name	Khuntpani
4. Name of Facility	AAM Bhoya
5. Type of Facility	AAM
6. NIN of the facility	3874518727
7. No. of days in a week facility is operational	6
8. OPD Timings	9AM-3PM
9. Month & Year of AAM operationalization	
10. Accessible from nearest road head (Yes/No)	YES
11. Next Referral Facility	CHC Khuntpani
12. Distance of next referral facility (Km)	5 km

A.1 Demographic Details	
1. Number of Villages	6
2. No. of Households	1156
3. Total catchment Population	5636
4. Population who are 30 years of age and above	2085

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input 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 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> Due to connectivity issue no one reside at the given quarter.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input type="checkbox"/> ANM

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1		1		0
2	ANM/MPW-F	2		1		0
3	MPW-M					0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-7		7		0
4	Any other (If yes, specify)	1		1		0

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
Child Health (New Born Care/ HBNC/HBYC)			Yes
Family Planning		Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes

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

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

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

F. Essential medicines	
Number of medicines at AAM-SHC as per State Essential Medicines list (Link for essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	105 (Total medicines at AAM-SHC as per national EML is 105)
Total number of medicines available at AAM-SHC	98

Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" 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 checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input 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"/> As required. <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	

Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input 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	6
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Information Technology & Teleconsultation

Infrastructure (Availability)	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Not given

Total Teleconsultations in the last 01 month	0
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I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	✓ Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	✓ Yes <input type="checkbox"/> No
Specify others, if any:	

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

Fund utilization % NHM Fund utilized last year:	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
	50000	40000	80%
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" 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	✓ Yes <input type="checkbox"/> No	
L. Wellness Activities		
Wellness sessions being held periodically	✓ Yes <input type="checkbox"/> No	
Availability of a trained instructor for wellness session	✓ Yes <input type="checkbox"/> No	
Health Days are celebrated as per the Wellness Activity Calendar	✓ Yes <input type="checkbox"/> No	
Number of Wellness sessions conducted in Last month	...6.....	
ASHA Functionality		
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	✓ 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)	✓ Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Number of Village Health & Sanitation days conducted in last 6 months	50	
M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	931
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	9
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	47
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	51
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	0
9	TB patients undergoing treatment	
	Indicators	Current year
	No. of presumptive TB patients identified	5

	No. of TB patients diagnosed out of the presumptive patients referred	5	
	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:		
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred
	Hypertension	413	15
	Diabetes	413	12
	Oral Cancer	263	0
	Breast Cancer	0	0
	Cervical Cancer	0	0
			Followed-up
			25
			80
			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 checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials

		<ul style="list-style-type: none"> ✓ Provision for ensuring privacy ✓ Respectful Maternity care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	<ul style="list-style-type: none"> <input type="checkbox"/> Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> <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	<ul style="list-style-type: none"> ✓ 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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Data not provided.

2	Facility aggregate score using ODK Took kit	
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Remarks & Observations	
Infrastructure	
HRH	
IEC	
Expanded service Packages	
IT System	
Any Other	

Appendix-List of equipment

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

Field Monitoring Format - Community Level

Date of Visit	17/1/25
Name of Village/ Slum visited	
Details of nearest public health facility (from residence)	<i>Facility name:</i> <i>Facility type:</i> <i>Distance:</i>
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	✓ Yes/ <input type="checkbox"/> No
Accessible from nearest road	✓ Yes/ <input type="checkbox"/> No

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

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

<p>What about for conditions needing routine-visits/check-up? (ANC, Blood pressure, blood sugar, wound-dressing, etc.,) Reasons, thereof.</p>	<p>Reasons probes: Proximity, convenience, availability of staff, free of cost services, trust on the provider.</p>	UPHC/ UAAM),		
	<p>In such conditions, they visit regularly to the nearest center.</p>	secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH)	In emergency cases, they directly visit DH.	
		AYUSH practitioners.		
		Self (home remedies)		

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>May use local terms as recognized by the community</p>	<p>They all agreed that it is good PHC near them. They all are satisfied.</p>
<p>How long has it been there?</p>	<p>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc</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>>1 year.</p> <p>Daily OPD, basic NCD, cough and cold, small injuries, vaccines etc.</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>Mostly walk to the facility & other few use their own transport.</p> <p>No public transport is available in the area.</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):.....NO.....</i>
<p><i>Are the staff of the facility organizing outreach visits or camps in the</i></p>		<p>YES. They provide wellness sessions, camps, counseling service etc.</p> <p>We have learned about healthy habits etc.</p>

<p><i>community? If yes, can you share what you've observed during such camps/ visits?</i></p>		
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Topic: Availability of primary health care infrastructure and services

<p><i>What are your opinions on the building in which the primary healthcare facility is functioning?</i></p>	<p>Probes</p>	<p>Infrastructure and services</p>	<p>Response</p>
<p><i>What more needs to be added to improve the treatment-seeking experience in this place?</i></p>	<ul style="list-style-type: none"> - Condition of the building - Maintenance - Dedicated space for waiting and examination - Adequate seating arrangement - Functional toilet - Potable and drinking water - Power supply 	<p><i>Condition of the building</i></p>	<p><input checked="" type="checkbox"/> Good</p>
			<p><input type="checkbox"/> Neither good nor bad</p>
			<p><input type="checkbox"/> Bad</p>
		<p><i>Maintenance</i></p>	<p><input checked="" type="checkbox"/> Good</p>
			<p><input type="checkbox"/> Neither good nor bad</p>
			<p><input type="checkbox"/> Bad</p>
		<p><i>Dedicated space for waiting and examination</i></p>	<p><input checked="" type="checkbox"/> Yes</p>
			<p><input type="checkbox"/> No</p>
		<p><i>Adequate seating arrangement</i></p>	<p><input checked="" type="checkbox"/> Yes</p>
			<p><input type="checkbox"/> No</p>
		<p><i>Functional toilet</i></p>	<p><input checked="" type="checkbox"/> Yes</p>
			<p><input type="checkbox"/> No</p>
		<p><i>Potable/ drinking water</i></p>	<p><input checked="" type="checkbox"/> Yes</p>
			<p><input type="checkbox"/> No</p>
		<p><i>Power supply</i></p>	<p><input checked="" type="checkbox"/> Yes</p>
			<p><input type="checkbox"/> No</p>

<p><i>When you visit the facility, are the staff available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p>Staff may include: <i>Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	<p>Yes. Even if we ask in non-operational hours, we get full support.</p> <p>Yes they are sufficient. But it would be get if we will have more ANMs & cleaning staff.</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 <i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes. Very rare instance of not getting medicines that too due to unavailability of that medicine at the center (not been supplied).</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 <i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Yes. Providing all the test for which equipment are available.</p> <p>Refer to DH for those tests which are not available.</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: Adequate skills and knowledge</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>Innovative may include painless, time-saving or cost-saving methods or technology</p> <p>Alternate phrasing: Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></p>	<p>Yes</p> <p>Yes</p> <p>No</p>
<p>Topic: Appropriateness of primary healthcare services delivered through AAM</p>		

<p>What are the main healthcare concerns that exist or emerge in your community?</p> <p>In the event of its occurrence, is the AAM providing relevant healthcare services?</p> <p>Are those services economical in terms of time and money?</p>	<p>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</p> <p>Probe: To share some insights</p>	<p>BP, Hypertension, Common cold, fever, Diarrhea etc.</p> <p>Yes.</p> <p>Yes very much.</p>
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Topic: Community's involvement / participation

<p>Can you share about any activity/initiative in which you or your family participate to improve your personal/collective health of the community?</p>	<p>Probes</p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalentents)</i></p>	<p>Yes we participate.</p>
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<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><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p>Community respond actively to the given instructions. Consume the given tablet & follow the prescription.</p>
<p>Topic: Unmet Needs</p>		
<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal</i></p>		<p>More diagnostic test could be made available.</p> <p>Going to DH for the same.</p> <p>Yes sometimes (for transportation).</p>

<i>expenditure as a result?</i>		
Topic: Quality of Care provided through the primary healthcare facility		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment-seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - <i>Provider behaviour/ attitude</i> - <i>Waiting time</i> - <i>Cleanliness of the premises</i> - <i>Provision for Grievance redressal and escalation</i> - <i>Practice of soliciting and implementing feedback</i> - <i>Right diagnosis</i> - <i>Accuracy of diagnostic tests done at the facility</i> - <i>Effectiveness of medicines dispensed at the facility</i> 	<p>On all the indicators they are satisfied.</p> <p>Yes. "Health is free for us".- one of the respondent.</p>

Summary:

Key Challenges Observed	Root Cause
<ol style="list-style-type: none"><i>1. Public transport not available in the area.</i><i>2. Need more tests at the center.</i><i>3. Requires more staff at the centre so that it could be maintained properly.</i><i>4. Need delivery services nearby.</i>	