



# **Population Research Centre (PRC) Pune**

**Ministry of Health and family Welfare  
Government of India**

## **National Health Mission (NHM) Field Monitoring Report - Aizawl District**

**By  
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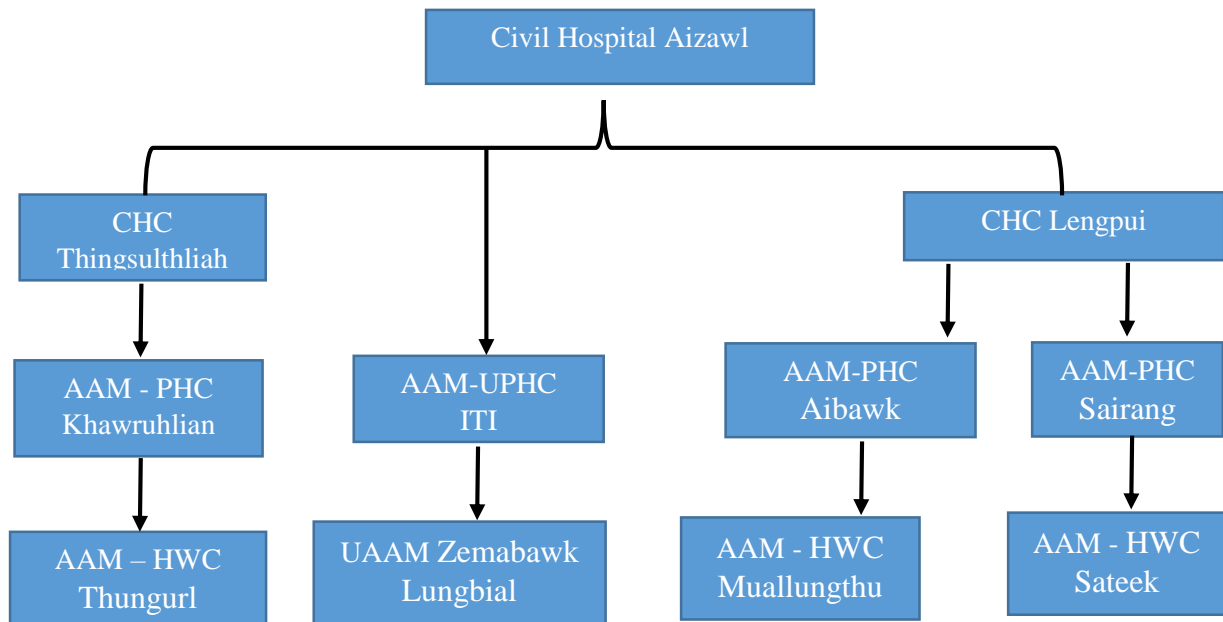
**March 2025**

**Gokhale Institute of Politics and Economic  
Pune - 411004**

### List of Health Facilities Visited

<b>Sr. No.</b>	<b>Name of Facility</b>	<b>Type of facility</b>	<b>Page No.</b>
1	Civil Hospital Aizawl	District Hospital	1
2	CHC Thingsulthliah	CHC	18
3	CHC Lengpui	CHC	30
4	UPHC ITI	AAM-UPHC	42
5	PHC Khawruhlian	AAM –PHC	61
6	PHC Aibawk	AAM –PHC	80
7	PHC Sairang	AAM -PHC	99
8	UHCW Zemabawk Lungbial	UAAM	118
9	HWC Thungurl	AAM SHC	133
10	HWC Sateek	AAM SHC	155
11	HWC Muallungthu	AAM SHC	178

### Selection of the Health Facilities



### Field Monitoring Format -District Hospital (DH)

Date of Visit: 03.03.2025

GENERAL INFORMATION	
Name of facility visited	Civil Hospital Aizawl
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: State Referral Hospital Falkawn Distance: 18 km (approximate time to reach 45-48 minutes)

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9:00 am to 3:00 pm	As reported and Hospital Citizen Charter Board
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments:  The facility is well-maintained overall. However, the OPD waiting area lacks adequate space, and there is no restroom available for ASHAs	Observed and as reported
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available	

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year):  During our visit, the renovation work was ongoing, though the painting was successfully completed in the year 2024.	
3. Number of functional in-patient beds	<u>283</u>  No of ICU Beds available: 14	As reported/ Hospital Citizen Charter Board
4. List of Services available	<ul style="list-style-type: none"> <li>- General</li> <li>- Gynaecology &amp; Obstetrics (Gynec &amp; Ob)</li> <li>- Surgery</li> <li>- Emergency</li> <li>- ENT</li> <li>- Ophthalmology</li> <li>- Orthopaedics</li> <li>- Dental</li> <li>- Paediatrics</li> <li>- Dermatology (Skin)</li> <li>- Cardiology</li> <li>- Nephrology</li> <li>- Respiratory Medicine</li> <li>- Physical Medicine and Rehabilitation (PMR)</li> <li>- NCD Clinic (Non-Communicable Diseases)</li> <li>- AYUSH</li> <li>- ART</li> <li>- Diabetic Clinic</li> <li>- Dietician Services</li> <li>- Dressing Services</li> <li>- OST (Opioid Substitution Therapy)</li> </ul>	As reported and Hospital Citizen Charter Board

A. PHYSICAL INFRASTRUCTURE																																																																		
Indicator	Response		Means of verification																																																															
	<ul style="list-style-type: none"><li>- PAC Clinic (Pre-Anaesthesia Checkup Clinic)</li><li>- Tobacco Cessation Clinic</li></ul>																																																																	
<ul style="list-style-type: none"><li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li></ul>	<table><tr><th>Sl.</th><th>Service</th><th>Y/N</th></tr><tr><td>1</td><td>Medicine</td><td>Y</td></tr><tr><td>2</td><td>O&amp;G</td><td>Y</td></tr><tr><td>3</td><td>Pediatric</td><td>Y</td></tr><tr><td>4</td><td>General Surgery</td><td>Y</td></tr><tr><td>5</td><td>Anesthesiology</td><td>Y</td></tr><tr><td>6</td><td>Ophthalmology</td><td>Y</td></tr><tr><td>7</td><td>Dental</td><td>Y</td></tr><tr><td>8</td><td>Imaging Services (X – ray)</td><td>Y</td></tr><tr><td>9</td><td>Imaging Services (USG)</td><td>Y</td></tr><tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td>N</td></tr><tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td>N</td></tr><tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td>Y</td></tr><tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC)/ Lactation Management Unit (LMU)</td><td>N</td></tr><tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td>Y</td></tr><tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td>N</td></tr><tr><td>16</td><td>Labour Room Complex</td><td>Y</td></tr><tr><td>17</td><td>ICU</td><td>Y</td></tr><tr><td>18</td><td>Dialysis Unit</td><td>Y</td></tr><tr><td>19</td><td>Emergency Care</td><td>Y</td></tr><tr><td>20</td><td>Burn Unit</td><td>N</td></tr></table>		Sl.	Service	Y/N	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	10	District Early Intervention Centre (DEIC)	N	11	Nutritional Rehabilitation Centre (NRC)	N	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y	13	Comprehensive Lactation Management Centre (CLMC)/ Lactation Management Unit (LMU)	N	14	Neonatal Intensive Care Unit (NICU)	Y	15	Pediatric Intensive Care Unit (PICU)	N	16	Labour Room Complex	Y	17	ICU	Y	18	Dialysis Unit	Y	19	Emergency Care	Y	20	Burn Unit	N	As reported/ Hospital Citizen Charter Board
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A. PHYSICAL INFRASTRUCTURE			
Indicator	Response		Means of verification
	21	Teaching block (medical, nursing, paramedical)	Internal Training
	22	Skill Lab	N
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		As reported/ Hospital Citizen Charter Board
6. Tele medicine/Consultation services available	<input checked="" type="checkbox"/> Yes(only in pediatrics) / <input type="checkbox"/> No  If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e Sanjeevani Portal): NA		Tele-medicine records register/ e-sanjeevani portal
	If the facility is also functioning as 'Hub' to any of the AAM (SHC/ PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input checked="" type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT		Observed and ensured signage and protocol displays are available

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, number of units of blood currently available: <u>436</u>  No. of blood transfusions done in last month: <u>2439</u>	Blood Bank records Register
9. Whether blood is issued free, or user fee is being charged	<input checked="" type="checkbox"/> Free for BPL  <input type="checkbox"/> Free for elderly - No a charge of 550 per bag  <input checked="" type="checkbox"/> Free for JSSK beneficiaries  <input type="checkbox"/> Free for all  (Free services are offered to patients with thalassemia, aplastic anemia, pregnant individuals, individuals with hemophilia, and infants below the age of one..)	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input checked="" type="checkbox"/>  Using Common Bio Medical Treatment plant:  <input type="checkbox"/> Managed through outsourced agency  <input type="checkbox"/> Other System, if any: (Specify)  Hospital waste is also disposed of in a civil dumping yard.	Observation and as reported
11. IT Services	Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: <u>Good</u>	As reported



B. Human Resources				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)			12	8
	Specialist	Medicine		7	0
		Ob-Gyn		7	0
		Pediatrician		2	1
		Anesthetist		6	0
		Surgeon		5	0
		Ophthalmologist		5	0
		Orthopedic		3	0
		Radiologist		2	0
		Pathologist		2	0
		Others (Nephrologist; cardiologist; ENT specialist)		19	2
	Dentist			9	0
	Staff Nurses/ GNMs			81	92
	LTs			11	20
	Pharmacist			7	1
	Dental Technician/ Hygienist			0	0
	Hospital/ Facility Manager			0	1
	EmOC trained doctor			7	0
	LSAS trained doctor			6	0
	Others				

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	<p>Initiated: 11/12/2024 (peer assessment)</p> <ul style="list-style-type: none"> <li>Facility score: Peer assessment =78.15 External assessment by State = 71.53 Labour room= 93.0(met all criteria) Maternal OT= 93.38%</li> <li>Award received: Commendation award (last week prior to PRC visit)</li> </ul>	Kayakalp Assessment report Verify certificate if awarded - Yes

14. NQAS	<ul style="list-style-type: none"> <li>Assessment done: National Facility score: Blood bank; general admin; Radiology; SNCU; labour room = 95.98% Pediatric ward = Pediatric OPD; SNCU; = 93%</li> <li>Certification Status: <i>Quality certified</i></li> </ul>	NQAS assessment report
15. LaQshya	<ul style="list-style-type: none"> <li>Labour Room: <ul style="list-style-type: none"> <li>LaQshya Certified - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> </li> <li>Labour room= 93.0 (met all criteria) Maternal OT= 93.38%</li> <li>Operation Theatre: <ul style="list-style-type: none"> <li>LaQshya Certified - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> </li> </ul>	LaQshya Assessment Report – check score Verify certificate if awarded Yes
<b>D. DRUGS &amp; DIAGNOSTICS</b>		
16. Availability of list of essential medicines (EML)/ drugs (EDL)  <a href="https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf">https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf</a>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>If yes, total number of drugs in EDL <u>115</u></li> <li>EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</li> <li>No. of drugs available on the day of visit (out of the EDL) <u>Yes</u></li> </ul>	Verify EDL Displayed  Yes
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If other, which one _____	Observation, Checked software

18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr> <td>1</td> <td>Paracetamol 500mg</td> </tr> <tr> <td>2</td> <td>Hydrocortisone powder for injection 100 mg (P,S,T)</td> </tr> <tr> <td>3</td> <td>Naloxone injection 0.4mg</td> </tr> <tr> <td>4</td> <td>Snake Venom Antiserum</td> </tr> <tr> <td>5</td> <td>Ceftriaxone 1000mg</td> </tr> <tr> <td>6</td> <td>Mannitol Injection 20%</td> </tr> </table>	1	Paracetamol 500mg	2	Hydrocortisone powder for injection 100 mg (P,S,T)	3	Naloxone injection 0.4mg	4	Snake Venom Antiserum	5	Ceftriaxone 1000mg	6	Mannitol Injection 20%	<p>As reported, check DVDMS, e-aushadhi, etc.</p> <p>As reported from DVDMS</p>
1	Paracetamol 500mg													
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5	Ceftriaxone 1000mg													
6	Mannitol Injection 20%													
19. Availability of Essential Consumables:	<p><input checked="" type="checkbox"/> Sufficient Supply</p> <p><input checked="" type="checkbox"/> Minimal Shortage (Disposable Masks; Disposable caps)</p> <p><input type="checkbox"/> Acute shortage</p> <p>In last 6 months how many times there was shortage __ <u>Disposable masks and caps</u></p>	<p>As reported</p> <p>Stock/Indent register</p>												
20. Availability of essential diagnostics	<p><input checked="" type="checkbox"/> In-house (except CT Scan)</p> <p><input checked="" type="checkbox"/> Outsourced/ PPP – CT Scan only</p> <p><input type="checkbox"/> Both/ Mixed</p>	<p>As reported</p>												
<ul style="list-style-type: none"> <li>In-house tests</li> </ul>	<p>Timing: 9:00 am to 3:00 pm</p> <p>Total number of tests available against Essential Diagnostic tests list for DH <u>13</u></p> <p>Mammography; Colonoscopy; EEG; PFT; physiotherapy; X-ray; ultrasound; ECG; Bronchoscopy; Endoscopy; Echo; Cath lab</p> <p>(Take the list of tests available at DH)</p>	<p>Obtain the complete list of diagnostic tests performed in-house</p> <p>As reported and verified</p>												

<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	<p>Timing: 9:00 am to 3:00 pm</p> <p>Total number of tests provided by PPP provider: ____1 CT Scan____</p> <p>Take the list of tests available from PPP Provider agency</p>	<p>Obtain the complete list of diagnostic tests outsourced to PPP provider agency</p>
21. X-ray services is available	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If Yes, type &amp; nos. of functional X- ray machine is available in the hospital: 1</p> <p>Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Observation
22. CT scan services available	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes: <input type="checkbox"/> In-house/ <input checked="" type="checkbox"/> PPP</p> <p>The out-of-pocket expenditure for CT scan services is as follows:</p> <ol style="list-style-type: none"> <li>For up to 50 reports, the cost is ₹240 per scan.</li> <li>For more than 50 reports, the cost reduces to ₹200 per scan.</li> </ol> <p>This pricing applies to various types of CT scans, including CT brain, KUB (Kidneys,</p>	<p>Observation</p> <p>Patient interviews</p>

	<p>Uterus, and Bladder), temporal bone, pelvis, upper abdomen, PNS (Paranasal Sinuses), maxillofacial, orbits, cisternography, sella, and pituitary scans. The approximate out-of-pocket expenditure for these CT scan services is as follows:</p> <ol style="list-style-type: none"> <li>1. For up to 50 reports: ₹330 per scan.</li> <li>2. For more than 50 reports: ₹275 per scan.</li> </ol> <p>This pricing applies to various CT scans, including CT thorax, HRCT, spine, abdomen, pelvis, brain and face, coccyx, neck, urography, extremities, angiography (cerebral, pulmonary, neck, abdominal, renal, thoracic, cardiac), enterography, and CBCT scans.</p>	
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
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
25. Implementation of PM-National Dialysis programme	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	Observation, Records
	Total number of tests performed: - 2604_____	
<ul style="list-style-type: none"> <li>Whether the services are free for all</li> </ul>	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries	Observation, Records

	<input type="checkbox"/> Free for all	
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<ul style="list-style-type: none"> <li>Previous year_____</li> <li>Current FY_____</li> </ul> <p><i>*Calculate the approximate no. of patients provided dialysis per day</i></p>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment <a href="https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised_guidelines-2022/01- SDH DH IPHS Guidelines 2022.pdf">https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised_guidelines-2022/01- SDH DH IPHS Guidelines 2022.pdf</a> )	No	As reported
27. Average downtime of equipment (days)  Details of equipment are nonfunctional for more than 7 days	No	As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input type="checkbox"/> No  Number of normal deliveries performed in last month: <u>261</u>  No. of C-sections performed in last month: <u>79</u>	Verified C-section records from Maternity OT registers
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	Labour room: Good  OT: Good  Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Average delay in payment to beneficiaries: Payment done till the month of August 2024	Verified from JSY status report

	<p>(Average for how many days/beneficiary)</p> <p>Payment done till: August 2024</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input checked="" type="checkbox"/></p> <p>Reasons for delay: Funds are not available</p>	
30. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport</p> <p><input checked="" type="checkbox"/> Free transport (drop back from facility to home) Pick-up services have not been provided since July 2024 due to a lack of funds.</p> <p><input checked="" type="checkbox"/> No user charges</p> <p>An amount of ₹210,580 remains outstanding on from CMO (Chief Medical Officer) office.</p>	As reported/As Displayed in Maternity Ward
31. PMSMA services provided on 9 <sup>th</sup> of every month	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9<sup>th</sup> for previous month:</p> <p>06 (03 new case and 03 old case)</p> <p>If No, reasons thereof:</p>	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability Yes
33. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured	Observation, Patient review

	<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	
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	Previous year: 0  Current year: 06	Maternal Deaths Records/ Review
36. Number of Child Death reported in the facility	Previous year: 98 (Year 2023)  Current year: 93 (Year 2024)	Maternal Deaths Records/ Review
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	781	Immunization Register
40. Number of Newborns breastfed within one hour of birth during last month.	184	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 type="checkbox"/> Not functional/ All posts vacant	Not applicable
42. Number of sterilizations performed in last one month	51	FP Sterilizations register



		Verify if fixed days of sterilization exist - Yes
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received - Verified
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)____ <u>Yes</u> ____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	IUCDs (Intrauterine Contraceptive Devices) are the preferred choice, and all types of family planning (FP) services are available.	As reported/observe FP registers/records if available Yes
46. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software Checked
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, who provides counselling to adolescents: _____  Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Not applicable
48. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If No, is there any fixed day or days in a week for NCD care at the facility? _____ days (Mention number of days)	Check NCD register
49. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported

50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>1026</td> <td>264</td> </tr> <tr> <td>Diabetes</td> <td>1026</td> <td>306</td> </tr> <tr> <td>Oral Cancer</td> <td>1026</td> <td>20</td> </tr> <tr> <td>Breast Cancer</td> <td>846</td> <td>0</td> </tr> <tr> <td>Cervical Cancer</td> <td>846</td> <td>0</td> </tr> </tbody> </table>	NCD	Screened	Confirmed	Hypertension	1026	264	Diabetes	1026	306	Oral Cancer	1026	20	Breast Cancer	846	0	Cervical Cancer	846	0	NCD Register
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51. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Yes only L form	Verify from IDSP reporting records																		
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Observation																		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average): <u>total tested 1076; MTB detected 93; RR detected 19</u>	DBT/Nikshay Report																		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report																		
	Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months__ <u>yes (HIV test 79; sensitive 10; RR-1; pediatric test 129 sensitive 1; extra pulmonary test 431 sensitive 17; RR-1); diabetes -24 tested</u>	DBT/Nikshay Report																		
	Are all TB patients tested for HIV: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report																		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: Completed and entered in Niksay portal	DBT/Nikshay Report																		

F. RECORDS, FINANCE, OTHERS								
53. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Respective records						
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 10 lakhs Fund utilized last year: 100%	Facility FMR						
	Fund in prev. FY <table border="1"> <thead> <tr> <th>Received</th> <th>Utilized</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>10 lakhs</td> <td>10 lakhs</td> <td>100</td> </tr> </tbody> </table>	Received	Utilized	%	10 lakhs	10 lakhs	100	
	Received	Utilized	%					
	10 lakhs	10 lakhs	100					
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: 1. Reagents 2. Chemicals 3. Equipment's 4. Major works of Infrastructure	RKS Register							
Reasons for underutilization of fund (if any): NA	Staff review							
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> <li>HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>MCTS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Unavailable</li> <li>Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> </ul>	Checked respective portals at the facility wrt last entries						
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Monthly; 25 <sup>th</sup> February 2025 last meeting	RKS Register						

57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available - Ambulances are available in the district hospital (DH) through donations, state funding, and support from the National Health Mission (NHM) (BLS and ALS) ambulance  <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any): The equipment in the ALS ambulance has been non-functional and unable to be repaired in Aizawl since March 2022. There seems to be lack of proper communication between ambulance in charge and Medical Superintendent (MS). Currently, there are three ambulances in total: one ALS (Advanced Life Support) ambulance and two BLS (Basic Life Support) ambulances. Additionally, a new ALS ambulance has been available since 2023.	
<ul style="list-style-type: none"> <li>How many cases were referred here in the last month?</li> </ul>	Number: 01 Types of cases referred in:	Referral-in register
<ul style="list-style-type: none"> <li>How many cases were referred out last month?</li> </ul>	Number: Types of cases referred out:	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Parking Space is congested	Difficult terrain and lack of space

b) JSY and JSSK services	Due to lack of Funds
c) Non-functional equipment's in ambulances	An efficient system in place for the immediate reporting and resolution of non-functional equipment issues.
d) Birth dose vaccination services are currently managed by a single health professional.	Shortage of Human resource

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

- Details of sanctioned posts are unavailable and adherence to the IPHS (Indian Public Health Standards) guidelines on sanctioned posts are suggested.
- Non-functional equipment's in ambulances should be reported promptly, and there should be an efficient system in place for the immediate reporting and resolution of non-functional equipment issues. This would ensure minimal disruption to emergency medical services and better accountability within the system.
- The lack of funds has hampered JSY (Janani Suraksha Yojana) and JSSK (Janani Shishu Suraksha Karyakram) services. There should be a well-structured system for timely funding and effective communication to address such issues, ensuring prompt responses and minimizing disruptions in these essential healthcare services.
- The facility is centrally located within the city, offering essential health services to the entire district population. However, due to its location in hilly terrain, parking facilities are highly congested.
- There is a shortage of even Paracetamol 500 mg, and Snake Venom Antiserum. Efforts should be made to address these shortages promptly to ensure adequate drug availability and uninterrupted healthcare services.
- The facility provides ANC (Antenatal Care) and PNC (Postnatal Care) services but has not been reporting on the HMIS portal.
- Birth dose vaccination services are currently managed by a single health professional. Providing 24/7 services has proven to be extremely challenging for one person. It is suggested that an additional staff member be deployed to support and ensure the uninterrupted delivery of these vital services.

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

Urban/ Rural: **Rural**

Date of Visit: **04.03.2025**

General Information	
Name of facility visited	THINGSULTHLIAH CHC
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: Civil Hospital, Aizawl Distance: 50 kms

*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 10:00 Am - 5:00 Pm	As reported/ Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure /building	Comments: Overall the Infrastructure is good	Observation
Please comment on the condition and tick the appropriate box	<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  <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement	Observation

A. INFRASTRUCTURE		Means of verification																																	
Indicator	INFRASTRUCTURE																																		
	<input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																		
4. Number of functional in-patient beds	20	As reported/ Hospital Citizen Charter Board																																	
5. List of Service available	NAS, RMNCH, Communicable & Non Communicable Disease, Laboratory, Radiology, Physiotherapy, Dental, Ophthalmology, ICTC, RKSK	As reported/ Hospital Citizen Charter Board																																	
<ul style="list-style-type: none"> <li>Specialized Services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	<table border="1"> <thead> <tr> <th>Sl.</th><th>Services</th><th>Y/N</th></tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td>Yes</td></tr> <tr><td>2</td><td>O&amp;G</td><td>No</td></tr> <tr><td>3</td><td>Pediatric</td><td>No</td></tr> <tr><td>4</td><td>General Surgery</td><td>No</td></tr> <tr><td>5</td><td>Anesthesiology</td><td>No</td></tr> <tr><td>6</td><td>Ophthalmology</td><td>Yes</td></tr> <tr><td>7</td><td>Dental</td><td>Yes</td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td>Yes</td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td>No</td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td>Yes</td></tr> </tbody> </table>	Sl.	Services	Y/N	1	Medicine	Yes	2	O&G	No	3	Pediatric	No	4	General Surgery	No	5	Anesthesiology	No	6	Ophthalmology	Yes	7	Dental	Yes	8	Imaging Services (X – ray)	Yes	9	Imaging Services (USG)	No	10	Newborn Stabilization Unit	Yes	As reported/ Hospital Citizen Charter Board
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10	Newborn Stabilization Unit	Yes																																	
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input checked="" type="checkbox"/> Yes, available <input checked="" type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available	As reported																																	
<ul style="list-style-type: none"> <li>If Yes, Mention the specialists available 24*7</li> </ul>	<input checked="" type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input checked="" type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify:	As reported																																	
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for:	Observation: Verified triage area is marked																																	

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
	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	Yes
6. Tele medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, average number of teleconsultations per day for the last month:  If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/ UPHC/ UAAM): <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, Major OT <input type="checkbox"/> Minor OT <input checked="" type="checkbox"/>	Observation Ensure signage and protocol displays Yes
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, number of units of blood currently available: <u>NA</u> No. of blood transfusions done in last month: <u>NA</u>	NA
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	NA
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 checked="" type="checkbox"/> Managed through outsourced agency: <input type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported



A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
	Quality/strength of internet connection: <u>100 %</u>	

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)		1	1	0 0
	Specialists	Medicine	0	0	0 0
		Ob-Gyn	0	0	0 0
		Pediatrician	0	0	0 0
		Anesthetist	0	0	0 0
	Dentist		0	0	1 1
	SNs/ GNM's		2	2	1 1
	LTs		1	1	1 1
	Pharmacist		1	1	0 0
	Dental Assistant/ Hygienist		0	0	1 1
	Hospital/ Facility Manager		0	0	1 1
	EmOC trained doctor		0	0	0 0
	LSAS trained doctor		0	0	0 0
	Others				

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 79.53 Award received: 2 <sup>nd</sup> Runner Up Winner <input type="checkbox"/> Commendation <input type="checkbox"/>	Kayakalp Assessment report Verify certificate if awarded Yes
14. NQAS	Assessment done: Cycle 1 External Assessment  Internal/State Facility score: 58.38 Certification Status: No	NQAS assessment report

15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	LaQshya Assessment Report check score Verify certificate if awarded NA										
<b>D. DRUGS AND DIAGNOSTICS</b>												
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, total number of drugs in EDL <u>206</u> EDL displayed in OPD Area: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) _____	Verify EDL Displayed Yes										
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"> <tr><td>1</td><td>Metformin (tab-500 mg)</td></tr> <tr><td>2</td><td>Amlodipine (tab – 5mg)</td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1	Metformin (tab-500 mg)	2	Amlodipine (tab – 5mg)	3		4		5		As reported, Check DVDMS, E-aushadhi, etc.
1	Metformin (tab-500 mg)											
2	Amlodipine (tab – 5mg)											
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 a shortage <u>NIL</u>	As reported										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;										
• In-house tests	Timing: 9:30 am-3:00 pm & 24*7 Emergency Services  Total number of tests available against Essential Diagnostic tests list for CHC <u>32</u>	Obtain the complete list of diagnostic tests performed in house										
• Outsourced/ PPP	Timing:	Obtain the complete list of diagnostic										

	Total number of tests Provided by PPP Provider <u>NIL</u>	tests outsourced/ done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, type & no. of functional X-ray machine is available in the hospital: 1 (100A Mobil X-Ray)  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 checked="" type="checkbox"/> Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments /equipment (Refer to Annexure 10 in the link for list of equipment ( <a href="https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf</a> )		As reported
25. Average downtime of equipment (days).  Details of equipment are non-functional for more than 7 days	NIL	As reported
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Number of normal deliveries performed in last month: <u>7</u>  No. of C-sections performed in last month: <u>0</u>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: The Labour room is clean and all the necessary IEC are displayed. OT: Only minor operations are being conducted	Observation

	Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
27. Status of JSY payments	<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: <b>28.2.2025</b></p> <p>Payment done till:</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:</p>	Verify from JSY status report
28. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	As reported/ As Displayed in Maternity Ward
29. PMSMA services provided on 9 <sup>th</sup> of every month	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9<sup>th</sup> 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	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verified Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured	Observation, Patient review

	<input type="checkbox"/> Birth attendant allowed in Labour room  <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian  <input checked="" type="checkbox"/> Safe care environment maintained	
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: NIL Current year: NIL	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: NIL Current year: NIL	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	22	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	6	Verify BF Records Yes Verified
39. Number of sterilizations performed in last one month	NIL	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify) _____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra		Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software

44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: <u>Adolescent Health Councillor</u> Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC Register RKSK Councillor																		
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	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average): <b>0.77</b>	DBT/Nikshay Report																		
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report																		
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months <b>100%</b>	DBT/Nikshay Report																		
	Is there a sample transport mechanism in place for:	As reported																		

	Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No																	
	Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report																
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: Yes	DBT/Nikshay Report																
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: NIL  Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:	Facility Register/ Records for leprosy																
<b>F. RECORDS, FINANCE, OTHERS</b>																		
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Respective Records																
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: <b>Rs. 2342225/-</b> Fund utilized last year: <b>Rs. 2360747/-</b>	Facility FMR																
	<table border="1"> <thead> <tr> <th>Head</th><th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>RKS (RKS Fund &amp; Kayakalp)</td><td>8,40,820</td><td>8,72,089</td><td>103.7%</td></tr> <tr> <td>PHC</td><td>5,26,002</td><td>4,82,516</td><td>91.7%</td></tr> <tr> <td>User</td><td>9,75,403</td><td>10,06,142</td><td>103.2%</td></tr> </tbody> </table>	Head	Received	Utilized	%	RKS (RKS Fund & Kayakalp)	8,40,820	8,72,089	103.7%	PHC	5,26,002	4,82,516	91.7%	User	9,75,403	10,06,142	103.2%	
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User	9,75,403	10,06,142	103.2%															

	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Not Regular	
	Reasons for underutilization of fund (if any)	Staff review
	Comment (if any):	
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 (4.7.2024)	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input checked="" type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 0 Types of cases referred in: NIL	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 4 Types of cases referred out:	Referral Out register



Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Blood storage unit is unavailable	Recently upgraded from Primary Health centre
b) Screening for cancers, including breast, cervical, and oral cancer, is not conducted	Shortage of trained human resource
c) Few basic medicine such as metformin (tab-500 mg), amlodipine (tab – 5mg) etc. we're not available on the day of visit.	Due to lack of timely supply

Remarks & Observations (Write in Bullets within 100-300 words)
<ul style="list-style-type: none"> <li>• The facility is upgraded from Primary Health Centre to Community Health Centre in 2022.</li> <li>• The surrounding of the facility is very clean and the health staff of the facility are making sure to keep the cleanliness and hygiene environment.</li> <li>• Although, the health staff of the facility provides the most of the health services, however due to lack of medicine their efforts are hampering. Few basic medicine such as metformin (tab-500 mg), amlodipine (tab – 5mg) etc. we're not available on the day of visit.</li> <li>• Blood storage unit is unavailable; it is recommended to establish a unit or an alternative mechanism to ensure the availability of blood in emergency situations. This can involve partnering with nearby blood banks for urgent supply, setting up a small-scale blood storage facility within the healthcare center, implementing a rapid donor registry to mobilize volunteers when needed, and ensuring cold-chain storage solutions for safe preservation.</li> <li>• Cancer screening can be conducted within healthcare facilities, ensuring early detection and timely intervention.</li> <li>• In health facilities where kitchens are available, food is provided free of cost. Under JSSK, the allocated amount for diet can be utilized to purchase fruits, milk, or other nutritious food based on local preferences.</li> </ul>

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

Urban/ Rural: **Rural**

Date of Visit: **06.03.2025**

General Information	
Name of facility visited	CHC Lengpui
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: ZMC Distance: 45.8 KM

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

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 10:00 am - 4:00 pm	As reported/ Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure /building	Comments: Overall the infrastructure is spacious and good	Observation
Please comment on the condition and tick the appropriate box	<input checked="" type="checkbox"/> 24*7 running water facility	Observation
	<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	
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement	
	<input checked="" type="checkbox"/> ASHA rest room is available	

A. INFRASTRUCTURE		Means of verification																																	
Indicator	INFRASTRUCTURE																																		
	<input checked="" type="checkbox"/> Drug storeroom with rack is available  Power backup: <input type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital																																		
4. Number of functional in-patient beds	15	As reported/ Hospital Citizen Charter Board																																	
5. List of Service available	NAS, RMNCH, Communicable & Non Communicable Disease, Laboratory, Radiology, Physiotherapy, Dental, Ophthalmology, ICTC, RKSK	As reported/ Hospital Citizen Charter Board																																	
<ul style="list-style-type: none"> <li>Specialized Services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	<table border="1"> <thead> <tr> <th>Sl.</th><th>Services</th><th>Y/N</th></tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td>No</td></tr> <tr><td>2</td><td>O&amp;G</td><td>No</td></tr> <tr><td>3</td><td>Pediatric</td><td>No</td></tr> <tr><td>4</td><td>General Surgery</td><td>No</td></tr> <tr><td>5</td><td>Anesthesiology</td><td>No</td></tr> <tr><td>6</td><td>Ophthalmology</td><td>No</td></tr> <tr><td>7</td><td>Dental</td><td>Yes</td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td>Yes</td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td>No</td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td>No</td></tr> </tbody> </table>	Sl.	Services	Y/N	1	Medicine	No	2	O&G	No	3	Pediatric	No	4	General Surgery	No	5	Anesthesiology	No	6	Ophthalmology	No	7	Dental	Yes	8	Imaging Services (X – ray)	Yes	9	Imaging Services (USG)	No	10	Newborn Stabilization Unit	No	As reported/ Hospital Citizen Charter Board
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1	Medicine	No																																	
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7	Dental	Yes																																	
8	Imaging Services (X – ray)	Yes																																	
9	Imaging Services (USG)	No																																	
10	Newborn Stabilization Unit	No																																	
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<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"> <li>If Yes, Mention the specialists available 24*7</li> </ul>	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: <b>Dentist</b>	As reported																																	
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	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	Observation: Verified triage area is marked																																	

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
	2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Tele medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, average number of teleconsultations per day for the last month: 1  If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/ UPHC/ UAAM): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, Major OT <input type="checkbox"/> Minor OT <input checked="" type="checkbox"/>	Observation Ensured signage and protocol displays
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, number of units of blood currently available: <u>Nil</u> No. of blood transfusions done in last month: <u>Nil</u>	Blood Storage Unit records, Register
9. Whether blood is issued free, or user fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	NA
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 checked="" type="checkbox"/> Managed through outsourced agency: <input type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: <u>Good</u>	As reported

B. Human Resources				As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	<b>HR</b>		<b>Regular</b>		<b>Contractual</b>
			Sanctioned	Available	Sanctioned Available
	MO (MBBS)		1	1	0 0
	Specialists	Medicine	0	0	0 0
		Ob-Gyn	0	0	0 0
		Pediatrician	0	0	0 0
		Anesthetist	0	0	0 0
	Dentist		0	0	1 1
	SNs/ GNMs		5	5	1 1
	LTs		0	0	2 2
	Pharmacist		1	1	0 0
	Dental Assistant/ Hygienist		0	0	0 0
	Hospital/ Facility Manager		0	0	1 1
	EmOC trained doctor		0	0	0 0
	LSAS trained doctor		0	0	0 0
	Others		8	8	9 9

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 79.53 Award received: Winner <input checked="" type="checkbox"/> (first runner up 2024-25 and 2023-24) and ecofriendly first prize) Commendation <input type="checkbox"/>	Kayakalp Assessment report Verified certificate if awarded
14. NQAS	Assessment done: Yes  Internal/State Facility score: 85% (Internal score) Certification Status: Certified Not received	NQAS assessment report
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	LaQshya Assessment Report check score

D. DRUGS AND DIAGNOSTICS			
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Verified EDL Displayed
	If yes, total number of drugs in EDL <u>160</u> 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) <u>151</u>		
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____		Observation, Check software
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Pantoprazole DSR	As reported, Check DVDMS, E-aushadhi, etc.
	2	Methylcobalamin	
	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: <u>once</u>		Stock/Indent register
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed		As reported;
• In-house tests	Timing: 10:00 am- 4:00 pm  Total number of tests available against Essential Diagnostic tests list for CHC: <u>29</u>		Obtain the complete list of diagnostic tests performed in house
• Outsourced/ PPP	Timing:  Total number of tests Provided by PPP Provider: <u>NIL</u>		Obtain the complete list of diagnostic tests outsourced/ done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If Yes, type & no. of functional X-ray machine is available in the hospital: 1  Is the X-ray machine AERB certified <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Observation

22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments /equipment (Refer to Annexure 10 in the link for list of equipment ( <a href="https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf</a> )		As reported
25. Average downtime of equipment (days).  Details of equipment are non-functional for more than 7 days	NIL	As reported
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported Delivery record can be updated for eg. Column head it should be mentioned age of mother or baby
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Number of normal deliveries performed in last month: <u>1</u>  No. of C-sections performed in last month: <u>0</u>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: The Labour room is clean and all the necessary IEC are displayed. OT: Only minor operations are being conducted Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
27. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Average delay: (Average for how many days/patients)	Verify from JSY status report

	<p>Payment done till:</p> <p>Payment done till:</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:</p>	
28. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	As reported/ As Displayed in Maternity Ward
29. PMSMA services provided on 9 <sup>th</sup> of every month	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9<sup>th</sup> for previous month: 4</p> <p>If No, reasons thereof:</p>	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	<p><input checked="" type="checkbox"/> Privacy maintained during examination ensured</p> <p><input checked="" type="checkbox"/> Birth attendant allowed in Labour room</p> <p><input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian</p> <p><input checked="" type="checkbox"/> Safe care environment maintained</p>	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: NIL Current year: NIL	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: NIL Current year: NIL	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	6	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	6	Verify BF records
39. Number of sterilizations performed in last one month	NIL	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify) _____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra		Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software Yes
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: <u>RKSK Counselor</u> Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC Register RKSK Counselor
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check NCD Register

	<p>If No, is there any fixed day or days in a week for NCD care at the facility? _____ days</p> <p>(Mention number of days)</p>	RKSK Counselor																		
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No																			
47. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th><th>Screened</th><th>Confirmed</th></tr> </thead> <tbody> <tr> <td>f. Hypertension</td><td>1031</td><td>85</td></tr> <tr> <td>g. Diabetes</td><td>635</td><td>284</td></tr> <tr> <td>h. Oral Cancer</td><td>0</td><td></td></tr> <tr> <td>i. Breast Cancer</td><td>0</td><td></td></tr> <tr> <td>j. Cervical Cancer</td><td>0</td><td></td></tr> </tbody> </table>	NCD	Screened	Confirmed	f. Hypertension	1031	85	g. Diabetes	635	284	h. Oral Cancer	0		i. Breast Cancer	0		j. Cervical Cancer	0		NCD Register
NCD	Screened	Confirmed																		
f. Hypertension	1031	85																		
g. Diabetes	635	284																		
h. Oral Cancer	0																			
i. Breast Cancer	0																			
j. Cervical Cancer	0																			
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records																		
49. Status of TB elimination programme	<p>Facility is designated as Designated Microscopy Centre (DMC):</p> <p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	As reported, Observation																		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average): 0.98	DBT/Nikshay Report																		
	<p>If anti-TB drugs available at the facility:</p> <p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility:</p> <p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	DBT/Nikshay Report																		
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months <u>Nil</u>	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																		
	Percent of TB Patients for whom DBT installments have been initiated	DBT/Nikshay Report																		

	under Nikshay Poshan Yojana in the last 6 months: 3 cases							
50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: NIL  Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:	Facility Register/ Records for leprosy						
<b>F. RECORDS, FINANCE, OTHERS</b>								
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  TB Notification Registers: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Respective Records						
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: <b>Rs. 433885/-</b> Fund utilized last year: <b>Rs. 430204/-</b>	Facility FMR						
	<table border="1"> <thead> <tr> <th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>787156</td><td>780446.5</td><td>99.1</td></tr> </tbody> </table>	Received	Utilized	%	787156	780446.5	99.1	
Received	Utilized	%						
787156	780446.5	99.1						
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Not Regular							
	Reasons for underutilization of fund (if any)	Staff review						
	Comment (if any):							
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated  MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated  IHIP <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated  HWC Portal: <input type="checkbox"/> Updated / <input checked="" 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)		RKS Register						

55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available  <input type="checkbox"/> CHC has contracted out ambulance services  <input type="checkbox"/> Ambulances services with Centralized call centre  <input type="checkbox"/> Government ambulance services are not available	As reported
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 0  Types of cases referred in: NIL Big baby	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 13  Types of cases referred out: Hypertension, bleeding PV, Pain in whole abdomen etc.	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Specialist positions currently available	Specialists posts should be sanctioned
b) Screening for cancers, such as breast, cervical, and oral cancer, is not conducted	Shortage of Human Resources
c) Blood Storage Unit (BSU) is currently unavailable	

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

- Except for one MO there are no specialist positions currently available, and it is recommended to establish some specialist roles to enhance healthcare services.
- Blood storage unit is unavailable, it is recommended to establish a unit or an alternative mechanism to ensure the availability of blood in emergency situations. This can involve partnering with nearby blood banks for urgent supply, setting up a small-scale blood storage facility within the healthcare center, implementing a rapid donor registry to mobilize volunteers when needed, and ensuring cold-chain storage solutions for safe preservation.
- In health facilities where kitchens are available, diet is provided free of cost. Under JSSK, the allocated amount for diet can be utilized to purchase fruits, milk, or other nutritious food based on local preferences.
- Cancer screening can be conducted within healthcare facilities, ensuring early detection and timely intervention.
- In health facilities where kitchens are available, food is provided free of cost. Under JSSK, the allocated amount for diet can be utilized to purchase fruits, milk, or other nutritious food based on local preferences.

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

**Urban /Rural: Urban**

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

A. General Information	
1. State	Mizoram
2. District Name	Aizawl
3. Block/Taluka Name	Ward XVII
4. Name of Facility	UPHC ITI
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	1114575143
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	9:00 AM – 4:00 PM
9. Month & Year of operationalization of AAM	August 2018
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	Civil Hospital Aizawl
13. Distance of next referral facility (in Km)	3 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	10
2. No. of Households	9504
3. Total catchment Population	84430
4. Population who are 30 years of age and above	29571

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	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Building</th> <th>Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>Rented etc.</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Sr. No.	Building	Mark	A	Other Govt.	<input type="checkbox"/>	B	Panchayat Bhawan	<input type="checkbox"/>	C	Urban Local Body	<input type="checkbox"/>	D	Rented etc.	<input type="checkbox"/>
Sr. No.	Building	Mark															
A	Other Govt.	<input type="checkbox"/>															
B	Panchayat Bhawan	<input type="checkbox"/>															
C	Urban Local Body	<input type="checkbox"/>															
D	Rented etc.	<input type="checkbox"/>															
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																
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
10.	Availability of furniture:  <div style="text-align: right;">           Table            Chairs            Almirah/Shelf         </div>	<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															
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															

16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i> <i>The quarters are not in good condition out of 15 only 3 are occupied 2 LT; 1 Grade IV</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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



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

\*Desirable

# For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  <i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	158  <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	95	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis  <input checked="" type="checkbox"/> Diabetes  <input checked="" type="checkbox"/> Hypertension  <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs 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 checked="" type="checkbox"/> Antidotes for poisoning  <input checked="" type="checkbox"/> Gastrointestinal meds  <input checked="" type="checkbox"/> Anti-filarial  <input checked="" type="checkbox"/> Antibiotics  <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis  <input checked="" type="checkbox"/> Anti-fungal  <input checked="" type="checkbox"/> Anti-malarial  <input checked="" type="checkbox"/> Anti-hypertensive  <input checked="" type="checkbox"/> Oral hypoglycaemics  <input checked="" 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	55
4	Number of tests Provided through In House Mode	55

5	Number of tests Provided through Hub & Spoke (Public Health System)	54
6	Number of tests Provided through Hub & Spoke-PPP Model	54
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	6 months
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	0

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop /Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)

Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Fever
Total teleconsultations in the last 01 month	52
<b>I. Wellness Activities</b>	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>J. Governance</b>	
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		
<b>K. Reporting</b>			
<b>Online Platforms</b>	<b>Reporting</b>		
<input type="checkbox"/> AAM Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Specify others, if any:			
<b>L. Finance</b>			
<b>Remuneration &amp; Incentives</b> <i>Still awaiting the salary payment for January</i>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	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
<b>Facility funds</b>	<b>Fund Source</b>		<b>Timely disbursement</b>
	Untied		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Other Sources		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Fund utilization</b>  <b>NHM Fund/untied funds utilized during last year:</b>	<table border="1"> <tr> <th data-bbox="776 226 987 394">Funds received  (Amount in Rs.)</th> <th data-bbox="987 226 1201 394">Expenditure  (Amount in Rs.)</th> <th data-bbox="1201 226 1412 394">% Expenditure</th> </tr> <tr> <td data-bbox="776 394 987 468">459600</td> <td data-bbox="987 394 1201 468">459600</td> <td data-bbox="1201 394 1412 468">100%</td> </tr> </table>			Funds received  (Amount in Rs.)	Expenditure  (Amount in Rs.)	% Expenditure	459600	459600	100%
Funds received  (Amount in Rs.)	Expenditure  (Amount in Rs.)	% Expenditure							
459600	459600	100%							
Is untied fund being spent on following activities?	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, specify;  <input checked="" type="checkbox"/> Electricity  <input checked="" type="checkbox"/> Drinking Water  <input checked="" type="checkbox"/> Internet   Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Medicines  <input checked="" type="checkbox"/> Reagents/Consumables  <input checked="" type="checkbox"/> Equipment  Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Status of JSY Payments</b>	Payment done till (month/ year) – December 2024   Average Delay in Payment (days): Two Months   Reasons for delay, if any:- No fund								
<b>Availability of JSSK entitlements</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided   <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)								

	<input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input 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
--	---

M. Service delivery Output Indicators (October to December 2024)		
1	Total number of outpatient department visits	3259
2	No. of PW registered for ANC	52
3	No. of PW received 4 or more ANC check-ups	8
4	Total number of institutional deliveries	4
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	5
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	1
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	1
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	85
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	-

11	<b>TB patients undergoing treatment Indicators (Current Year)</b>  No. of presumptive TB patients identified  No. of TB patients diagnosed out of the presumptive patients referred  No. of TB patients taking treatment in the AAM	  0  0  0																								
12	 % of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above	 100%  -  -																								
13	<b>Community Based Screening for NCDs (June - December 2024)</b> <table><tr><th>NCDs <i>(No. of individuals in Last 6 Months)</i></th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>1672</td><td>212</td><td>212</td></tr><tr><td>Diabetes</td><td>1422</td><td>388</td><td>388</td></tr><tr><td>Oral Cancer*</td><td>760</td><td>-</td><td>-</td></tr><tr><td>Breast Cancer*</td><td>561</td><td>-</td><td>-</td></tr><tr><td>Cervical Cancer*</td><td>16</td><td>-</td><td>-</td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	1672	212	212	Diabetes	1422	388	388	Oral Cancer*	760	-	-	Breast Cancer*	561	-	-	Cervical Cancer*	16	-	-	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	1672	212	212																							
Diabetes	1422	388	388																							
Oral Cancer*	760	-	-																							
Breast Cancer*	561	-	-																							
Cervical Cancer*	16	-	-																							

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

		<input checked="" type="checkbox"/> All services provided free of cost  <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured  <input checked="" type="checkbox"/> Maintenance of clinical records  <input checked="" type="checkbox"/> Data management using digital technology  <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management  <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment  <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions  <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback  <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms  <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	24.07.2024
2	Facility aggregate score using ODK Took kit	58.23%

Remarks & Observations
<b>Infrastructure</b> <p>The pharmacy room is not spacious enough.</p>
<b>HRH</b> <p>The salary for January is still pending, highlighting the need for timely disbursement of payments. Health staffs and helper requires training on Emergency care, MCH, EmOC, IUD, BMW;SBA; Skill Lab Expanded package services. Moreover a full time security personal is required.</p>
<b>IEC</b> <p>All the necessary Information, Education, and Communication (IEC) materials were displayed</p>
<b>Expanded service Packages</b> <p>Comprehensive primary healthcare are provided</p>
<b>IT System</b> <p>The facility is well-equipped with laptops/desktops, smartphones, and reliable internet connectivity, ensuring smooth operations and efficient communication.</p>
<b>Any Other</b> <p>NIL</p>

**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	✓		✓	
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	✓		✓	
46	Near Vision Chart		Not available		



47	Tuning fork		Not available		
48	Weighing machine	Available		Functioning	
49	Snellen vision chart	Available		Functioning	
50	Stadiometer	Available		Functioning	

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

**Urban /Rural: Rural**

**Date of Visit: 04/03/2025**

A. General Information	
16. State	Mizoram
17. District Name	Aizawl
18. Block/Taluka Name	Darlawn
19. Name of Facility	PHC Khawruhlian
20. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	5472377372
22. No. of days in a week facility is operational	7 Days
23. OPD Timings	9 AM – 3 PM
24. Month & Year of operationalization of AAM	November 1984
25. Details of co-location, if any (If any co-located SHC)	SHC - Khawrulian
26. Accessible from nearest road head (Yes/No)	Yes
27. Next Referral Facility Name	Civil Hospital Aizawl
28. Distance of next referral facility (in Km)	87 km
29. If UPHC functions as a Polyclinic (Yes/No)	No
30. If Yes, please take note of available specialist services at the Polyclinic	
A.1 Demographic Details	
1. Number of Villages/Wards	6 villages
2. No. of Households	1541
3. Total catchment Population	7211
4. Population who are 30 years of age and above	2898

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	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Building</th> <th>Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>Rented etc.</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Sr. No.	Building	Mark	A	Other Govt.	<input type="checkbox"/>	B	Panchayat Bhawan	<input type="checkbox"/>	C	Urban Local Body	<input type="checkbox"/>	D	Rented etc.	<input type="checkbox"/>
Sr. No.	Building	Mark																
A	Other Govt.	<input type="checkbox"/>																
B	Panchayat Bhawan	<input type="checkbox"/>																
C	Urban Local Body	<input type="checkbox"/>																
D	Rented etc.	<input type="checkbox"/>																
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	10																
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture:  Table Chairs Almirah/Shelf	<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																
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available MO; Block account manager; group D; and LT</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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C. Human Resource Availability						
No	Staff	Required as per IPHS 2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	-	1	-	
2.	AYUSH MO*	1	-	0	-	
3.	Dentist*	1	-	0	-	
4.	Staff Nurse	2	-	2	-	
5.	Pharmacist	1	-	1	-	
6.	Laboratory Technician	1	-	1	-	
7.	ANM/MPW (F)#	1	-	-	-	1
8.	MPW (M)	1	-	0	-	
9.	Lady Health Visitor	1	-	0	-	
10.	Dresser	1	-		-	
11.	Accountant	1	-	1	-	
12.	Data entry operator	1	-	0	-	
13.	Sanitation staff	1	-	1	-	
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)	1	-	-	-	1
16.	Others (Specify) Ambulance driver contractual NHM	1	-	-	-	1

17.	Whether all essential HRH available as per IPHS 2022	No
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\*Desirable

# For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	Yes	No	No	No
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	No	Yes
Family Planning	Yes	Yes	No	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	No	No	No
NCD	Yes	Yes	No	No
Others (Specify)	-	-	-	-

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

Remark	Medical Officers require refresher training in Integrated Management of Neonatal and Childhood Illness (IMNCI) and new techniques in healthcare services. Staff nurses also need training in maternal and child health (MCH) and awareness about various schemes.
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E.1 Availability of Services	
<b>Reproductive Maternal and Child Health</b>	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
<b>Communicable diseases</b>	<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
<b>Non-Communicable Diseases</b>	<input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments
<b>Remark</b>	It has been recently observed in the health facility that there is an increase in diabetes and cases of gastric troubles.

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

Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  (Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	110  (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	58	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic



		<input checked="" 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"/> 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 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 type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model

2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	35  (Total number of diagnostic tests at AAM PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	33
4	Number of tests Provided through In House Mode	33
5	Number of tests Provided through Hub & Spoke (Public Health System)	3 Three tests are been referred to the Community Health Centre (CHC) Darlon or the Civil Hospital.
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	N/A
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	N/A

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	-
Total teleconsultations in the last 01 month	42 Challenges in effective time management with SC and ensuring service delivery within the scheduled time however, it is very useful especially in areas that are challenging to access.

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	
L. Finance	

<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Facility funds</b>	<b>Fund Source</b>		<b>Timely disbursement</b>
	Untied		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Other Sources		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Fund utilization</b>  <b>NHM Fund/untied funds utilized during last year:</b>	Funds received  <b>(Amount in Rs.)</b>	Expenditure  <b>(Amount in Rs.)</b>	% Expenditure
	1060490	739893	69.77%
Is untied fund being spent on following activities?	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, specify; <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet  Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment  Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Status of JSY Payments</b>	Payment done till (month/ year) – 25.02.2025		

	<p>Average Delay in Payment (days): Nil</p> <p>Reasons for delay, if any</p>
<b>Availability of JSSK entitlements</b>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	548
2	No. of PW registered for ANC	0
3	No. of PW received 4 or more ANC check-ups	0
4	Total number of institutional deliveries	12

5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	7																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	16																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	15																								
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	4																								
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																								
11	<b>TB patients undergoing treatment Indicators (Current Year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	12 0 0																								
12	% of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above	100%  53.5%  -																								
13	<b>Community Based Screening for NCDs</b> <table><tr><td><b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i></td><td><b>Screened</b></td><td><b>Treated</b></td><td><b>Follow-up</b></td></tr><tr><td>Hypertension</td><td>240</td><td>37</td><td>30</td></tr><tr><td>Diabetes</td><td>240</td><td>42</td><td>34</td></tr><tr><td>Oral Cancer*</td><td>240</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>0</td><td>0</td><td>0</td></tr></table>	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>	Hypertension	240	37	30	Diabetes	240	42	34	Oral Cancer*	240	0	0	Breast Cancer*	0	0	0	Cervical Cancer*	0	0	0	
<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>																							
Hypertension	240	37	30																							
Diabetes	240	42	34																							
Oral Cancer*	240	0	0																							
Breast Cancer*	0	0	0																							
Cervical Cancer*	0	0	0																							

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	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 checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism

10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback  <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms  <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	26.07.2024
2	Facility aggregate score using ODK Took kit	49.16%

Remarks & Observations	
<b>Infrastructure</b>  The building is old but has been well-maintained.	
<b>HRH</b> Medical Officers need refresher training in Integrated Management of Neonatal and Childhood Illness (IMNCI) and updated techniques in healthcare services. Staff Nurses also require training in maternal and child health (MCH) as well as knowledge about various healthcare schemes.	
<b>IEC</b>  All the required IEC materials were appropriately displayed, and the Ayushman Arogya Mandir – Health and Wellness Centre branding were displayed.	
<b>Expanded Service Packages</b> The facility offers comprehensive healthcare for patients.	
<b>IT System</b>  The facility is equipped with laptops/desktops, electronic tablets, and reliable internet connectivity, ensuring efficient operations and digital access.	

**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	✓		✓	
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: 05/03/2025**

A. General Information	
31. State	Mizoram
32. District Name	Aizawl
33. Block/Taluka Name	Aizawl West
34. Name of Facility	Aibawk PHC
35. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	5283485372
37. No. of days in a week facility is operational	7 Days
38. OPD Timings	9 AM – 3 AM
39. Month & Year of operationalization of AAM	1982
40. Details of co-location, if any (If any co-located SHC)	
41. Accessible from nearest road head (Yes/No)	Yes
42. Next Referral Facility Name	State Referral Hospital Falkawn
43. Distance of next referral facility (in Km)	12 km
44. If UPHC functions as a Polyclinic (Yes/No)	No
45. If Yes, please take note of available specialist services at the Polyclinic	
A.1 Demographic Details	
1. Number of Villages/Wards	8 villages
2. No. of Households	2411
3. Total catchment Population	16026
4. Population who are 30 years of age and above	5996

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	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Building</th> <th>Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>Rented etc.</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Sr. No.	Building	Mark	A	Other Govt.	<input type="checkbox"/>	B	Panchayat Bhawan	<input type="checkbox"/>	C	Urban Local Body	<input type="checkbox"/>	D	Rented etc.	<input type="checkbox"/>
Sr. No.	Building	Mark																
A	Other Govt.	<input type="checkbox"/>																
B	Panchayat Bhawan	<input type="checkbox"/>																
C	Urban Local Body	<input type="checkbox"/>																
D	Rented etc.	<input type="checkbox"/>																
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	6 (4 for females and 2 for males)																
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture:  Table Chairs Almirah/Shelf	<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																
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 Available only in IPD <input checked="" type="checkbox"/> No
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Electricity connection (solar and generator)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available (For all type of staffs)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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



8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

16.	Others (Specify)					1driver (NHM for NAS)
17.	Whether all essential HRH available as per IPHS 2022	Not available				

\*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(in the year 2019)	Y	N	Y
Child Health (New Born Care/ HBNC/HBYC)	Y(in the year 2019)	N	N	Y
Family Planning	Y(in the year 2019)	Y	Y	Y
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Y(in the year 2019)	N	Y	Y
NCD	Y(in the year 2019)	Y	Y	Y
Others (Specify)	AYUSH MO ( in the year 2017) received all the above training			
Remark	All staff members require refresher training covering all health components to ensure comprehensive knowledge and skill enhancement.			

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

E.1 Availability of Services	
<b>Reproductive Maternal and Child Health</b>	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
<b>Communicable diseases</b>	<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
<b>Non-Communicable Diseases</b>	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
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Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines		
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  <i>(Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	<i>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</i>  217
2	Total number of medicines available at AAM-PHC/UPHC	223 (on the day of visit)
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever

4	Medicine categories with shortfall/ stock outs on the day of assessment	<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 hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
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5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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	23 (Total number of diagnostic tests at AAM PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	23
4	Number of tests Provided through In House Mode	23
5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke-PPP Model	0
7	Availability of X-ray services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input 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	24 Hrs.
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	Yes The semiauto analyzer for hematology is currently non-functional due to a shortage of reagents.

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

19.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
20.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
21.	Japanese encephalitis ( <b>endemic areas only</b> )	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Yes prepared but not displayed
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Common conditions for teleconsultation	Hypertension, diabetes, and fever are among the most commonly reported conditions, and their management is typically scheduled through telecommunication systems for better accessibility and coordination.
Total teleconsultations in the last 01 month	152
<b>I. Wellness Activities</b>	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (only IEC)
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
<b>J. Governance</b>	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Although the village council was previously uncooperative, progress is expected to be made in the near future.
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
<b>K. Reporting</b>	
<b>Online Platforms</b>	<b>Reporting</b>
<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 (Portal is very slow)
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (every time need to change password)									
Specify others, if any:	NIL									
<b>L. Finance</b>										
<b>Remuneration &amp; Incentives</b>	<table border="1"> <tr> <th>Cadre</th><th>Timely disbursement</th><th>Complete disbursement as entitled</th></tr> <tr> <td>AAM-PHC Team (Salary)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> <tr> <td>AAM-PHC Team (Team Based Incentives)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> </table>	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
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<b>Facility funds</b>	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> </table>	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 Source	Timely disbursement									
Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<b>Fund utilization</b>  NHM Fund/untied funds utilized during last year:	<table border="1"> <tr> <th>Funds received (Amount in Rs.)</th><th>Expenditure (Amount in Rs.)</th><th>% Expenditure</th></tr> <tr> <td>85000</td><td>85000</td><td>100%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	85000	85000	100%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
85000	85000	100%								

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

	<input type="checkbox"/> Free blood services <input 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	2128
2	No. of PW registered for ANC	40
3	No. of PW received 4 or more ANC check-ups	44
4	Total number of institutional deliveries	8
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	18
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	47
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	41
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	1
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	32
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	32
11	<b>TB patients undergoing treatment Indicators (Current Year)</b>	
	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	<div>% of target population administered CBAC</div> <div>% of target population with score below 4</div> <div>% of target population with score 4 and above</div>																									
13	<div>Community Based Screening for NCDs</div> <table><tr><th>NCDs <i>(No. of individuals in Last 6 Months)</i></th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>1588</td><td>613</td><td></td></tr><tr><td>Diabetes</td><td>1442</td><td>412</td><td></td></tr><tr><td>Oral Cancer*</td><td>27</td><td>6</td><td></td></tr><tr><td>Breast Cancer*</td><td>359</td><td>124</td><td></td></tr><tr><td>Cervical Cancer*</td><td>59</td><td>37</td><td></td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	1588	613		Diabetes	1442	412		Oral Cancer*	27	6		Breast Cancer*	359	124		Cervical Cancer*	59	37		
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Breast Cancer*	359	124																								
Cervical Cancer*	59	37																								

<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2020-2021 1 <sup>st</sup> 2021-2022 1 <sup>st</sup> 2022-2023 1 <sup>st</sup> 2023-2024 1 <sup>st</sup> 2024-25 2 <sup>nd</sup>
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced

		<input checked="" type="checkbox"/> All services provided free of cost  <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured  <input checked="" type="checkbox"/> Maintenance of clinical records  <input checked="" type="checkbox"/> Data management using digital technology  <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management  <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment  <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions  <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback  <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms  <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	July 22 <sup>nd</sup> 2024

2	Facility aggregate score using ODK Took kit	68.27
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Remarks & Observations	
<b>Infrastructure</b>	The infrastructure is below standard, with constant peeling paint. Installing tiles on the walls and cementing the ground could significantly improve the facility's condition.
<b>HRH</b>	<p>Under the IPA agreement, staff contracts will conclude in September 2025, which could lead to a significant shortage of healthcare personnel afterward.</p> <p>All staff members require refresher training covering all health components to ensure comprehensive knowledge and skill enhancement.</p>
<b>IEC</b>	All the necessary Information, Education, and Communication (IEC) materials were displayed, and the Ayushman Arogya Mandir – Health and Wellness Centre was properly branded.
<b>Expanded service Packages</b>	The mental health program is currently non-functional. The training provided under the expanded service package is insufficient in duration compared to the number of components, necessitating additional time and days for effective coverage. Refresher training for all staff is also essential. Strengthening the mental health program and simplifying palliative care processes are crucial steps. The questionnaire provided to ASHAs is overly lengthy, spanning 11 pages, and contains predominantly medical terminology, which would be more suitable for medical officers to handle. For ASHAs, this workload is overwhelming and should be reassessed to ensure practicality and efficiency.
<b>IT System</b>	The NIKSAY portal requires frequent password changes, which can be inconvenient, while the NCD portal is experiencing significant slowness, affecting its usability and efficiency.
<b>Any Other</b>	The main center, located within the premises of the PHC, lacks a computer despite handling a significant amount of data.

**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	✓		✓	
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: 05/03/2025**

A. General Information	
1. State	Mizoram
2. District Name	Aizawl
3. Block/Taluka Name	Tlangnuam
4. Name of Facility	PHC Sairang
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	3746684558
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	10:00 AM – 4:00 PM
9. Month & Year of operationalization of AAM	2018
10. Details of co-location, if any (If any co-located SHC)	SHC - Sairang
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Civil Hospital Aizawl
13. Distance of next referral facility (in Km)	24 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	5 villages
2. No. of Households	1387
3. Total catchment Population	6956
4. Population who are 30 years of age and above	3052

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	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Building</th> <th>Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>Rented etc.</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Sr. No.	Building	Mark	A	Other Govt.	<input type="checkbox"/>	B	Panchayat Bhawan	<input type="checkbox"/>	C	Urban Local Body	<input type="checkbox"/>	D	Rented etc.	<input type="checkbox"/>
Sr. No.	Building	Mark															
A	Other Govt.	<input type="checkbox"/>															
B	Panchayat Bhawan	<input type="checkbox"/>															
C	Urban Local Body	<input type="checkbox"/>															
D	Rented etc.	<input type="checkbox"/>															
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	6 + 4 (Isolation ward)															
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
10.	Availability of furniture:  Table Chairs Almirah/Shelf	<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															
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															

16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes (Solar) <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i> <i>Medical Officer, Pharmacist, Staff Nurse, Lab Tech, Group D</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

15.	ASHA Facilitator (If any, only for Rural areas)	-	-	0	-	1-ASHA Mobilizer
16.	Others (Specify)	-	-	X Ray Tech-1 Group D- 2	-	Ophthalmic Assistant-1  NAS Driver -1
17.	Whether all essential HRH available as per IPHS 2022	<p>There is a notable shortage of human resources in the health facility:</p> <ol style="list-style-type: none"> <li>1. Insufficient Group D staff to ensure the 24/7 operation of the health facility.</li> <li>2. Shortage of Staff Nurses (SNs) needed for effective healthcare service delivery.</li> <li>3. With numerous National Health Programmes, a Data Entry Operator (DEO) is essential, but the current DEO's term under the IPA agreement will end in September, potentially causing further challenges.</li> </ol>				

\*Desirable

# For PHC sub centre-Co-located

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

Remark	There is a need for training in maternal and child health (MCH) and family planning (FP).
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D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Y/N)	Trained in ENT care (Y/N)	Trained in Oral care (Y/N)	Trained in MNS (Y/N)	Trained in Elderly & Palliative Care (Y/N)	Trained in Trauma & Emergency care (Y/N)
MO (MBBS)	Yes	Yes	Yes	Yes	Yes	Yes
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
ANM/MPW-F	No	No	No	No	No	No
MPW- M	No	No	No	No	No	No
ASHA	No	No	No	No	No	No

E.1 Availability of Services	
<b>Reproductive Maternal and Child Health</b>	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services

<b>Communicable diseases</b>	<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
<b>Non-Communicable Diseases</b>	<input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments

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



F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  <i>(Link for list of essential medicines            for reference-  <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )</i>	98  <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	45	
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/ stock outs on the day of assessment	<input type="checkbox"/> Oral Contraceptives  <input checked="" type="checkbox"/> Analgesics / NSAIDs) (some are available not all are available)  <input type="checkbox"/> Anti-pyretic  <input type="checkbox"/> Anti-allergics  <input checked="" type="checkbox"/> Antidotes for poisoning  <input type="checkbox"/> Gastrointestinal meds  <input checked="" type="checkbox"/> Anti-filarial  <input type="checkbox"/> Antibiotics  <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycaemics  <input type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input type="checkbox"/> Multi-vitamins  <input 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 checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	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	47
4	Number of tests Provided through In House Mode	47

5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke-PPP Model	-
7	Availability of X-ray services	<input 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	N/A
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	N/A

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input 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 ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Remark: The user charge for both the scrub typhus and dengue rapid tests is ₹300.	

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop /Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)

Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (As per requirement of SCs)
Common conditions for teleconsultation	Fever
Total teleconsultations in the last 01 month	44
<b>I. Wellness Activities</b>	
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
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>J. Governance</b>	
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
<b>K. Reporting</b>	
<b>Online Platforms</b>	<b>Reporting</b>
<input type="checkbox"/> AAM Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

<b>L. Finance</b>			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	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

<b>Facility funds</b>	<table border="1"> <tr> <th data-bbox="776 226 1096 262">Fund Source</th> <th colspan="2" data-bbox="1096 226 1412 262">Timely disbursement</th> </tr> <tr> <td data-bbox="776 262 1096 304">Untied</td> <td colspan="2" data-bbox="1096 262 1412 304"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td data-bbox="776 304 1096 346">Other Sources</td> <td colspan="2" data-bbox="1096 304 1412 346"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>			Fund Source	Timely disbursement		Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fund Source	Timely disbursement											
Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Fund utilization</b>  <b>NHM Fund/untied funds utilized during last year:</b>	<table border="1"> <tr> <th data-bbox="776 394 987 562">Funds received  (Amount in Rs.)</th> <th data-bbox="987 394 1201 562">Expenditure  (Amount in Rs.)</th> <th data-bbox="1201 394 1412 562">% Expenditure</th> </tr> <tr> <td data-bbox="776 562 987 636">398440</td> <td data-bbox="987 562 1201 636">256185</td> <td data-bbox="1201 562 1412 636">64.3%</td> </tr> </table>			Funds received  (Amount in Rs.)	Expenditure  (Amount in Rs.)	% Expenditure	398440	256185	64.3%			
Funds received  (Amount in Rs.)	Expenditure  (Amount in Rs.)	% Expenditure										
398440	256185	64.3%										
Is untied fund being spent on following activities?	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, specify; <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet  Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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											
<b>Status of JSY Payments</b>	Payment done till (month/ year) – January 2025  Average Delay in Payment (days): Nil  Reasons for delay, if any											
<b>Availability of JSSK entitlements</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, whether all entitlements being provided											

	<input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnosis <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	1448
2	No. of PW registered for ANC	22
3	No. of PW received 4 or more ANC check-ups	19
4	Total number of institutional deliveries	16
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	2
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	44
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	29
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	25
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	7



10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																								
11	<b>TB patients undergoing treatment Indicators (Current Year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	36 2 2																								
12	<div><div>% of target population administered CBAC</div><div>Sairang Mualkhang Sihhmui West serzawl</div></div> <div><div>% of target population with score below 4</div><div>Sairang Mualkhang Sihhmui West serzawl</div></div> <div><div>% of target population with score 4 and above</div><div>Sairang Mualkhang Sihhmui West serzawl</div></div>	96.27% 100% 100% 82.56%  28% 57% 39% 47%  22.0% 50.4% 16.0% 53.0%																								
13	<b>Community Based Screening for NCDs</b> <table><tr><th>NCDs (No. of individuals in Last 6 Months)</th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>998</td><td>0</td><td>205</td></tr><tr><td>Diabetes</td><td>998</td><td>0</td><td>0</td></tr><tr><td>Oral Cancer*</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>0</td><td>0</td><td>0</td></tr></table>	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up	Hypertension	998	0	205	Diabetes	998	0	0	Oral Cancer*	0	0	0	Breast Cancer*	0	0	0	Cervical Cancer*	0	0	0	
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																							
Hypertension	998	0	205																							
Diabetes	998	0	0																							
Oral Cancer*	0	0	0																							
Breast Cancer*	0	0	0																							
Cervical Cancer*	0	0	0																							

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2016 -2017– 77 % Commendation 2017 -2018- 76.9 % Commendation 2018 -2019– 76.6 % Commendation 2019 -2020– 73.3 % Commendation 2020 -2021– 73.3 % 3 <sup>rd</sup> Prize 2021-2022 – 79.2 % 2 <sup>nd</sup> Prize 2022 -2023 – 79.4 % 3 <sup>rd</sup> Prize
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter  <input checked="" type="checkbox"/> Display of IEC materials  <input checked="" type="checkbox"/> Provision for ensuring privacy  <input checked="" type="checkbox"/> Respectful Maternity Care being practiced  <input checked="" type="checkbox"/> All services provided free of cost  <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured  <input checked="" type="checkbox"/> Maintenance of clinical records  <input type="checkbox"/> Data management using digital technology  <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)

8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	30.07.2024
2	Facility aggregate score using ODK Took kit	48.8%

<b>Remarks &amp; Observations</b>	
<b>Infrastructure</b>  The facility has a well-maintained building, complemented by its surrounding area adorned with vibrant green plants and beautiful flowers, creating a welcoming and serene environment.	
<b>HRH</b>  There is a notable shortage of human resources in the health facility:  1. Insufficient Group D staff to ensure the 24/7 operation of the health facility.	

<p>2. Shortage of Staff Nurses (SNs) needed for effective healthcare service delivery.</p> <p>3. With numerous National Health Programmes, a Data Entry Operator (DEO) is essential, but the current DEO's term under the IPA agreement will end in September, potentially causing further challenges.</p> <p>There is a need for enhanced training in maternal and child health (MCH) to ensure comprehensive care and skill development. Additionally, focused training on family planning (FP) is essential to address reproductive health needs effectively and promote awareness of available services.</p> <p>As reported NHM staff members have not received their salaries since January 2025, causing financial strain and operational challenges. Additionally, delays in the disbursement of funds from the state have further exacerbated the situation, impacting the smooth functioning of healthcare services.</p>
<p><b>IEC</b></p> <p>All the essential IEC materials were prominently displayed, and the branding of Ayushman Arogya Mandir – Health and Wellness Centre was well-presented and visible.</p>
<p><b>Expanded Service Packages</b></p> <p>Under the Expanded Service Packages, the facility is upgraded as AAM-HWC and provides continuum of care through tele-consultation. However, the facility is yet to have X-ray and Dialysis Unit.</p>
<p><b>IT System</b></p> <p>The facility is well equipped with Laptop/Desktop, electronic tablet and good internet connectivity.</p>
<p><b>Any Other Observations:</b></p> <ol style="list-style-type: none"> <li>1. The new beds for the labour room is available but have not been installed yet, delaying their usability and congestion of space.</li> <li>2. The designated space for the breastfeeding corner does not meet the Indian Public Health Standards (IPHS), which requires attention for compliance.</li> </ol> <p>As reported one of the ambulances is completely unfit for service and beyond repair. It is recommended that this issue be formally documented for further action and replacement.</p>

**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	✓		✓	
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-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 03.03.2025

A. General Information	
1. State	MIZORAM
2. District Name	AIZAWL
3. Ward Name	VII
4. Name of Facility	ZEMABAWK LUNGBIAL UHWC
5. Type of Facility	UHWC
6. NIN of the facility	1131538223
7. No. of days in a week the facility is operational	6
8. OPD Timing	10:00AM – 5:00PM
9. Month & Year of UAAM Operationalization	DECEMBER, 2022
10. Is the facility accessible from nearest road head? (Yes/No)	YES
11. Next Referral Facility	URBAN PRIMARY HEALTH CENTRE
12. Distance of next referral facility (Km)	4KM

A.1 Demographic Details	
1. Number of Wards	VII
2. No. of Households	337
3. Total catchment Population	1272
4. Population who are 30 years of age and above	471

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned building	No
2.	If there is no government-owned building, specify building type ( <i>Other Govt./Urban Local Body/ Rented etc.</i> )	RENTED
3.	Availability of boundary wall	No
4.	External branding as per CPHC guidelines ( <i>colour, logo</i> )	No
5.	OPD room Examination table with privacy curtain/ screen	Yes Yes
6.	Day Care Beds available ( <i>Norm – 2</i> )	No
7.	Waiting area with sitting arrangements for patients/ attendants	Yes
8. a. b. c. d.	Availability of furniture Table Chairs Almirah/Rack	Yes
9.	Laboratory	No
10.	Pharmacy /Drug store	No
11.	Space/ room identified for Wellness activities including Yoga sessions	No
12.	Separate functional toilets for males and females	No
13.	Availability of Running Water	No
14.	Facilities for elderly and differently able people (ramps at entry, wheel chairs etc.)	No
15.	Electricity connection	Yes
16.	Power back up	No



17.	Availability of Safe drinking Water	No
18.	Functional Handwashing corner (designated) with running water and soap	No
19.	Provision of BMW management	Yes
20.	Colour coded waste bins	Yes
21.	Bio-medical waste disposal mechanism in place	Yes
22.	<i>Residential Quarters available for Staff If yes, Specify the staff for which quarters available</i>	No

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

\*Desirable amenities

C. Human Resource Availability						
S. N	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	Medical Officer (MBBS)	1			1	1
2	Staff Nurse	1			1	1
3	MPW (Male)	1			1	1
4	Sanitary Staff*	1			0	0
5	Security Staff**	1			0	0
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)				1	

\*Desirable \*\*Can be Outsourced/Hired \*\*\*Attached with UPHC

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Yes/No)	Staff Nurse (Yes/No)	MPW (M) (Yes/No)	ASHA (Yes/No)
Maternal Health (ANC/PNC Care)	Yes	No	No	Yes
Child Health (New Born Care/ HBNC/ HBYC)	Yes	No	No	Yes
Family Planning	Yes	No	No	Yes
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasis etc.)	Yes	No	No	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)	NPPCD, NPHCE			

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	Trained in Trauma & Emergency care (Yes/No)
MO (MBBS)	Yes	Yes	Yes	Yes	Yes	Yes
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
MPW (F) / (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E.1 Availability of Services	
<b>Reproductive Maternal and Child Health</b>	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
<b>Communicable diseases</b>	<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
<b>Non-Communicable Diseases</b>	<input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix

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

F. Availability of Essential medicines			
1	<p>Number of medicines at UAAM as per State Essential Medicine List (EML)</p> <p><i>Reference link for national EML:</i></p> <p><a href="https://nhsrcindia.org/sites/default/files/SHCHWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrcindia.org/sites/default/files/SHCHWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf</a></p>	<p><i>(Total medicines at UAAM as per national EML is 105)</i></p> <p>28</p>	
2	Total number of medicines available at the UAAM		
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive

		<input checked="" type="checkbox"/> Gastrointestinal med <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input 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 type="checkbox"/> Yes <input checked="" 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:	Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	<i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>  11
3	Number of tests available at UAAM	11
4	Number of tests Provided through In House Mode	11
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	No
8	Availability of Sample transportation mechanism	No
9	User fee charged for diagnostics	No
10	Average downtime of equipment (days)	
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	1.Baby weighing machine 2.Digital thermometer 3.urine test kit 4.weil felix test

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smart phone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services  Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: Hub, Zemabawk Lungbial
Teleconsultation platforms used	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app  Any other (Specify)

Teleconsultation schedule prepared and displayed	Yes on Tuesday, Thursday and Friday
Common conditions for teleconsultation	1.Upper Respiratory Tract Infection 2. Diabetes Melitus 3.Hypertension 4.Acute Gastro Enteritis
Total teleconsultations in the last 01 month	58

I. Wellness Activities	
Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	No
Health Days are celebrated as per the Wellness Activity Calendar	Yes
J. Governance	
Constitution of Jan Arogya Samiti	Yes
Periodic JAS meetings in the last 6 months (once a month)	Yes
Minutes of meetings maintained	Yes
Availability of functional MAS	No
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	No
<input type="checkbox"/> National NCD Portal/App	No
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	No
<input type="checkbox"/> FPLMIS	No
<input type="checkbox"/> DVDMS	Yes

<input type="checkbox"/> Nikshay	Yes
Specify others:	HWC Portal

L. Finance			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as entitled</b>
	UAAM Team (Salary)	No	Yes on disbursement
	UAAM Team (Team Based Incentives)	No	Yes on disbursement
<b>Facility funds</b>	<b>Fund Source</b>	<b>Timely disbursement</b>	<b>Details</b>
	Untied	Yes	
	Other Sources	No	
<b>United Fund utilized during last year</b>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	50000	21000	42
<b>Is untied fund being spent on following activities?</b>	<p><b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p><b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p>		



	<input type="checkbox"/> Equipment  <b>Payment of support/cleaning Staff:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Status of JSY Payments</b>	<b>No</b>
<b>Availability of JSSK entitlements</b>	<b>No</b>  If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

M. Service delivery Output Indicators (September to November)		
1	Total number of outpatient department visits	788
2	No. of PW registered for ANC	47
3	No. of PW received 4 or more ANC check-ups	55
4	Total number of institutional deliveries	52
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	8

6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			46
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			27
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month			9
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months			NIL
8	<b>TB patients undergoing treatment</b> <b>Indicators</b>  No. of presumptive TB patients identified  No. of TB patients diagnosed out of the presumptive patients referred  No. of TB patients taking treatment in the AAM			<b>Current year</b>  <b>0</b>  <b>0</b>  <b>0</b>
9	<b>Community Based Screening</b> % of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above			
10	<b>NCDs</b>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>
	<i>(No. of individuals in Last 6 Months)</i>			
	Hypertension	337	33	33
	Diabetes	337	16	16
	Oral Cancer*	300	-	-
	Breast Cancer*	106	-	-
	Cervical Cancer*	13	-	-

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No

2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	No
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score	
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism - YES
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance -Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	18.10.2025
2	Facility aggregate score using ODK Took kit	51.34

Remarks & Observations
<p><b>Infrastructure</b></p> <p>The health staff reported that the facility is expected to be relocated to a different location in the near future. Meanwhile, patient footfall at the current site remains relatively low, possibly influencing the overall service utilization and effectiveness.</p> <p>The facility operates out of a rented building but faces several infrastructure challenges. It lacks a separate toilet, running water, and an electric power backup, which are essential for maintaining a standard level of healthcare services and patient comfort.</p>
<p><b>HRH</b></p> <p>The facility is facing a shortage of regular staff, which hampers operations and service delivery. Additionally, the lack of functional basic equipment, such as a thermometer, further highlights the need for urgent attention to resource management and maintenance.</p>
<p><b>IEC</b></p> <p>All the necessary Information, Education, and Communication (IEC) materials were displayed, and the Ayushman Arogya Mandir – Health and Wellness Centre was properly branded.</p>
<p><b>Expanded Service Packages</b></p> <p>The facility is actively providing Maternal and Child Health (MCH) services alongside Non-Communicable Disease (NCD) screening, ensuring comprehensive healthcare coverage for the community.</p>
<p><b>IT System</b></p> <p>The health professional of the facility has functional electronic tablet.</p>
<p><b>Any Other</b></p> <p>The facility will be shifting to another place probably in the month of April.</p>

**Annexure- List of essential equipment**

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

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

Date of Visit: 04/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Aizawl
3. Block/Taluka Name	Thingsulthiah
4. Name of Facility	Thungurl HWC
5. Type of Facility	SHC - HWC
6. NIN of the facility	7563873723
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:00 am – 5:00 pm (summer) 9:00 am – 4:00 (winter)
9. Month & Year of AAM operationalization	January 2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Thingsulthiah CHC
12. Distance of next referral facility (Km)	15 kms
A.1 Demographic Details	
1. Number of Villages	3
2. No. of Households	826
3. Total catchment Population	3946
4. Population who are 30 years of age and above	1831

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture:  Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input 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 (used for segregation of biomedical waste)	<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.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CHO <input checked="" type="checkbox"/> ANM
<b>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>C. Human Resource Availability</b>						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1



2	ANM/MPW-F	2	-	-	1	1
3	MPW-M		-	-	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	4	4
4	Any other (If yes, specify)		1	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)	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
<b>E. Service Delivery</b>						
Service provided				<b>Reproductive Maternal and Child Health</b>  <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services  <b>Communicable diseases</b>  <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  <b>Non-Communicable Diseases</b>  <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix		

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

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

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list  (Link for essential medicines for reference <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	105  (Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	51	
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 checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics

	<input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>G. Essential diagnostics</b>		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDL is 14)	
Total number of diagnostic tests available at AAM-SC	12	
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 type="checkbox"/> Yes <input checked="" 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 <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H. Information Technology &amp; Teleconsultation</b>	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input checked="" type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:

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	NCD, Fever, Diarrhea, Cold-Cough
Total Teleconsultations in the last 01 month	0

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

## J. Finance

### Remuneration & Incentives

Timely disbursement of incentives to ASHAs

☐ Yes ☒ No

Timely disbursement of remuneration to CHOs

☐ Yes ☒ No

Timely disbursement of remuneration to AAM-SC team (other than CHO)

☐ Yes ☒ No

Disbursement of performance-based incentives to CHO

☐ Yes ☒ No

Disbursement of team-based incentives to AAM-SHC team

☐ Yes ☒ No

### Facility funds

Timely disbursement of untied funds

☐ Yes ☒ No

Fund flow through other sources

☒ Yes ☐ No

Specify any other fund source:

### Fund utilization

% NHM Fund utilized last year:

Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure
42292	44072	100
25000	25000	100

Is untied fund being spent on following activities

**Regular payment of Bills:** ☐ Yes ☒ No

If yes, specify

☐ Electricity

☐ Drinking Water

☐ Internet

**Regular purchase:** ☒ Yes ☐ No

	<p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>K. Governance</b>	
<p><b>Community-based platforms</b></p> <p>Constitution of Jan Arogya Samiti</p> <p>Periodic JAS meetings in the last 6 months (Once a month)</p> <p>JAS meeting minutes available</p> <p>VHSNC Meeting held and minutes available</p> <p>Periodic VHND sessions undertaken (Sessions held against planned)</p> <p>Involvement of CHO in community-based platforms</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>L. Wellness Activities</b>	
<p>Wellness sessions being held periodically</p> <p>Availability of a trained instructor for wellness session Health</p> <p>Days are celebrated as per the Wellness Activity</p> <p>Calendar Number of Wellness sessions conducted in Last month</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21.02.2025</p>
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial



Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	12

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1135
2	No. of PW registered for ANC	7
3	No. of PW received 4 or more ANC check-ups	7
4	Total number of institutional deliveries	5
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	4
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	12
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	11
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	9
9	<b>TB patients undergoing treatment Indicators (Current year)</b>  No. of presumptive TB patients identified  No. of TB patients diagnosed out of the presumptive patients referred  No. of TB patients taking treatment in the AAM	20  0  0
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	100% - -

11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>	
	Hypertension	1327	15	572	
	Diabetes	1327	15	457	
	Oral Cancer	1327	2	2	
	Breast Cancer	814	0	0	
	Cervical Cancer	121	13	10	
<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>					
1	Has there been an internal assessment for NQAS?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State level for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information			
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)			

8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	24.05.2024
2	Facility aggregate score using ODK Took kit	64.9

Remarks & Observations
<b>Infrastructure</b> 1. The building of the HWC is old and small. It is just painted and converted as HWC. 2. Don't have staff quarters for the CHO.
<b>HRH</b> 1. All the health staff posted here are cooperative and have tried their best to maintain the facility and records. However, due to uneven fund supply is hampering their services.
<b>IEC</b> Most of the IEC materials are placed for the display.
<b>Expanded service Packages</b> The CHO of the facility is providing teleconsultation services using her personal smartphone.
<b>IT System</b> Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available. Also, they don't have computer.

**Any Other**

Under the facility, there are one more village where a separate clinic is providing the health services, and HWC Muallunthu is reporting in HMIS portal.

**Appendix-List of equipment**

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

## Annexure VI

### Field Monitoring Format - Community Level (Respondent1)

<b>Date of Visit</b>	05.03.2025
<b>Name of Village/ Slum visited</b>	Thungurl
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name: HWC Thungurl</i> <i>Facility type: HWC</i> <i>Distance: 100 mtr</i>
<b>Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Accessible from nearest road</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

<p><i>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i></p>	<p><i>DH/ MCH), AYUSH practitioners.</i></p> <p><b>Reasons probes:</b>  <i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<p>It is convenience for them and also health staff are available whenever they required the health services.</p>
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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p> <p><i>How long has it been there?</i></p> <p><i>What are the health services</i></p>	<p><i>May use local terms as recognized by the community</i></p> <p><b>Services may include:</b>  <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i></p> <p><b>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</b></p>	<p>It is very near to their home and easy to access.</p> <p>It has been functional in since 2010.</p> <p>Usually, they are getting health services for women and children. For them (male), they use to go for medicine related to fever and cold-cough. Also for NCD.</p>

<i>being provided there?</i>	<b>Probes-RCH, NCD, Communicable diseases, expanded packages)</b>		
<b>Topic: Accessibility to primary healthcare services</b>			
<i>How do you access the facility from your residence?</i>	<i>Probes: Walk to the facility</i> <i>Use public transport</i> <i>Use personal transport</i>	By walking	
<i>What are the challenges you face in accessing this facility?</i>	<b>Barriers may include:</b> <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none"> <li>• <i>Geographical barriers</i></li> <li>• <i>Structural barriers within the facility or its premises</i> <ul style="list-style-type: none"> <li>• <i>Financial barriers</i></li> <li>• <i>Socio-cultural barriers</i></li> </ul> </li> <li>• <i>Others,(please specify):.....</i> .....</li> </ul>	
<i>Are the staff of the facility organizing outreach visits or camps in the community?</i>  <i>If yes, can you share what you've observed during such camps/ visits?</i>		Yes, In last month they organized a camps for women. He did not remember on what topic.	
<b>Topic: Availability of primary health care infrastructure and services</b>			
<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	<b>Probes</b> <ul style="list-style-type: none"> <li>▪ <i>Condition of the building</i></li> <li>▪ <i>Maintenance</i></li> <li>▪ <i>Dedicated space for waiting and examination</i></li> </ul>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither

<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"> <li>▪ Adequate seating arrangement</li> <li>▪ Functional toilet</li> <li>▪ Potable and drinking water</li> <li>▪ Power supply</li> </ul>		<p>good nor bad</p> <p><input type="checkbox"/> Bad</p>
		Maintenance	<p>✓ Good</p> <p><input type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
		Dedicated space for waiting and examination	<p>✓ Yes</p> <p><input type="checkbox"/> No</p>
		Adequate seating arrangement	<p>✓ Yes</p> <p><input type="checkbox"/> No</p>
		Functional toilet	<p>✓ Yes</p> <p><input type="checkbox"/> No</p>
		Potable/ drinking water	<p>✓ Yes</p> <p><input type="checkbox"/> No</p>
		Power supply	<p>✓ 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><b>Staff may include:</b>  Medical officers (AAM PHC/ UPHC/ UAAM), Comm unity health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</p>		<p>Yes</p>



<p><b><i>Is the facility providing all the medicines prescribed for your condition?</i></b></p> <p><b><i>If not, reasons thereof.</i></b></p>	<p><b><i>Probe</i></b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes</p>
<p><b><i>Is the facility providing all the lab-tests/diagnostic tests prescribed for your condition?</i></b></p> <p><b><i>If not, reasons thereof.</i></b></p>	<p><b><i>Probe</i></b></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Not sure</p>
<p><b>Topic: Acceptability of healthcare services</b></p>		
<p><b><i>Do you feel that the staff at the facility is capable to provide health care?</i></b></p>	<p><b><i>Probe:</i></b> Adequate skills and knowledge</p>	<p>Yes</p>
<p><b><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></b></p> <p><b><i>Do you find the current methods/technology acceptable when administered on you or your family?</i></b></p> <p><b><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></b></p>	<p><b><i>Innovative may include</i></b> painless, time-saving or cost saving methods or technology</p> <p><b><i>Alternate phrasing:</i></b> 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>Don't Know</p> <p>Don't Know</p> <p>Yes</p>

Topic: Appropriateness of primary healthcare services delivered through AAM		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p>	<p><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</p>	<p>Usually fever and cold-cough, No major health concern.</p>
<p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p>	<p><b>Probe:</b> To share some insights</p>	<p>Yes</p>
<p><i>Are those services economical in terms of time and money?</i></p>		<p>Yes</p>
Topic: Community's involvement / participation		
<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p>	<p><b>Probes</b></p> <p>Setting health-related priorities</p>	<p>They participated in Yoga Session</p>
<p><i>How is the local community helping the AAM to function better?</i></p>	<p>Engagement with the Community Health Workers (ASHA/ equivalents)</p>	<p>The community has constructed separated toilets for male and female and also install water facility for it. Along with that, they also provided wooden benches for the patients.</p>
<p><i>Please mention the activity and your contribution</i></p>	<p>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</p>	
Topic: Unmet Needs		
<p><i>According to you, what other services may be provided through the</i></p>		<p>He did not answer for this.</p>

<p><i>facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		
<b>Topic: Quality of Care provided through the primary healthcare facility</b>		
<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><b><i>Probes</i></b></p> <ul style="list-style-type: none"> <li>- Provider behaviour/ attitude</li> <li>- Waiting time</li> <li>- Cleanliness of the premises</li> <li>- Provision for Grievance redressal and escalation</li> <li>- Practice of soliciting and implementing feedback</li> <li>- Right diagnosis</li> <li>- Accuracy of diagnostic tests done at the facility</li> <li>- Effectiveness of medicines dispensed at the facility</li> </ul>	Not answer

## Annexure VI

### Field Monitoring Format - Community Level (Respondent 2)

<b>Date of Visit</b>	05.03.2025
<b>Name of Village/ Slum visited</b>	Thungurl
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name: HWC Thungurl</i> <i>Facility type: HWC</i> <i>Distance: 100 mtr</i>
<b>Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
<b>Accessible from nearest road</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

<p><i>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i></p>	<p><i>DH/ MCH), AYUSH practitioners.</i></p> <p><b>Reasons probes:</b> <i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<p>It is convenient for them, and health staff are available whenever they require healthcare services.</p>
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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p> <p><i>How long has it been there?</i></p> <p><i>What are the health services</i></p>	<p><i>May use local terms as recognized by the community</i></p> <p><b>Services may include:</b> <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i></p> <p><b>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</b></p>	<p>It is conveniently located near their home, making it easily accessible.</p> <p>It has been functional in since long</p> <p>Usually, they are getting health services for women and children. For them (male), they use to go for medicine related to fever and cold-cough. Also for NCD.</p>

<i>being provided there?</i>	<b>Probes-RCH, NCD, Communicable diseases, expanded packages)</b>		
<b>Topic: Accessibility to primary healthcare services</b>			
<i>How do you access the facility from your residence?</i>	<i>Probes: Walk to the facility</i> <i>Use public transport</i> <i>Use personal transport</i>	By walking	
<i>What are the challenges you face in accessing this facility?</i>	<b>Barriers may include:</b> <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none"> <li>• <i>Geographical barriers</i></li> <li>• <i>Structural barriers within the facility or its premises</i> <ul style="list-style-type: none"> <li>• <i>Financial barriers</i></li> <li>• <i>Socio-cultural barriers</i></li> </ul> </li> <li>• <i>Others,(please specify):.....</i> .....</li> </ul>	
<i>Are the staff of the facility organizing outreach visits or camps in the community?</i>  <i>If yes, can you share what you've observed during such camps/ visits?</i>		Yes, In last month they organized a camps for women. He did not remember on what topic.	
<b>Topic: Availability of primary health care infrastructure and services</b>			
<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	<b>Probes</b> <ul style="list-style-type: none"> <li>▪ <i>Condition of the building</i></li> <li>▪ <i>Maintenance</i></li> <li>▪ <i>Dedicated space for waiting and examination</i></li> </ul>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither

<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"> <li>▪ Adequate seating arrangement</li> <li>▪ Functional toilet</li> <li>▪ Potable and drinking water</li> <li>▪ Power supply</li> </ul>		<p>good nor bad</p> <p><input type="checkbox"/> Bad</p>
		Maintenance	<p>✓ Good</p> <p><input type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
		Dedicated space for waiting and examination	<p>✓ Yes</p> <p><input type="checkbox"/> No</p>
		Adequate seating arrangement	<p>✓ Yes</p> <p><input type="checkbox"/> No</p>
		Functional toilet	<p>✓ Yes</p> <p><input type="checkbox"/> No</p>
		Potable/ drinking water	<p>✓ Yes</p> <p><input type="checkbox"/> No</p>
		Power supply	<p>✓ 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><b>Staff may include:</b>  Medical officers (AAM PHC/ UPHC/ UAAM), Comm unity health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</p>	<p>Yes</p>	

<p><b><i>Is the facility providing all the medicines prescribed for your condition?</i></b></p> <p><b><i>If not, reasons thereof.</i></b></p>	<p><b><i>Probe</i></b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes</p>
<p><b><i>Is the facility providing all the lab-tests/diagnostic tests prescribed for your condition?</i></b></p> <p><b><i>If not, reasons thereof.</i></b></p>	<p><b><i>Probe</i></b></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Not sure</p>
<p><b>Topic: Acceptability of healthcare services</b></p>		
<p><b><i>Do you feel that the staff at the facility is capable to provide health care?</i></b></p>	<p><b><i>Probe:</i></b> Adequate skills and knowledge</p>	<p>Yes</p>
<p><b><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></b></p> <p><b><i>Do you find the current methods/technology acceptable when administered on you or your family?</i></b></p> <p><b><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></b></p>	<p><b><i>Innovative may include</i></b> painless, time-saving or cost saving methods or technology</p> <p><b><i>Alternate phrasing:</i></b> 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>Don't Know</p> <p>Don't Know</p> <p>Yes</p>



Topic: Appropriateness of primary healthcare services delivered through AAM		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p>	<p><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</p>	<p>Usually fever and cold-cough, Hand pain.</p>
<p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p>	<p><b>Probe:</b> To share some insights</p>	<p>Yes</p>
<p><i>Are those services economical in terms of time and money?</i></p>		<p>Yes</p>
Topic: Community's involvement / participation		
<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p>	<p><b>Probes</b></p> <p>Setting health-related priorities</p>	<p>Not Aware</p>
<p><i>How is the local community helping the AAM to function better?</i></p>	<p>Engagement with the Community Health Workers (ASHA/ equivalents)</p>	
<p><i>Please mention the activity and your contribution</i></p>	<p>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</p>	
Topic: Unmet Needs		
<p><i>According to you, what other services may be provided through the</i></p>		<p>Existing Services to be provided efficiently</p>

<p><i>facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		
<b>Topic: Quality of Care provided through the primary healthcare facility</b>		
<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><b><i>Probes</i></b></p> <ul style="list-style-type: none"> <li>- Provider behaviour/ attitude</li> <li>- Waiting time</li> <li>- Cleanliness of the premises</li> <li>- Provision for Grievance redressal and escalation</li> <li>- Practice of soliciting and implementing feedback</li> <li>- Right diagnosis</li> <li>- Accuracy of diagnostic tests done at the facility</li> <li>- Effectiveness of medicines dispensed at the facility</li> </ul>	Overall it is Good

**Field Monitoring Format-Ayushman Arogya Mandir-Sub Health Centre (AAM SHC)****Date of Visit: 05/03/2025**

<b>A. General Information</b>	
1. State	Mizoram
2. District Name	Aizawl
3. Block/Taluka Name	Aibawk
4. Name of Facility	Sateek HWC
5. Type of Facility	HWC
6. NIN of the facility	8852676751
7. No. of days in a week facility is operational	5 days
8. OPD Timings	9:30 am – 2:00 pm
9. Month & Year of AAM operationalization	1970
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Zoram Medical College
12. Distance of next referral facility (Km)	15 kms
<b>A.1 Demographic Details</b>	
1. Number of Villages	1
2. No. of Households	240
3. Total catchment Population	1043
4. Population who are 30 years of age and above	381

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input 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 (used for segregation of biomedical waste)	<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.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CHO <input checked="" type="checkbox"/> ANM
<b>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1

2	ANM/MPW-F	2	-	-	1	1
3	MPW-M		1	1	1	1
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	1	1
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)	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis )	Yes	Yes	Yes
NCD	Yes	Yes	Yes

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

MPW (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes
<b>E. Service Delivery</b>						
Service provided				<b>Reproductive Maternal and Child Health</b>  <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services  <b>Communicable diseases</b>  <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  <b>Non-Communicable Diseases</b>  <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix		

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

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

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list  (Link for essential medicines for reference <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	23	
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 checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics	<input 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"/> Oral hypoglycemics



	<input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<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"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>G. Essential diagnostics</b>		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	9 (Total diagnostics at AAM-SC as per national EDL is 14)	
Total number of diagnostic tests available at AAM-SC	9	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP	

	<input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H. Information Technology &amp; Teleconsultation</b>	
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 checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	NCD, Fever, Diarrhea, Cold-Cough
Total Teleconsultations in the last 01 month	32

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

J. Finance									
<b>Remuneration &amp; Incentives</b>  Timely disbursement of incentives to ASHAs  Timely disbursement of remuneration to CHOs  Timely disbursement of remuneration to AAM-SC team (other than CHO)  Disbursement of performance-based incentives to CHO  Disbursement of team-based incentives to AAM-SHC team		<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  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Facility funds</b>  Timely disbursement of untied funds  Fund flow through other sources  Specify any other fund source:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Fund utilization</b> % NHM Fund utilized last year:		<table border="1"> <thead> <tr> <th>Funds received (Amt in Rs.)</th> <th>Expenditure (Amt in Rs.)</th> <th>% Expenditure</th> </tr> </thead> <tbody> <tr> <td>40000</td> <td>22530</td> <td>56.3</td> </tr> </tbody> </table>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	40000	22530	56.3
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure							
40000	22530	56.3							
Is untied fund being spent on following activities		<b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, specify  <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water  <input type="checkbox"/> Internet  <b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

	<p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>K. Governance</b>	
<p><b>Community-based platforms</b></p> <p>Constitution of Jan Arogya Samiti</p> <p>Periodic JAS meetings in the last 6 months (Once a month)</p> <p>JAS meeting minutes available</p> <p>VHSNC Meeting held and minutes available</p> <p>Periodic VHND sessions undertaken (Sessions held against planned)</p> <p>Involvement of CHO in community-based platforms</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>L. Wellness Activities</b>	
<p>Wellness sessions being held periodically</p> <p>Availability of a trained instructor for wellness session Health</p> <p>Days are celebrated as per the Wellness Activity</p> <p>Calendar Number of Wellness sessions conducted in Last month</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25.02.2025</p>
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial

Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	6

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	243
2	No. of PW registered for ANC	1
3	No. of PW received 4 or more ANC check-ups	4
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	2
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	4
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	0
9	<b>TB patients undergoing treatment Indicators (Current year)</b>  No. of presumptive TB patients identified  No. of TB patients diagnosed out of the presumptive patients referred  No. of TB patients taking treatment in the AAM	0  0  0
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	100% - -

11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>	
	Hypertension	194	0	-	
	Diabetes	201	0	-	
	Oral Cancer	297	0	-	
	Breast Cancer	67	0	-	
	Cervical Cancer	0	0	-	
<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information			
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)			

8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	Not available
2	Facility aggregate score using ODK Took kit	Not available

Remarks & Observations
<b>Infrastructure</b> The building of the HWC is old and small. It is just painted and converted as HWC. Don't have staff quarters for the CHO.
<b>HRH</b> All the health staff posted here are cooperative and have tried their best to maintain the facility and records. However, due to uneven fund supply is hampering their services.
<b>IEC</b> Most of the IEC materials are placed for the display.
<b>Expanded service Packages</b>  Refresher training is required for all the staff



**IT System**

Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available. Also, they don't have computer.

**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	Hemoglobin meter	✓		✓	
5	Glucometer	✓		✓	
6	Thermometer	✓		✓	
7	Baby weighing scale	✓		✓	
8	Stethoscope	✓		✓	
9	Near Vision chart		✓		
10	Snellen vision chart	✓		✓	
11	Stadiometer		✓		
12	Tuning fork		✓		

## Annexure VI

### Field Monitoring Format - Community Level

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

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

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

<p><i>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i></p>	<p><i>DH/ MCH), AYUSH practitioners.</i></p> <p><b>Reasons probes:</b> Proximity, convenience, availability of staff, free of cost services, trust on the provider.</p>	
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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p> <p><i>How long has it been there?</i></p> <p><i>What are the health services</i></p>	<p><i>May use local terms as recognized by the community</i></p> <p><b>Services may include:</b> RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</p> <p><b>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</b></p>	

<i>being provided there?</i>	<i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i>		
<b>Topic: Accessibility to primary healthcare services</b>			
<i>How do you access the facility from your residence?</i>	<i>Probes: Walk to the facility Use public transport Use personal transport</i>		
<i>What are the challenges you face in accessing this facility?</i>	<b>Barriers may include:</b>  <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none"> <li>• Geographical barriers</li> <li>• Structural barriers within the facility or its premises</li> <li>• Financial barriers</li> <li>• Socio-cultural barriers</li> <li>• Others,(please specify): .....</li> <li>...No barriers .....</li> </ul>	
<i>Are the staff of the facility organizing outreach visits or camps in the community?</i>  <i>If yes, can you share what you've observed during such camps/ visits?</i>			
<b>Topic: Availability of primary health care infrastructure and services</b>			
<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	<b>Probes</b> <ul style="list-style-type: none"> <li>▪ Condition of the building</li> <li>▪ Maintenance</li> <li>▪ Dedicated space for waiting and examination</li> </ul>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad

<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"> <li>▪ Adequate seating arrangement</li> <li>▪ Functional toilet</li> <li>▪ Potable and drinking water</li> <li>▪ Power supply</li> </ul>		<input type="checkbox"/> Bad
		Maintenance	<input type="checkbox"/> Good  Neither good nor bad  <input type="checkbox"/> Bad
		Dedicated space for waiting and examination	Yes <input type="checkbox"/> No
		Adequate seating arrangement	<input type="checkbox"/> Yes No
		Functional toilet	<input type="checkbox"/> Yes No
		Potable/ drinking water	Yes <input type="checkbox"/> No
		Power supply	Yes <input type="checkbox"/> No
<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><b>Staff may include:</b>            Medical officers(AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</p>		
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p>	<p><b>Probe</b></p>		

<i>If not, reasons thereof.</i>	<i>If there had been instances of non-availability of medicines, what do you do?</i>	
<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><b>Probe</b></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	
<b>Topic: Acceptability of healthcare services</b>		
<i>Do you feel that the staff at the facility is capable to provide health care?</i>	<b>Probe:</b> Adequate skills and knowledge	
<p><i>Do you feel that the primary healthcare facility uses <u>innovative methods or technology</u> 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><b>Innovative may include</b> painless, time-saving or cost saving methods or technology</p> <p><b>Alternate phrasing:</b> 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>	

Topic: Appropriateness of primary healthcare services delivered through AAM		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>	<p><i><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</i></p> <p><i><b>Probe:</b> To share some insights</i></p>	
Topic: Community's involvement / participation		
<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and your contribution</i></p>	<p><i><b>Probes</b></i></p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	
Topic: Unmet Needs		
<p><i>According to you, what other services may be provided through the</i></p>		

<p><i>facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		
<p><b>Topic: Quality of Care provided through the primary healthcare facility</b></p>		
<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><b><i>Probes</i></b></p> <ul style="list-style-type: none"> <li>- Provider behaviour/ attitude</li> <li>- Waiting time</li> <li>- Cleanliness of the premises</li> <li>- Provision for Grievance redressal and escalation</li> <li>- Practice of soliciting and implementing feedback</li> <li>- Right diagnosis</li> <li>- Accuracy of diagnostic tests done at the facility</li> <li>- Effectiveness of medicines dispensed at the facility</li> </ul>	



**Summary:**

Key Challenges Observed	Root Cause

**Field Monitoring Format-Ayushman Arogya Mandir-Sub Health Centre (AAM SHC)****Date of Visit: 05/03/2025**

<b>A. General Information</b>	
1. State	Mizoram
2. District Name	Aizawl
3. Block/Taluka Name	Aibawk
4. Name of Facility	Muallunthu HWC
5. Type of Facility	HWC
6. NIN of the facility	7118212252
7. No. of days in a week facility is operational	5 days
8. OPD Timings	9:30 am – 2:00 pm
9. Month & Year of AAM operationalization	October 2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Zoram Medical College
12. Distance of next referral facility (Km)	2 kms
<b>A.1 Demographic Details</b>	
1. Number of Villages	1
2. No. of Households	296
3. Total catchment Population	1613
4. Population who are 30 years of age and above	800

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input 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 (used for segregation of biomedical waste)	<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.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CHO <input checked="" type="checkbox"/> ANM
<b>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1

2	ANM/MPW-F	2	-	-	1	1
3	MPW-M		1	1	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	2	2
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)	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis )	Yes	Yes	Yes
NCD	Yes	Yes	Yes

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

MPW (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes
<b>E. Service Delivery</b>						
Service provided				<b>Reproductive Maternal and Child Health</b>  <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services  <b>Communicable diseases</b>  <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  <b>Non-Communicable Diseases</b>  <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix		

<b>E.2 Availability of Expanded Packages of Services</b>			
<b>Service Packages</b>	<b>Services Available</b>	<b>Drugs available</b>	<b>Diagnostics &amp; consumables available</b>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list  (Link for essential medicines for reference <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	20	
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 checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics	<input 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"/> Oral hypoglycemics

	<input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<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 checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>G. Essential diagnostics</b>		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	10 (Total diagnostics at AAM-SC as per national EDL is 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 type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H. Information Technology &amp; Teleconsultation</b>	
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 checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	NCD, Fever, Diarrhea, Cold-Cough
Total Teleconsultations in the last 01 month	30

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

J. Finance								
<b>Remuneration &amp; Incentives</b>  Timely disbursement of incentives to ASHAs  Timely disbursement of remuneration to CHOs  Timely disbursement of remuneration to AAM-SC team (other than CHO)  Disbursement of performance-based incentives to CHO  Disbursement of team-based incentives to AAM-SHC team	<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  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Facility funds</b>  Timely disbursement of untied funds  Fund flow through other sources  Specify any other fund source:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Fund utilization</b> % NHM Fund utilized last year:	<table border="1"> <thead> <tr> <th>Funds received (Amt in Rs.)</th> <th>Expenditure (Amt in Rs.)</th> <th>% Expenditure</th> </tr> </thead> <tbody> <tr> <td>25000</td> <td>25000</td> <td>100</td> </tr> </tbody> </table>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	25000	25000	100
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure						
25000	25000	100						
Is untied fund being spent on following activities	<b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, specify  <input checked="" type="checkbox"/> Electricity  <input type="checkbox"/> Drinking Water  <input type="checkbox"/> Internet  <b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

	<p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>K. Governance</b>	
<p><b>Community-based platforms</b></p> <p>Constitution of Jan Arogya Samiti</p> <p>Periodic JAS meetings in the last 6 months (Once a month)</p> <p>JAS meeting minutes available</p> <p>VHSNC Meeting held and minutes available</p> <p>Periodic VHND sessions undertaken (Sessions held against planned)</p> <p>Involvement of CHO in community-based platforms</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>L. Wellness Activities</b>	
<p>Wellness sessions being held periodically</p> <p>Availability of a trained instructor for wellness session Health</p> <p>Days are celebrated as per the Wellness Activity</p> <p>Calendar Number of Wellness sessions conducted in Last month</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28.02.2025</p>
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial

Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	2

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	718
2	No. of PW registered for ANC	7
3	No. of PW received 4 or more ANC check-ups	6
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	1
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	8
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	5
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	22
9	<b>TB patients undergoing treatment Indicators (Current year)</b>  No. of presumptive TB patients identified  No. of TB patients diagnosed out of the presumptive patients referred  No. of TB patients taking treatment in the AAM	0  0  0
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	100% - -

11	<b>NCDs</b> <i>(No. of individuals in last 6 Months)</i>	<b>Screened</b>	<b>Referred</b>	<b>Followed-up</b>	
	Hypertension	250	1	1	
	Diabetes	250	3	3	
	Oral Cancer	250	0	-	
	Breast Cancer	95	0	-	
	Cervical Cancer	25	0	-	
<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information			
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)			

8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	Not yet used
2	Facility aggregate score using ODK Took kit	Not available

Remarks & Observations
<b>Infrastructure</b> 3. The building of the HWC is old and small. It is just painted and converted as HWC. 4. Don't have staff quarters for the CHO.
<b>HRH</b> 2. All the health staff posted here are cooperative and have tried their best to maintain the facility and records. However, due to uneven fund supply is hampering their services.
<b>IEC</b> Most of the IEC materials are placed for the display.
<b>Expanded service Packages</b> The CHO of the facility is providing teleconsultation services using her personal smartphone.
<b>IT System</b> Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available. Also, they don't have computer.

**Any Other**

Under the facility, there are one more village where a separate clinic is providing the health services, and HWC Muallunthu is reporting in HMIS portal.

**Appendix-List of equipment**

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



## Annexure VI

### Field Monitoring Format - Community Level

<b>Date of Visit</b>	05.03.2025
<b>Name of Village/ Slum visited</b>	Muallungthu
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name: HWC Muallungthu</i> <i>Facility type: HWC</i> <i>Distance: Just next to the Health facility</i>
<b>Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area</b>	✓ Yes/ <input type="checkbox"/> No
<b>Accessible from nearest road</b>	✓ 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		
<b>Topic: Community's choice of provider</b>				
<b><i>From whom do you or your family seek healthcare in the event of minor ailments?</i></b>  <b><i>Reasons, thereof.</i></b>	<b><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/</i></b>		✓	<b>Reason for the choice</b> <ul style="list-style-type: none"> <li>Proximity,</li> <li>Convenience</li> <li>Economical</li> <li>Trust/Faith on the provider/ Practice .</li> </ul>
		<i>Self (home remedies)</i>	✓	
		<i>Informal healers</i>		
		<i>private practitioners/ hospitals,</i>		
		<i>public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i>	✓	
		<i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i>		
<i>AYUSH practitioners.</i>				

<p><i>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i></p>	<p><i>DH/ MCH), AYUSH practitioners.</i></p> <p><b>Reasons probes:</b> Proximity, convenience, availability of staff, free of cost services, trust on the provider.</p>	<table border="1"> <tr> <td data-bbox="818 226 1157 275">Self (home remedies)</td> <td data-bbox="1157 226 1239 275"></td> <td data-bbox="1239 226 1490 275"></td> </tr> <tr> <td colspan="3" data-bbox="818 275 1490 785"></td> </tr> </table>	Self (home remedies)					
Self (home remedies)								

Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p> <p><i>How long has it been there?</i></p> <p><i>What are the health services</i></p>	<p><i>May use local terms as recognized by the community</i></p> <p><b>Services may include:</b> RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</p> <p><b>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</b></p>	<p>The availability of Health Facility is Good. However, medicines need to be available.</p> <p>She has been staying here since 5 years and the Facility was already there.</p> <p>Fever, Hand and Leg pain</p>

<i>being provided there?</i>	<i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i>		
<b>Topic: Accessibility to primary healthcare services</b>			
<i>How do you access the facility from your residence?</i>	<i>Probes: Walk to the facility Use public transport Use personal transport</i>	By walking	
<i>What are the challenges you face in accessing this facility?</i>	<b><i>Barriers may include:</i></b>  <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	No barriers	
<i>Are the staff of the facility organizing outreach visits or camps in the community?</i>  <i>If yes, can you share what you've observed during such camps/ visits?</i>		Not Aware	
<b>Topic: Availability of primary health care infrastructure and services</b>			
<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	<b><i>Probes</i></b>  <ul style="list-style-type: none"> <li>▪ <i>Condition of the building</i></li> <li>▪ <i>Maintenance</i></li> <li>▪ <i>Dedicated space for waiting and examination</i></li> </ul>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input type="checkbox"/> Good ✓ Neither

<b><i>What more needs to be added to improve the treatment seeking experience in this place?</i></b>	<ul style="list-style-type: none"> <li>▪ Adequate seating arrangement</li> <li>▪ Functional toilet</li> <li>▪ Potable and drinking water</li> <li>▪ Power supply</li> </ul>		good nor bad <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input type="checkbox"/> Good  ✓ Neither good nor bad  <input type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	✓ Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input type="checkbox"/> Yes ✓ No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes ✓ No
		<i>Potable/ drinking water</i>	✓ Yes <input type="checkbox"/> No
		<i>Power supply</i>	✓ Yes <input type="checkbox"/> No
<b><i>When you visit the facility, are the staff available to provide services?</i></b>  <b><i>Do you feel that the staff available are adequate at the facility?</i></b>	<b><i>Staff may include:</i></b> <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>	Yes Staffs are available       Yes	

<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>No</p> <p>They are saying medicines are not available</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><b>Probe</b></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Not Aware. As medicines are not available we do not visit if there is any major illness in the family.</p>
<b>Topic: Acceptability of healthcare services</b>		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p><b>Probe:</b> 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><b>Innovative may include</b> painless, time-saving or cost saving methods or technology</p> <p><b>Alternate phrasing:</b> 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>Not Aware</p>
<b>Topic: Appropriateness of primary healthcare services delivered through AAM</b>		

<p><b><i>What are the main healthcare concerns that exist or emerge in your community?</i></b></p> <p><b><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></b></p> <p><b><i>Are those services economical in terms of time and money?</i></b></p>	<p><b><i>Probe:</i></b> To name out the diseases/ healthcare emergencies frequented by the community members</p> <p><b><i>Probe:</i></b> To share some insights</p>	<p>Usual Fever and pain</p> <p>Yes they are however due to lack of medicines they have their own limitation</p> <p>Yes</p>
<b>Topic: Community's involvement / participation</b>		
<p><b><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></b></p> <p><b><i>How is the local community helping the AAM to function better?</i></b></p> <p><b><i>Please mention the activity and your contribution</i></b></p>	<p><b><i>Probes</i></b></p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p>Not Aware</p>
<b>Topic: Unmet Needs</b>		
<p><b><i>According to you, what other services may be provided through the facilities to improve the</i></b></p>		<p>We villagers only require that atleast medicines be provided for basic fever and chronic illness. Otherwise we have to travel almost 2 hours to reach</p>

<p><i>health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>DH and with this health condition its very difficult.</p> <p>Visiting DH</p> <p>Yes, travel cost Travel by SUMO for one person costs Rs 100</p>
<b>Topic: Quality of Care provided through the primary healthcare facility</b>		
<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><b>Probes</b></p> <ul style="list-style-type: none"> <li>- Provider behaviour/ attitude</li> <li>- Waiting time</li> <li>- Cleanliness of the premises</li> <li>- Provision for Grievance redressal and escalation</li> <li>- Practice of soliciting and implementing feedback</li> <li>- Right diagnosis</li> <li>- Accuracy of diagnostic tests done at the facility</li> <li>- Effectiveness of medicines dispensed at the facility</li> </ul>	<p>Its good</p> <p>Nil</p> <p>NA</p>

#### Summary:

<b>Key Challenges Observed</b>	<b>Root Cause</b>
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<p>The primary challenge is the unavailability of medicines, even for common conditions like fever and chronic pain.</p>	<p>The drug supply system needs improvement, ensuring timely distribution of essential medications. Additionally, training should be provided to healthcare staff on the appropriate channels for requesting and maintaining a systematic and efficient supply of medicines, even for basic ailments. Strengthening the supply chain will significantly improve access to healthcare services.</p>
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## Glimpses of Field Visit



District Hospital Aizawl



CHC Thingsulthlah



CHC Lengpui





UPHC ITI



PHC Khawruhlian



PHC Aibawk



PHC Sairang





UHCW Zemabawk Lungbial



HWC Thungurl



HWC Sateek



HWC Muallungthu





Interaction with Community People near to HWC Muallunthu



Interaction with Community People near to HWC Thungurl



Gathering and Supervision of information from healthcare staff  
CHC THINGSULTHLIAH



Gathering and supervision of information from healthcare  
staff CHC Lengpui



Interaction with Community People near to HWC Thungurl