



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

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

## **National Health Mission (NHM) Field Monitoring Report - Champhai District, Mizoram**

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## Field Monitoring Format -District Hospital (DH)

Date of Visit: 03.03.2025

GENERAL INFORMATION	
Name of facility visited	District Hospital - Champhai
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: Civil Hospital Aizawl Distance: 176 kms

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9: 30 am to 3:30 pm	As reported/ Hospital Citizen Charter Board
2. Condition of infrastructure/ building  Please comment on the condition and tick the appropriate box	Comments: <ul style="list-style-type: none"> <li>Lots of seepage on the walls and room are not sufficient for programme staffs like Tobacco department, Mental ART, etc.</li> <li>Outside of the building painted 15 years back. Need to be painted soon.</li> </ul>	Observation  <b>Renovation work is in progress</b>
	<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	

A. PHYSICAL INFRASTRUCTURE			
Indicator	Response		Means of verification
	<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		
3. Number of functional in-patient beds	107  No of ICU Beds available: 5 <b>(But there is no staff for ICU, it is not functioning)</b>		As reported/ Hospital Citizen Charter Board
4. List of Services available	OPD, Casualty, Medicine department, Surgery department, ENT, EYE, Orthopedic department, Pathology test, Biochemistry, Microbiology, etc.		As reported/ Hospital Citizen Charter Board
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	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)	Y
	11	Nutritional Rehabilitation Centre (NRC)	N
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y
	13	Comprehensive Lactation Management Centre (CLMC)/ Lactation	N
			As reported/ Hospital Citizen Charter Board  <b>Verified</b>

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
		Management Unit (LMU)		
	14	Neonatal Intensive Care Unit (NICU)	Y	
	15	Pediatric Intensive Care Unit (PICU)	Y	
	16	Labour Room Complex	Y	
	17	ICU	Y	
	18	Dialysis Unit	Y	
	19	Emergency Care	Y	
	20	Burn Unit	N	
	21	Teaching block (medical, nursing, paramedical)	N	
	22	Skill Lab	N	
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/ Hospital Citizen Charter Board
6. Tele medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e Sanjeevani Portal):			Tele-medicine records register/ e-sanjeevani portal
	If the facility is also functioning as ‘Hub’ to any of the AAM (SHC/ PHC/UPHC/UAAM): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT			Observation Ensure signage and protocol displays

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>19</u>  No. of blood transfusions done in last month: <u>112</u>	Blood Bank records Register  <b>Checked</b>
9. Whether blood is issued free, or user fee is being charged	<input type="checkbox"/> Free for BPL  <input type="checkbox"/> Free for elderly  <input type="checkbox"/> Free for JSSK beneficiaries  <input checked="" type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input checked="" 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  <b>Checked</b>
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: <b><u>Good</u></b>	As reported

B. Human Resources					Means of verification- As reported	
12. Details of HR available in the facility (Sanctioned	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)			0		2
	Special ist	Medicine	1	1		0
		Ob-Gyn	1	1		0
		Pediatrician	1	1		0

and In-place)	Anesthetist	1	1		0
	Surgeon	1	1		0
	Ophthalmologist	1	1		0
	Orthopedic	1	1		0
	Radiologist		0		0
	Pathologist	1	1		0
	Others	0	0		0
	Dentist	1	1		0
	Staff Nurses/ GNMs		33		0
	LTs	0	0		0
	Pharmacist	0	0		0
	Dental Technician/ Hygienist	1	1		0
	Hospital/ Facility Manager	0	0		0
	EmOC trained doctor	0	0		0
	LSAS trained doctor	0	0		0
	Others	0	0		0

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	<p>Initiated: 2016</p> <ul style="list-style-type: none"> <li>Facility score: <b>82.29</b></li> <li>Award received: Yes <ul style="list-style-type: none"> <li><b>2023-24- 1<sup>st</sup> prize</b></li> <li><b>2024-25- 2<sup>nd</sup> prize</b></li> </ul> </li> </ul>	<p>Kayakalp Assessment report Verify certificate if awarded</p> <p><b>Verified,</b></p>
14. NQAS	<ul style="list-style-type: none"> <li>Assessment done: <b>Internal/State</b></li> <li>Facility score: <b>87%</b></li> <li>Certification Status: <b>NQAS certified on 15<sup>th</sup> June 2024</b></li> </ul>	<p>NQAS assessment report Verify certificate if awarded</p>
15. LaQshya	<ul style="list-style-type: none"> <li>Labour Room: <ul style="list-style-type: none"> <li>LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</li> <li>If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</li> </ul> </li> <li>Operation Theatre: <ul style="list-style-type: none"> <li>LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</li> <li>If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</li> </ul> </li> </ul>	<p>LaQshya Assessment Report – check score Verify certificate if awarded</p> <p><b>Verified</b></p>

D. DRUGS & DIAGNOSTICS												
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  • If yes, total number of drugs in EDL <u>250</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>70</u>	Verify EDL Displayed  <b>Displayed</b>										
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"> <tbody> <tr> <td>1</td> <td>Midazolam</td> </tr> <tr> <td>2</td> <td>Ketamine</td> </tr> <tr> <td>3</td> <td>Prednisolone</td> </tr> <tr> <td>4</td> <td>Carboxy methyl cellulose eye drops</td> </tr> <tr> <td>5</td> <td>Inj. Tramadol</td> </tr> </tbody> </table>	1	Midazolam	2	Ketamine	3	Prednisolone	4	Carboxy methyl cellulose eye drops	5	Inj. Tramadol	As reported, check DVDMS, e-aushadhi, etc.  <b>There is a shortage of medicine in this facility</b>
1	Midazolam											
2	Ketamine											
3	Prednisolone											
4	Carboxy methyl cellulose eye drops											
5	Inj. Tramadol											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage  In last 6 months how many times there was shortage: Many times, all essential consumables are purchased from local purchase & income generate at hospital & RKS	As reported   Stock/Indent register										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported  Provides all tests as per citizen's chart.										
• In-house tests	Timing: 24*7 emergency  Total number of tests available against Essential Diagnostic tests list for DH <u>37</u>  (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house										



<ul style="list-style-type: none"> <li>Outsourced/ PPP</li> </ul>	<p>Timing: NA</p> <p>Total number of tests provided by PPP provider: <u>NIL</u></p> <p>Take the list of tests available from PPP Provider agency</p> <p>Laboratory:</p> <ul style="list-style-type: none"> <li>CT Scan – Med Aim Hospital (Private)</li> <li>BIOPSY – Genesis (Private), Dr. Lal Path (Private)</li> </ul>	<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:</p> <ol style="list-style-type: none"> <li>ME 3010-1</li> <li>ME 5025-1</li> <li>MX 100X2</li> <li>MD 100-1</li> </ol> <p>Is the X-ray machine AERB certified:</p> <p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	<p>Observation</p> <p><b>Available</b></p>
22. CT scan services available	<p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP</p> <p>Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): <u>No patient available at the time of visit.</u></p>	<p>Observation</p> <p><b>If any cases, they refer to private facilities in the Champhai town or Aizawl Civil Hospital</b></p> <p>Patient Interviews</p>
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<p><input checked="" type="checkbox"/> Free for BPL</p> <p><input type="checkbox"/> Free for elderly</p> <p><input checked="" type="checkbox"/> Free for JSSK beneficiaries</p> <p><input type="checkbox"/> Free for all</p>	<p>As reported</p>

24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
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E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation <b>Yes</b>
	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	Observation, Records <b>Yes</b>
	Total number of tests performed: - _____84_____	
<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 checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> <li>Number of patients provided dialysis service</li> </ul>	<ul style="list-style-type: none"> <li>Previous year <u>1077</u></li> <li>Current FY <u>817</u></li> </ul> <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records <b>Checked</b>
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> )	<ul style="list-style-type: none"> <li>No shortage</li> </ul>	As reported
27. Average downtime of equipment (days)  Details of equipment are nonfunctional for more than 7 days	<b>Less than a day</b>	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 checked="" type="checkbox"/> No  Number of normal deliveries performed in last month: <u>73</u>	Verify C-section records from Maternity OT registers  <b>Verified</b>

	No. of C-sections performed in last month: <u>15</u>	
<ul style="list-style-type: none"> <li>Comment on the condition of:</li> </ul>	<p>Labour room: <b>The layout is not as per the guidelines</b></p> <p>OT: One bed is there and it is very congested</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag):</p> <p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Observation
29. Status of JSY payments	<p>Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Average delay in payment to beneficiaries:</p> <p>(Average for how many days/beneficiary)</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input checked="" type="checkbox"/></p> <p>Reasons for delay: Concerned person of the CMO office does not send the requirement on time.</p>	Verify from JSY status report
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 (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	<p>As reported/As Displayed in Maternity Ward</p> <p><b>Displayed in the hospital</b></p>
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	PMSMA Register/High Risk Pregnancy Register, Staff review

	<p>If yes, how many high risks pregnancies are identified on 9<sup>th</sup> for previous month: <b>5 cases</b></p> <p>If No, reasons thereof:</p>	
32. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability <b>Checked</b>
33. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	<p>Observation, Patient review</p> <p>Yes</p>
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records <b>Yes, Checked</b>
35. Number of Maternal Death reported in the facility	<p>Previous year: 2</p> <p>Current year: 0</p>	Maternal Deaths Records/ Review <b>Checked</b>
36. Number of Child Death reported in the facility	<p>Previous year: 18 (2023-24)</p> <p>Current year: 19 (2024-25)</p>	Maternal Deaths Records/ Review
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register Yes
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	<p>Observation Staff review</p> <p>Taken</p>
39. Number of newborns immunized with birth dose at the facility in last 3 months	<p>December: 48</p> <p>January: 104</p> <p>February: 53</p>	Immunisation Register <b>Checked</b>
40. Number of Newborns breastfed within one hour of birth during last month.	February: 68	Verify BF records <b>Checked</b>
41. Status of functionality of DEIC	<input checked="" type="checkbox"/> Fully functional with all staff in place	Observation

	<input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input checked="" type="checkbox"/> Not functional/ All posts vacant	<b>Works under the CMO office</b>
42. Number of sterilizations performed in last one month	No sterilization available in the facility	FP Sterilizations register Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Condom, OCPs, Emergency pills, Antara, Chhaya, Preg test kit, etc.	As reported/observe FP registers/records if available
46. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
47. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: <u>Adolescent counselor</u>  Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC register  <b>Checked</b>
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  <b>Checked</b>
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported

50. Number of individuals screened for the following in last 6 months:	<b>NCD</b>	<b>Screened</b>	<b>Confirmed</b>	<b>Checked</b>  <b>No doctor and staff for Oral Cancer screening</b>
	Hypertension	6255	382	
	Diabetes	1534	273	
	Oral Cancer	0	0	
	Breast Cancer	0	0	
	Cervical Cancer	5	0	
51. Whether reporting weekly data in P, S and L form under IDSP	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			Verify from IDSP reporting records
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) <u>56%</u>			DBT/Nikshay Report <b>Enters daily</b>
	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 <b>Enters daily</b>
	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: <b>CBNAAT- 1.79% &amp; TruNat – 5.14%</b>			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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			DBT/Nikshay Report <b>Enters data daily</b>
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: <b>69%</b>			DBT/Nikshay Report

F. RECORDS, FINANCE, OTHERS		
53. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases):	Respective Records

	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Checked all records						
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 10,00,000 Fund utilized last year: Nil	Facility FMR						
<b>FY 2023-24: Rs.10,00,000/-</b> <b>FY 2024-25: Not received funds</b>	Fund in prev. FY <table border="1"> <thead> <tr> <th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>10,00,000</td><td>10,00,000</td><td>100%</td></tr> </tbody> </table>	Received	Utilized	%	10,00,000	10,00,000	100%	
Received	Utilized	%						
10,00,000	10,00,000	100%						
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: <b>Repairs &amp; maintenance of infrastructure, vehicle maintenance, internet bills, electricity, water bills, etc.</b>	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 type="checkbox"/> Updated/ <input checked="" 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 checked="" type="checkbox"/> Not updated</li> <li>Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> </ul>	Check respective portals at the facility wrt last entries						
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	December 2024.	RKS Register						
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported						
<b>3 Ambulances available in this facility</b> <b>1- Donated by MTF, 1-NHM(Covid), &amp; 1-NAS (NHM)</b>	Comment (if any):							

	<ul style="list-style-type: none"> <li>• It is not equipped with BLS/ALS</li> <li>• Maintenance is difficult since no financial support is given. The facility manages it's own ambulance.</li> </ul>	
<ul style="list-style-type: none"> <li>• How many cases were referred here in the last month?</li> </ul>	<p>Number: 51</p> <p>Types of cases referred in:</p> <ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• RTA</li> <li>• Hep. B&amp;C</li> <li>• Gunshots injury</li> <li>• Spinal injury</li> <li>• Sepsis</li> <li>• LBW, etc.</li> </ul>	Referral-in register
<ul style="list-style-type: none"> <li>• How many cases were referred out last month?</li> </ul>	<p>Number: 8</p> <p>Types of cases referred out:</p> <ul style="list-style-type: none"> <li>• Patients request</li> <li>• Fracture</li> <li>• Laparoscopic surgery</li> </ul>	<p>Out-referral register</p> <p><b>Checked</b></p>



Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Painting works n	Exterior painting is not done since 2015. The paint is old and uniform.
b) Vertical extension on the roof	To prevent seepage and also programme staff do not have separate rooms. (Programme like Mental dept., Physiotherapy, ART, OST, Tobacco cessation, etc.)
c) HR: 1) Pharmacist 2) X-Ray technician 3) Dialysis technician 4) OT technician	<b>No HR on this particular dept.</b> <ol style="list-style-type: none"> <li>1. No pharmacist since September 2024</li> <li>2. No X-Ray tech. since June 2024</li> <li>3. No Dialysis tech. since beginning of the opening of the Dialysis department but it is hire from RKS.</li> <li>4. No OT tech since beginning.</li> </ol>
d) Layout of LR & OT	Congested and not as per the guidelines. OT bed & LR beds are not hydraulic automatic beds.
e) Cancer treatments not available	<ul style="list-style-type: none"> <li>• No doctor and staffs</li> <li>• No dedicated wards</li> <li>• Only can be screened</li> <li>• Cannot confirm or diagnosed</li> </ul>
f) No machine for laparoscopic surgery	Surgeon is available but there is no machine for laparoscopic surgery
g) No Instruments/ Machines for Orthopedic Surgeon	New Ortho surgeon posted at DH Champhai but needs equipments and instrument to function smoothly.

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

- The facility building is under renovation in the front side. Overall, it is congested to provide many services ART, Mental, Tobacco, Physiotherapy, etc. The vertical extension is required.
- There is shortage of medicine in this facility, especially Midazolam, Ketamine, Prednisolone etc.
- CT Scan services is available due to lack of funds.
- Due to lack of specialist related to Cancer services, Cancer services not providing in this facility.
- The facility is reported significant number of maternal and child deaths in the last 2 years.
- Due to lack of funds the services related to Lab, X-ray, USG etc. are not providing free for elderly.
- There was no staff in the ICU department to functioning the services.

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

Urban /Rural: Urban

Date of Visit: 03/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Champhai
3. Block/Taluka Name	Champhai
4. Name of Facility	UPHC- Champhai
5. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	-----
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	9 AM – 5 PM
9. Month & Year of operationalization of AAM	1 March 2021
10. Details of co-location, if any (If any co-located SHC)	-----
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	DH Champhai
13. Distance of next referral facility (in Km)	5 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	Nil

A.1 Demographic Details	
1. Number of Villages/Wards	6 villages & 9 Wards
2. No. of Households	----
3. Total catchment Population	40662
4. Population who are 30 years of age and above	-----

B. Physical Infrastructure																		
Infrastructure Status and details		Availability																
1.	Availability of Govt. owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
2.	If there is no government-owned Building, specify building type	<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																
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																

16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mo-1,SN-1

<b>B.1 Information, Education &amp; communication (IEC) material</b>		
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

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

--\*Desirable

# For PHC sub centre-Co-located

<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
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	--	Yes
Family Planning	Yes	Yes	--	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	--	--	--	Yes
NCD	--	--	--	NO
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	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>	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments

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

F. Availability of Essential medicines			
1	<p>Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>(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> )</p>	<p>(Total number of medicines at AAM- PHC/UPHC as per National EML -172)</p> <p>55</p>	
2	Total number of medicines available at AAM-PHC/UPHC	50	
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 checked="" type="checkbox"/> Analgesics /NSAIDs) <input checked="" type="checkbox"/> Anti- pyretic  <input checked="" type="checkbox"/> Anti-allergics  <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 checked="" type="checkbox"/> Anti- tuberculosis <input checked="" type="checkbox"/> Anti-fungal  <input checked="" type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti- hypertensive  <input type="checkbox"/> Oral 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 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

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	18
4	Number of tests Provided through In House Mode	18
5	Number of tests Provided through Hub & Spoke (Public Health System)	0

6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation Mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	---
Total teleconsultations in the last 01 month	--
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J. Governance</b>	
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Specify others, if any:										
<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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Facility funds</b>	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Fund Source	Timely disbursement	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fund Source	Timely disbursement									
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>  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>212965</td><td>117647</td><td>50%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	212965	117647	50%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
212965	117647	50%								
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p>									

	<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) – Yes November 2024 Average Delay in Payment (days):184 days  Reasons for delay, if any DH payment.
<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 checked="" type="checkbox"/> Free blood services  <input checked="" type="checkbox"/> Free referral transport (home to facility)  <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)  <input checked="" type="checkbox"/> No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	2472
2	No. of PW registered for ANC	14
3	No. of PW received 4 or more ANC check-ups	10

4	Total number of institutional deliveries	--																								
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	--																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	24																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	19																								
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	--																								
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	16																								
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	0 0 0																								
12	% of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above	SC																								
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>2708</td><td>223</td><td></td></tr><tr><td>Diabetes</td><td>652</td><td>288</td><td></td></tr><tr><td>Oral Cancer*</td><td>608</td><td>00</td><td></td></tr><tr><td>Breast Cancer*</td><td>423</td><td>00</td><td></td></tr><tr><td>Cervical Cancer*</td><td>42</td><td>00</td><td></td></tr></table>	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up	Hypertension	2708	223		Diabetes	652	288		Oral Cancer*	608	00		Breast Cancer*	423	00		Cervical Cancer*	42	00		
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																							
Hypertension	2708	223																								
Diabetes	652	288																								
Oral Cancer*	608	00																								
Breast Cancer*	423	00																								
Cervical Cancer*	42	00																								

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



		<input type="checkbox"/> Periodic reviews undertaken for quality assurance
--	--	----------------------------------------------------------------------------

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	N/A
2	Facility aggregate score using ODK Took kit	N/A

Remarks & Observations
<b>Infrastructure</b> <ul style="list-style-type: none"> <li>The facility is working in a small building, does not have a delivery room</li> <li>There is only one hall, there only all OPD conduct.</li> </ul>
<b>HRH</b> <ul style="list-style-type: none"> <li>HR is good in the facility</li> </ul>
<b>IEC</b> <ul style="list-style-type: none"> <li>All IEC related material, such as delivery, TB, cancer, hygiene, baby care etc. well displayed in the facility.</li> <li>Smart TV is not displayed, but it is there in the citizen charter.</li> </ul>
<b>Expanded service Packages</b> <ul style="list-style-type: none"> <li>NCD medicine inadequate supply</li> <li>Need training for service provider for different programmes</li> <li>All lab test should be provided in the facility.</li> </ul>
<b>IT System</b> <ul style="list-style-type: none"> <li>There are facilities like smart phones, laptops, internet, etc. but no teleconsultation service.</li> </ul>

**Any Other**

- JSSK fund is not received.
- Wellness activities are not happening and there is no health committee.

**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  
(AAM -PHC)**

**Urban /Rural: Rural**

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

A. General Information	
16. State	Mizoram
17. District Name	Champhai
18. Block/Taluka Name	Champhai
19. Name of Facility	Hnahlan PHC
20. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	5774324734
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	1981
25. Details of co-location, if any (If any co-located SHC)	Hnahlan -2
26. Accessible from nearest road head (Yes/No)	Yes
27. Next Referral Facility Name	District Hospital Champhai
28. Distance of next referral facility (in Km)	54.4 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	7 villages
2. No. of Households	1535
3. Total catchment Population	7969
4. Population who are 30 years of age and above	2752

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 /Drugstore	<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</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MO-1, Driver -2, group DD -1, Health worker-1

<b>B.1 Information, Education &amp; communication (IEC) material</b>		
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	1	0	0
2.	AYUSH MO*	1	0	0	0	0
3.	Dentist*	1	0	0	0	0
4.	Staff Nurse	2	1	1	3	3
5.	Pharmacist	1	0	0	1	1
6.	Laboratory Technician	1	0	0	2	2
7.	ANM/MPW (F)#	1	1	1	1	1
8.	MPW (M)	1	0	0	0	0
9.	Lady Health Visitor	1	0	0	1	1
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	1	1
12.	Data entry operator	1	0	0	1	0
13.	Sanitation staff	1	3	3	2	2
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)	4	0	0	9	9
15.	ASHA Facilitator (If any, only for Rural areas)	1	0	0	1	1
16.	Others (Specify)	0	0	0	0	0
17.	Whether all essential HRH available as per IPHS 2022	No				

\*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)	Y	N	Y	Y
Child Health (New Born Care/ HBNC/HBYC)	Y	Y	Y	Y
Family Planning	Y	Y	Y	Y
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Y	N	Y	Y
NCD	Y	N	Y	Y
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)	Y	Y	Y	Y	Y	Y
Staff Nurse	Y	Y	Y	Y	Y	Y
ANM/ MPW-F	Y	Y	Y	Y	Y	Y
MPW- M	NA	NA	NA	NA	NA	NA
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			
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	<p>Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>(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> )</p>	<p>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</p> <p>98</p>	
2	Total number of medicines available at AAM-PHC/UPHC	74	
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 checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycaemics  <input type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)

5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input 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:	<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	31/60  (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	31
4	Number of tests Provided through In House Mode	31
5	Number of tests Provided through Hub & Spoke (Public Health System)	NO

6	Number of tests Provided through Hub & Spoke- PPP Model	NO
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	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 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 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	Hypertension, Diabetes, Fever
Total teleconsultations in the last 01 month	MO didn't make it because MO went to Training last month.
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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
Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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
<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:										
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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>	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Fund Source	Timely disbursement	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fund Source	Timely disbursement									
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>  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>547232</td><td>520971</td><td>95.20%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	547232	520971	95.20%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
547232	520971	95.20%								
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p>									

	<input checked="" type="checkbox"/> Reagents/Consumables <input 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) – Yes December 2024 (24)  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 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 (Data of previous quarter)																												
1	Total number of outpatient department visits			1292																								
2	No. of PW registered for ANC			00																								
3	No. of PW received 4 or more ANC check-ups			00																								
4	Total number of institutional deliveries			19																								
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			00																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			00																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			00																								
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month			00																								
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			8																								
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			 0 0 0																								
12	% of target population administered CBAC IN SC  % of target population with score below 4 IN SC  % of target population with score 4 and above IN SC			 NO SC SC SC																								
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>241</td><td>89</td><td>00</td></tr><tr><td>Diabetes</td><td>138</td><td>188</td><td>00</td></tr><tr><td>Oral Cancer*</td><td>23</td><td>1</td><td>00</td></tr><tr><td>Breast Cancer*</td><td>2</td><td>0</td><td>00</td></tr><tr><td>Cervical Cancer*</td><td>0</td><td>0</td><td>00</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	241	89	00	Diabetes	138	188	00	Oral Cancer*	23	1	00	Breast Cancer*	2	0	00	Cervical Cancer*	0	0	00	
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Breast Cancer*	2	0	00																									
Cervical Cancer*	0	0	00																									

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	2023-24 2 <sup>ND</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 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	01 August 2024
2	Facility aggregate score using ODK Took kit	48

Remarks & Observations	
<b>Infrastructure</b> <ul style="list-style-type: none"> <li>• Good infrastructure in the facility with well road connectivity.</li> <li>• Separate male female toilet is not available in the facility.</li> </ul>	
<b>HRH</b> <ul style="list-style-type: none"> <li>• Almost all HR is filled, except AYUSH MO, dentist, male - MPW, dresser.</li> </ul>	
<b>IEC</b> <ul style="list-style-type: none"> <li>• The material is sufficient, including NCD, delivery, referral, JSY, JSSK, Citizen Charter, free services, etc. and placed in a suitable place.</li> </ul>	
<b>Expanded service Packages</b> <ul style="list-style-type: none"> <li>• X-ray machine is there, but no technician. Required to provide.</li> <li>• Drug supply is not sufficient.</li> <li>• Ambulance service is not available.</li> </ul>	
<b>IT System</b> <ul style="list-style-type: none"> <li>• Tablet, Laptop, Internet connectivity available, e-Sanjeevani. in platforms with SC to PHC</li> </ul>	
<b>Any Other</b>	

**Annexure- List of equipment**

Sl.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  
(AAM -PHC)**

**Urban /Rural: Rural**

**Date of Visit: 05/03/2025**

A. General Information	
31. State	Mizoram
32. District Name	Champhai
33. Block/Taluka Name	Khawbung
34. Name of Facility	Sesih PHC
35. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	-----
37. No. of days in a week facility is operational	7 Days
38. OPD Timings	9 AM – 3 PM
39. Month & Year of operationalization of AAM	1982
40. Details of co-location, if any (If any co-located SHC)	Sesih sub center
41. Accessible from nearest road head (Yes/No)	Yes
42. Next Referral Facility Name	DH Champhai
43. Distance of next referral facility (in Km)	45 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	4 villages
2. No. of Households	243
3. Total catchment Population	1343
4. Population who are 30 years of age and above	495

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture:  Table 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 type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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



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

\*Desirable

# For PHC sub centre-Co-located

<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	-	-
Child Health (New Born Care/ HBNC/HBYC)	-	NO	-	-
Family Planning	-	NO	-	-
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	-	NO	-	-
NCD	-	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)	-	-	-	-	-	-
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW-F	-	-	-	-	-	-
MPW- M	-	-	-	-	-	-
ASHA	-	-	-	-	-	-

<b>E.1 Availability of Services</b>	
<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

<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input 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>	
2	Total number of medicines available at AAM-PHC/UPHC	7	
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 checked="" type="checkbox"/> Analgesics / NSAIDs)  <input checked="" type="checkbox"/> Anti-pyretic  <input checked="" type="checkbox"/> Anti-allergics  <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 checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal  <input checked="" type="checkbox"/> Anti-malarial  <input checked="" type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycaemics  <input type="checkbox"/> Hypolipidemic  <input checked="" type="checkbox"/> ORS  <input type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	30
4	Number of tests Provided through In House Mode	30
5	Number of tests Provided through Hub & Spoke (Public Health System)	5

6	Number of tests Provided through Hub & Spoke- PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	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 type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

13.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	-----
Total teleconsultations in the last 01 month	----
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J. Governance</b>	
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes <input 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
<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>No Information about finance ANM MO is not there .</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
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								
<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>  <b>NHM Fund/untied funds not received during last 2 year:</b>	<table border="1"> <tr> <th>Funds received (Amount in Rs.)</th><th>Expenditure (Amount in Rs.)</th><th>% Expenditure</th></tr> <tr> <td>0</td><td>0</td><td>0</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	0	0	0			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
0	0	0								

<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Status of JSY Payments</b></p> <p><b>No Intimation about finance to A</b></p>	<p>Payment done till (month/ year) – NO Intimation</p> <p>Average Delay in Payment (days): NO Intimation</p> <p>Reasons for delay, if any NO Intimation</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> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p>

	<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			331				
2	No. of PW registered for ANC			5				
3	No. of PW received 4 or more ANC check-ups			0				
4	Total number of institutional deliveries			2				
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			0				
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			0				
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			0				
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month			0				
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			0				
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months			0				
11	<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 11 0				
12	% of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above			 00 00 00				
13	<b>Community Based Screening for NCDs</b> <table><tr><td>NCDs</td><td>Screened</td><td>Treated</td><td>Follow-up</td></tr></table>			NCDs	Screened	Treated	Follow-up	
NCDs	Screened	Treated	Follow-up					

	(No. of individuals in Last 6 Months)				
	Hypertension	32	32	32	
	Diabetes	27	26	26	
	Oral Cancer*	00	00	00	
	Breast Cancer*	00	00	00	
	Cervical Cancer*	00	00	00	

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

8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input 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 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 October 2024
2	Facility aggregate score using ODK Took kit	---

Remarks & Observations
<b>Infrastructure</b> <ul style="list-style-type: none"> <li>There are two buildings available in the facility. New building is about to start function.</li> </ul>
<b>HRH</b> <ul style="list-style-type: none"> <li>MO is on leave last four months two staff nurses and one laboratory technician</li> </ul>
<b>IEC</b> <ul style="list-style-type: none"> <li>No IEC material displaced in the facility</li> </ul>
<b>Expanded service Packages</b> <ul style="list-style-type: none"> <li>MO is on leave last four months only staff nurses are there and both staff nurses are Trained Expanded packages</li> </ul>

<b>IT System</b> <ul style="list-style-type: none"> <li>No sufficient IT related equipment in the facility.</li> </ul>
<b>Any Other</b> <ul style="list-style-type: none"> <li>NA</li> </ul>

**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  
(AAM –PHC)**

**Urban /Rural: Rural**

**Date of Visit: 05/03/2025**

A. General Information	
46. State	Mizoram
47. District Name	Champhai
48. Block/Taluka Name	Khawbung
49. Name of Facility	Khawbung PHC
50. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
51. NIN of the facility	
52. No. of days in a week facility is operational	7 Days
53. OPD Timings	9 AM – 3 PM
54. Month & Year of operationalization of AAM	26 th May 1980
55. Details of co-location, if any (If any co-located SHC)	Khawbung SC
56. Accessible from nearest road head (Yes/No)	Yes
57. Next Referral Facility Name	DH Champhai
58. Distance of next referral facility (in Km)	72 km
59. If UPHC functions as a Polyclinic (Yes/No)	No
60. If Yes, please take note of available specialist services at the Polyclinic	Nil

A.1 Demographic Details	
1. Number of Villages/Wards	6 villages
2. No. of Households	1560
3. Total catchment Population	7123
4. Population who are 30 years of age and above	2749



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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																

17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mo-1,Staff nurse-2,Driver-1,X-RAY tech-1,other -1

<b>B.1 Information, Education &amp; communication (IEC) material</b>		
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

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

\*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	No	--	--
Child Health (New Born Care/ HBNC/HBYC)	Yes	No	--	--
Family Planning	Yes	No	--	--
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	No	--	--
NCD	Yes	Yes	--	--
Others (Specify)	0	0	--	--

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 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) 69</i>	
2	Total number of medicines available at AAM-PHC/UPHC	85	
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"/> 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 checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti- tuberculosis <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti- hypertensive  <input type="checkbox"/> Oral hypoglycaemics  <input type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<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	22 (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	27
4	Number of tests Provided through In House Mode	27

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

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 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 checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Nil
Total teleconsultations in the last 01 month	10
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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 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:										
<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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Facility funds</b>	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<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>180765</td><td>167665</td><td>92.75%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	180765	167665	92.75%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
180765	167665	92.75%								
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p>									

	<input type="checkbox"/> Reagents/Consumables  <input type="checkbox"/> Equipment  Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Status of JSY Payments</b>  <b>Fund not available</b>	Payment done till (month/ year) - No  Average Delay in Payment (days): Nil  Reasons for delay, if any November 2022 to 06/03/2025 payment no dun
<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 checked="" type="checkbox"/> Free blood services  <input checked="" type="checkbox"/> Free referral transport (home to facility)  <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)  <input checked="" type="checkbox"/> No user charges

M. Service delivery Output Indicators (Data of previous quarter)																												
1	Total number of outpatient department visits			954																								
2	No. of PW registered for ANC			51																								
3	No. of PW received 4 or more ANC check-ups			19																								
4	Total number of institutional deliveries			14																								
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			28																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			21																								
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month			10																								
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			0																								
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months			0																								
11	<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			9 0 1																								
12	% of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above			SC SC SC																								
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>571</td><td>16</td><td>16</td></tr><tr><td>Diabetes</td><td>571</td><td>15</td><td>15</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	571	16	16	Diabetes	571	15	15	Oral Cancer*	0	0	0	Breast Cancer*	0	0	0	Cervical Cancer*	0	0	0	
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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	
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	25 <sup>th</sup> July 2024
2	Facility aggregate score using ODK Took kit	53.32

<b>Remarks &amp; Observations</b>	
<b>Infrastructure</b> <ul style="list-style-type: none"> <li>• Good condition of the building</li> </ul>	
<b>HRH</b> <ul style="list-style-type: none"> <li>• One MO, three staff nurse, two lab technicians, and one accountant are available in the facility.</li> <li>• Pharmacist position is vacant for 7 years.</li> </ul>	
<b>IEC</b> <ul style="list-style-type: none"> <li>• In the facility, all type IEC materials are available and displayed</li> </ul>	
<b>Expanded service Packages</b> <ul style="list-style-type: none"> <li>• X-ray machine is available, but there is no technician.</li> </ul>	
<b>IT System</b> <ul style="list-style-type: none"> <li>• Tablet, smartphone is available, but there no internet services.</li> <li>• E- sanjeevan.in Teleconsultation platform.</li> </ul>	
<b>Any Other</b> <ul style="list-style-type: none"> <li>• NA</li> </ul>	

**Annexure- List of equipment**

<b>S.No.</b>	<b>Equipment</b>	<b>Available</b>	<b>Not available</b>	<b>Functional</b>	<b>Non-Functional</b>
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-Sub Health Centre (AAM SHC)

**Date of Visit: 07/03/2025**

A. General Information	
1. State	Mizoram
2. District Name	Champhai
3. Block/Taluka Name	Champhai
4. Name of Facility	Zotlang HWC
5. Type of Facility	UAAM HWC
6. NIN of the facility	1131542183
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:30 am – 4:00 pm
9. Month & Year of AAM operationalization	December 2022
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	DH Champhai
12. Distance of next referral facility (Km)	7 kms

A.1 Demographic Details	
1. Number of Villages	No ward
2. No. of Households	254
3. Total catchment Population	1000
4. Population who are 30 years of age and above	635

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.)	Govt
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> )	Yes <input type="checkbox"/> <input checked="" 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.	Day Care Beds available ( Norm-2)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	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
9.	Laboratory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Pharmacy /Drug store	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

15.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Colour coded waste bins (used for segregation of biomedical waste)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	MO (MBBS)	1	-	-	1	1
2	Staff Nurse	1	-	-	1	1
3	MPW-M	1	-	-	1	1
4	Sanitary staff	1	-	-	0	0
5	Securty Staff	1	-	-	0	0
6	ASHA <i>(Population Norms -1 ASHA per 1000 population</i>	-	-	-	-	-

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases			
Services	CHO (Yes/ No)	Staff Nurse (Yes/ No)	MPW (M) (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)
MO(MBBS )	Yes	Yes	Yes	Yes	Yes	Yes
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
MPW (M/F)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	--	--	--	--	--	--
E. Service Delivery						
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
--	--------------------------------------------------------------------------

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

F. Essential medicines	
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) 8
Total number of medicines available at AAM-SHC	<b>08</b>
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 type="checkbox"/> Analgesics / NSAIDs)  <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycemics  <input type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input checked="" type="checkbox"/> Multi-vitamins  <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly  <input type="checkbox"/> Monthly  <input type="checkbox"/> Quarterly  <input checked="" type="checkbox"/> As required  <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week  <input checked="" type="checkbox"/> 1-2 Weeks  <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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	2
Mode of diagnostic services	<input type="checkbox"/> In-house  <input type="checkbox"/> PPP  <input checked="" 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

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify) PVT .
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College <input checked="" type="checkbox"/> Any other, specify: UHWC
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,

Total Teleconsultations in the last 01 month	59
<b>I. Reporting</b>	
<b>Online Platforms</b>	<b>Reporting</b>
<input type="checkbox"/> AAM Portal/App	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input 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>J. Finance</b>	
<b>Remuneration &amp; Incentives</b>	
Timely disbursement of incentives to ASHAs	<input type="checkbox"/> Yes <input type="checkbox"/> No NO ASHA
Timely disbursement of remuneration to CHOs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	

<b>Facility funds</b>  Timely disbursement of untied funds  Fund flow through other sources  Specify any other fund source:	<div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         </div>						
<b>Fund utilization</b>  % NHM Fund utilized last year:	<table border="1"> <tr> <th>Funds received (Amt in Rs.)</th> <th>Expenditure (Amt in Rs.)</th> <th>% Expenditure</th> </tr> <tr> <td>50000</td> <td>1000</td> <td>20%</td> </tr> </table>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	50000	1000	20%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure					
50000	1000	20%					
Is untied fund being spent on following activities	<p><b>Regular payment of Bills:</b> <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><b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<b>K. Governance</b>							
<b>Community-based platforms</b>  Constitution of Jan Arogya Samiti  Periodic JAS meetings in the last 6 months (Once a month)	<div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         </div> <div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         </div>						

JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>L. 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 Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days are celebrated as per the Wellness Activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Calendar Number of Wellness sessions conducted in Last month	28.02.2025
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	1

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	883
2	No. of PW registered for ANC	10
3	No. of PW received 4 or more ANC check-ups	10
4	Total number of institutional deliveries	0

5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	7																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	11																								
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	6																								
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	  1  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	<table><tr><td><b>NCDs</b>  (No. of individuals in last 6 Months)</td><td><b>Screened</b></td><td><b>Treated/Referred/</b></td><td><b>Followed-up</b></td></tr><tr><td>Hypertension</td><td>196</td><td>12</td><td>89</td></tr><tr><td>Diabetes</td><td>196</td><td>5</td><td>65</td></tr><tr><td>Oral Cancer</td><td>196</td><td>0</td><td>-</td></tr><tr><td>Breast Cancer</td><td>90</td><td>0</td><td>-</td></tr><tr><td>Cervical Cancer</td><td>100</td><td>1 Referred</td><td>-</td></tr></table>	<b>NCDs</b>  (No. of individuals in last 6 Months)	<b>Screened</b>	<b>Treated/Referred/</b>	<b>Followed-up</b>	Hypertension	196	12	89	Diabetes	196	5	65	Oral Cancer	196	0	-	Breast Cancer	90	0	-	Cervical Cancer	100	1 Referred	-	
<b>NCDs</b>  (No. of individuals in last 6 Months)	<b>Screened</b>	<b>Treated/Referred/</b>	<b>Followed-up</b>																							
Hypertension	196	12	89																							
Diabetes	196	5	65																							
Oral Cancer	196	0	-																							
Breast Cancer	90	0	-																							
Cervical Cancer	100	1 Referred	-																							

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input 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 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 type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	21/09/2024
2	Facility aggregate score using ODK Took kit	44.54

Remarks & Observations
<b>Infrastructure</b> <ul style="list-style-type: none"> <li>The facility building is very old and in a bad condition. It should be demolished required to sanction a new building for smooth conducting.</li> <li>Don't have any quarters for the staff.</li> </ul>
<b>HRH</b> <ul style="list-style-type: none"> <li>Medical Officer, One Staff Nurse, and male MPW is there in the facility.</li> </ul>
<b>IEC</b> <ul style="list-style-type: none"> <li>Some of the IEC materials are displayed in some places in the facility.</li> </ul>
<b>Expanded service Packages</b> <ul style="list-style-type: none"> <li>Emergency medical service drugs are not available in the facility.</li> </ul>
<b>IT System</b> <ul style="list-style-type: none"> <li>Laptop is available and internet connectivity is not there.</li> </ul>



<ul style="list-style-type: none"> <li>The MO of the facility is providing teleconsultation services using her personal smartphone.</li> </ul>
<b>Others:</b>  NA

#### 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	✓			✓

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

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

<b>A. General Information</b>	
1. State	Mizoram
2. District Name	Champhai
3. Block/Taluka Name	Champhai
4. Name of Facility	Hnahlan-2
5. Type of Facility	SC HWC
6. NIN of the facility	4522788720
7. No. of days in a week facility is operational	7 days
8. OPD Timings	9:30 am – 3:00 pm
9. Month & Year of AAM operationalization	---
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	DH Champhai
12. Distance of next referral facility (Km)	54 kms

<b>A.1 Demographic Details</b>	
1. Number of Villages	2
2. No. of Households	754
3. Total catchment Population	4007
4. Population who are 30 years of age and above	1373

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	-----
3.	Availability of Boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture:  Table  Chairs  Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Pharmacy /Drugstore	<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 checked="" 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 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	0	0	0	0
2	ANM/MPW-F	2	0	0	1	1
3	MPW-M		0	0	1	1

3	ASHA (Population Norms -1 ASHA per 1000 population)	0-	0	0	4	4
4	Any other (If yes, specify)	0	0	0	0	0

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases			
Services	CHO (Yes/ No)	MPW (F) / (M) (Yes/ No)	ASHA (Yes/ No)
Maternal Health (ANC/PNC Care)	--	No	Yes
Child Health (New Born Care/ HBNC/HBYC)	--	No	Yes
Family Planning	--	No	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis )	--	Yes	Yes
NCD	--	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	--	--	--	--	--	--
ANM/ MPW (F)	Yes	Yes	NO	NO	Yes	NO
MPW (M)	Yes	NO	NO	NO	Yes	NO
ASHA	Yes	NO	NO	NO	Yes	NO
E. Service Delivery						

Service provided	<p><b>Reproductive Maternal and Child Health</b></p> <p><input checked="" type="checkbox"/> ANC/ PNC</p> <p><input checked="" type="checkbox"/> Neonatal and infant healthcare services</p> <p><input checked="" type="checkbox"/> Childhood and Adolescent healthcare services</p> <p><input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</p> <p><b>Communicable diseases</b></p> <p><input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> <p><input checked="" type="checkbox"/> TB</p> <p><input checked="" type="checkbox"/> Leprosy</p> <p><input checked="" type="checkbox"/> Acute simple illnesses</p> <p><b>Non-Communicable Diseases</b></p> <p><input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN)</p> <p><input checked="" type="checkbox"/> Screening of common cancers – Oral</p> <p><input checked="" type="checkbox"/> Screening of common cancers – breast</p> <p><input checked="" type="checkbox"/> Screening of common cancers – cervix</p>
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input 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
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)19	
Total number of medicines available at AAM-SHC	19	
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 type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)

What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G. Essential diagnostics</b>	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	6
Mode of diagnostic services	<input type="checkbox"/> In-house <input type="checkbox"/> PPP <input checked="" 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

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" 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 type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)

Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	Fiver,
Total Teleconsultations in the last 01 month	3

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

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

<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 checked="" type="checkbox"/> Internet  <b>Regular purchase:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/>  No  If yes, specify  <input type="checkbox"/> Medicines  <input type="checkbox"/> Reagents/Consumables  <input type="checkbox"/> Equipment  <b>Payment of support/cleaning Staff:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>K. Governance</b>							

<b>Community-based platforms</b>  Constitution of Jan Arogya Samiti  Periodic JAS meetings in the last 6 months (Once a month)  JAS meeting minutes available  VHSNC Meeting held and minutes available  Periodic VHND sessions undertaken (Sessions held against planned)  Involvement of CHO in community-based platforms	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No
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L. Wellness Activities	
Wellness sessions being held periodically  Availability of a trained instructor for wellness session Health  Days are celebrated as per the Wellness Activity  Calendar Number of Wellness sessions conducted in Last month	<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  00
ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	00

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	106
2	No. of PW registered for ANC	18
3	No. of PW received 4 or more ANC check-ups	10

4	Total number of institutional deliveries	0																												
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0																												
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	15																												
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	14																												
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:	35.4% - -																												
11	<table border="1"> <thead> <tr> <th>NCDs</th> <th>Screened</th> <th>Referred</th> <th>Followed-up</th> </tr> </thead> <tbody> <tr> <td><i>(No. of individuals in last 6 Months)</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hypertension</td> <td>87</td> <td>67</td> <td>67</td> </tr> <tr> <td>Diabetes</td> <td>91</td> <td>58</td> <td>58</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> </tbody> </table>	NCDs	Screened	Referred	Followed-up	<i>(No. of individuals in last 6 Months)</i>				Hypertension	87	67	67	Diabetes	91	58	58	Oral Cancer	0	0	0	Breast Cancer	0	0	0	Cervical Cancer	0	0	0	
NCDs	Screened	Referred	Followed-up																											
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Oral Cancer	0	0	0																											
Breast Cancer	0	0	0																											
Cervical Cancer	0	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2024- 2025commendation
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 type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input 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	-----

2	Facility aggregate score using ODK Took kit	-----

Remarks & Observations
<b>Infrastructure</b> <ul style="list-style-type: none"> <li>The facility building is good and other infrastructure is fine.</li> <li>Staff quarters not available for health workers and staff.</li> </ul>
<b>HRH</b> <ul style="list-style-type: none"> <li>CHO and male Health Worker are not available.</li> <li>They work in the border area, so more man power required.</li> </ul>
<b>IEC</b> <ul style="list-style-type: none"> <li>Some of the IEC materials are displayed.</li> </ul>
<b>Expanded service Packages</b> <ul style="list-style-type: none"> <li>No proper training for Eye, ENT, MNS in the facility to any staff.</li> </ul>
<b>IT System</b> <ul style="list-style-type: none"> <li>Laptop is available and internet connectivity is there.</li> <li></li> </ul>
<b>Any Other</b> <ul style="list-style-type: none"> <li>Wellness activities not done in the facility.</li> </ul>

### 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>04/03/2025</b>
<b>Name of Village/ Slum visited</b>	Hnahlan-2
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name:</i> Hnahlan -2 SHC <i>Facility type:</i> AAM-SHC <i>Distance:</i> Less than 1km
<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:</i></b> 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/		√	<b>Reason for the choice</b>  • Convenience • Trust or faith .
		Self (home remedies)		
		Informal healers		
		private practitioners/ hospitals,		
		public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),	✓	
		secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)		
		AYUSH practitioners.		
		Self (home remedies)		

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

Topic: Accessibility to primary healthcare services			
<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>	<b>By walk</b>	
<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>Financial 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>		<ul style="list-style-type: none"> <li>Rarely arrange a camp health checkup,</li> <li>Information provided about how to take care of a baby, how to take care of yourself.</li> </ul>	
Topic: Availability of primary health care infrastructure and services			
<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	<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> <li>Adequate seating arrangement</li> <li>Functional toilet</li> <li>Potable and drinking water</li> <li>Power supply</li> </ul>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad

<p><i>What more needs to be added to improve the treatment seeking experience in this place?</i></p>		<p><i>Maintenance</i></p> <p><input type="checkbox"/> Good</p> <p><input checked="" type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
		<p><i>Dedicated space for waiting and examination</i></p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Adequate seating arrangement</i></p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Functional toilet</i></p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Potable/ drinking water</i></p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Power supply</i></p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><i>When you visit the facility, are the staff available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p><b>Staff may include:</b>  Medical officer (AAM PHC/ UPHC/ UAAM),  Community health officer (AAM-SHC), ANMs,  Staff Nurses, Lab technicians, pharmacists,  Multipurpose worker, health workers, any other.</p>	<p>Yes, 9-30 am to 3-00 pm staff are available</p> <p>Yes, ANM, and MPW is available</p>
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes -The ANM brings them after some time</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>Only ANC checkup has been done if needed some test then refer to PHC Hnahlan.</p>
<p><b>Topic: Acceptability of healthcare services</b></p>		
<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><b>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</b></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>Yes</p> <p>Yes</p> <p>No, go to PHC</p>

Topic: Appropriateness of primary healthcare services delivered through AAM		
What are the main healthcare concerns that exist or emerge in your community?	<b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members	Don't now
In the event of its occurrence, is the AAM providing relevant healthcare services?	<b>Probe:</b> To share some insights	Don't now
Are those services economical in terms of time and money?		Yes
Topic: Community's involvement / participation		
Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?	<b>Probes</b>  Setting health-related priorities	NO
How is the local community helping the AAM to function better?	Engagement with the Community Health Workers (ASHA/ equivalents)	Don't now
Please mention the activity and your contribution	Engagement with Community-based platforms - VHSNC/ JAS/ MAS	Don't now

Topic: Unmet Needs		
According to you, what other services may be provided through the facilities to improve the health needs of the community?		There should be awareness about health. A Doctor should come once a week.

<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>Go to PHC</p> <p>NO</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>All are good</p> <p>Cleaniness should be improved.</p> <p>Yes</p>

### Summary:

Key Challenges Observed	Root Cause
<ul style="list-style-type: none"> <li>• All Medicine and tests should be done here.</li> <li>• CHO should be there in the SHC</li> </ul>	<ul style="list-style-type: none"> <li>• Shortage of Medicine and test kits</li> <li>• State and district need to be filled the positions.</li> </ul>

**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	Champhai
3. Block/Taluka Name	Khawbung
4. Name of Facility	Khuangtleng
5. Type of Facility	SCHWC
6. NIN of the facility	2173484730
7. No. of days in a week facility is operational	5 days
8. OPD Timings	10 am – 2:00 pm
9. Month & Year of AAM operationalization	November 2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Sesih PHC
12. Distance of next referral facility (Km)	8 kms

<b>A.1 Demographic Details</b>	
1. Number of Villages	1
2. No. of Households	428
3. Total catchment Population	2249
4. Population who are 30 years of age and above	886



B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	-----
3.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines ( <i>colour and logo</i> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture:  Table  Chairs  Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	Colour coded waste bins (used for segregation of biomedical waste)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Residential Quarters available for Staff If yes, Specify the staff for which quarters available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<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	1	-	-	0	0
3	MPW-M		0	0	1	1
3	ASHA (Population Norms -1 ASHA per 1000 population)	2	-	-	1	1

4	Any other (If yes, specify)		1	1	-	-
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<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
<b>Services</b>	<b>CHO (Yes/ No)</b>	<b>MPW (F) / (M) (Yes/ No)</b>	<b>ASHA (Yes/ No)</b>
Maternal Health (ANC/PNC Care)	Yes	NO	Yes
Child Health (New Born Care/ HBNC/HBYC)	Yes	NO	Yes
Family Planning	Yes	NO	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis )	Yes	NO	Yes
NCD	Yes	NO	Yes

<b>D.2 Training details- Expanded CPHC packages</b>						
<b>Staff</b>	<b>Trained in Eye care (Yes/ No)</b>	<b>Trained in ENT care (Yes/ No)</b>	<b>Trained in Oral care (Yes/ No)</b>	<b>Trained in MNS (Yes/ No)</b>	<b>Trained in Elderly &amp; Palliative care (Yes/ No)</b>	<b>Trained in Trauma &amp; Emergency care (Yes/ No)</b>
CHO	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW (F)	NO	NO	NO	NO	NO	NO
MPW (M)	NO	NO	NO	NO	NO	NO
ASHA	Yes	Yes	Yes	Yes	Yes	Yes
<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
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 checked="" type="checkbox"/> Yes <input 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 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 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://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)25	
Total number of medicines available at AAM-SHC	25	
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 type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input 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 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	<p>9</p> <p>(Total diagnostics at AAM-SC as per national EDL is 14)</p>
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

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College <input checked="" type="checkbox"/> Any other, specify: Zotlaug UHWC
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app  Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	NO Start yet
Total Teleconsultations in the last 01 month	00

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:	PLP ANMOL

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:  Did not received fund 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>Not Recived</td> <td></td> <td></td> </tr> </tbody> </table>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	Not Recived		
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure							
Not Recived									



<p>Is untied fund being spent on following activities</p> <p>2022-2023 this year's fund use .</p>	<p><b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input 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>No</p> <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></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center"><b>K. Governance</b></p>	
<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>

L. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days are celebrated as per the Wellness Activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Calendar Number of Wellness sessions conducted in Last month	1
ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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	643
2	No. of PW registered for ANC	3
3	No. of PW received 4 or more ANC check-ups	4
4	Total number of institutional deliveries	3
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	7
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	6
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		15  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:		62.7% 54.4% 8.35%																								
11	<table border="1"> <thead> <tr> <th>NCDs <i>(No. of individuals in last 6 Months)</i></th> <th>Screened</th> <th>Referred</th> <th>Followed-up</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>128</td> <td>3</td> <td>20</td> </tr> <tr> <td>Diabetes</td> <td>128</td> <td>2</td> <td>12</td> </tr> <tr> <td>Oral Cancer</td> <td>128</td> <td>1</td> <td>0</td> </tr> <tr> <td>Breast Cancer</td> <td>32</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Cancer</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	Hypertension	128	3	20	Diabetes	128	2	12	Oral Cancer	128	1	0	Breast Cancer	32	0	0	Cervical Cancer	0	0	0		
NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up																								
Hypertension	128	3	20																								
Diabetes	128	2	12																								
Oral Cancer	128	1	0																								
Breast Cancer	32	0	0																								
Cervical Cancer	0	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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information																									

7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input 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 type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	08/10/2024
2	Facility aggregate score using ODK Took kit	63.84%

Remarks & Observations
<b>Infrastructure</b> <ul style="list-style-type: none"> <li>The building is damaged due to Earthquake, but the deliveries are still conducting in the old building.</li> <li>Required a weighing machine for adults.</li> <li>Required a equipments for ENT screening.</li> <li>Required a almirah to keep medicine</li> </ul>

<b>HRH</b> <ul style="list-style-type: none"> <li>• CHO and MPW(M) only available in the facility.</li> <li>• Need to ANM (F)</li> </ul>
<b>IEC</b> <ul style="list-style-type: none"> <li>• Most of the IEC materials are well placed.</li> </ul>
<b>Expanded service Packages</b> <ul style="list-style-type: none"> <li>• The CHO of the facility is providing teleconsultation services using her smartphone.</li> </ul>
<b>IT System</b> <ul style="list-style-type: none"> <li>• Laptop is not available in the facility to enter the data in different online portals.</li> <li>• No internet connectivity in the facility.</li> </ul>
<b>Any Other</b> <ul style="list-style-type: none"> <li>• Although it's a SHC, still delivery conducts in the facility; but there is shortage of delivery equipments in this facility.</li> <li>• Shortage of medicine is the facility.</li> <li>• Not received entitlement funds.</li> </ul>

#### 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		✓		
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## Annexure VI

### Field Monitoring Format - Community Level

<b>Date of Visit</b>	05/03/2025
<b>Name of Village/ Slum visited</b>	Khuangleng
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name:</i> Khuangleng SHC <i>Facility type:</i> AAM-SHC <i>Distance:</i> Less than 1km
<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>What about for conditions</i></b>	<b><i>Healthcare provider probes:</i></b> Self (home remedies),  <i>Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</i> <b><i>Reasons probes:</i></b> Proximity, convenience	<table border="1"> <tr> <td></td><td>✓</td><td>Reason for the choice</td></tr> <tr> <td><i>Self (home remedies)</i></td><td></td><td rowspan="7"> <ul style="list-style-type: none"> <li>Proximity,</li> </ul> </td></tr> <tr> <td><i>Informal healers</i></td><td></td></tr> <tr> <td><i>private practitioners/ hospitals,</i></td><td></td></tr> <tr> <td><i>public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i></td><td>✓</td></tr> <tr> <td><i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i></td><td></td></tr> <tr> <td><i>AYUSH practitioners.</i></td><td></td></tr> <tr> <td><i>Self (home remedies)</i></td><td></td></tr> </table>		✓	Reason for the choice	<i>Self (home remedies)</i>		<ul style="list-style-type: none"> <li>Proximity,</li> </ul>	<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>	
	✓	Reason for the choice																		
<i>Self (home remedies)</i>		<ul style="list-style-type: none"> <li>Proximity,</li> </ul>																		
<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>																				
ANC Checkup																				

<i>needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i>	<i>nice, availability of staff, free of cost services, trust on the provider.</i>	
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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i>	<i>May use local terms as recognized by the community Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i>	Nearby my house and good and free services,
<i>How long has it been there?</i>	<i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i>	Greater than one year
<i>What are the health services being provided there?</i>	<i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i>	ANC Checkup, Blood glucose if diabetes, etc.

Topic: Accessibility to primary healthcare services		
<i>How do you access the facility from your residence?</i>	<i>Probes: Walk to the facility Use public transport Use personal transport</i>	<b>By walk</b>

<b>What are the challenges you face in accessing this facility?</b>	<b>Barriers may include:</b>  <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	NO
<b>Are the staff of the facility organizing outreach visits or camps in the community?</b>  <i>If yes, can you share what you've observed during such camps/ visits?</i>		Once in a month, arrange a camp health checkup,  Information provided about and how to take care of a baby, how to take care of yourself, and.

**Topic: Availability of primary health care infrastructure and services**

<b>What are your opinions on the building in which the primary healthcare facility is functioning?</b>	<b>Probes</b>	<b>Infrastructure and services</b>	<b>Response</b>
		<i>Condition of the building</i>	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
<b>What more needs to be added to improve the treatment seeking experience in this place?</b>		<i>Maintenance</i>	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad



		<i>Dedicated space for waiting and examination</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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 officer (AAM PHC/ UPHC/ UAAM),  Community health officer (AAM-SHC), ANMs,  Staff Nurses, Lab technicians, pharmacists,  Multipurpose worker, health workers,  any other.</p>	<p>Yes, 10 am to 2 pm staff are available</p> <p>Yes-, CHO and MPW (M) are available</p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Yes</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>Only ANC checkup has been done if needed some test then refer to PHC Sesih</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><b>Innovative may include</b> painless, time-saving or cost saving methods or technology</i></p>	Yes
<p><i>Do you find the current methods/technology acceptable when administered on you or your family?</i></p>	<p><i><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?</i></p>	Yes
<p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p><i><u>This may include social, psychological, physical or financial distress.</u></i></p>	No, go to PHC

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><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</i></p>	Don't now
<p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p>	<p><i><b>Probe:</b> To share some insights</i></p>	Don't now
<p><i>Are those services economical in terms of time and money?</i></p>		Yes
Topic: Community's involvement / participation		

<p><b>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</b></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><b>Probes</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>Under NCD program arrange the camp and Information about TB was given in it</p> <p>Don't now</p> <p>Don't now</p>
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Topic: Unmet Needs		
<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>There should be awareness about health. A Doctor should come once a week. One ANM(F) is needed</p> <p>Go to PHC</p> <p>Yes</p>
Topic: Quality of Care provided through the primary healthcare facility		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for</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> </ul>	<p>All are good,</p> <p>Deliveries conducted in SC, the delivery room should be</p>

<i>enhancing the treatment seeking experience?</i>	- Practice of soliciting and implementing feedback	improved and ladies should have ANM
<i>Do you feel that your health improves by using the services provided at the facility?</i>	- Right diagnosis - Accuracy of diagnostic tests done at the facility - Effectiveness of medicines dispensed at the facility	Yes

### Summary:

Key Challenges Observed	Root Cause
<ul style="list-style-type: none"> <li>• Deliveries are done in SC but the delivery room is very old it needs to be repaired and ladies need ANM</li> <li>• Shortage of Medicine and test kits</li> <li>• All Medicine and tests should be done here.</li> </ul>	<ul style="list-style-type: none"> <li>• Funding-related issues</li> <li>• Funding-related issues</li> <li>• State and district need to take action to provide doctors</li> </ul>

**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	Champhai
3. Block/Taluka Name	Khawbung
4. Name of Facility	Dungthing SC HWC
5. Type of Facility	SCHWC
6. NIN of the facility	6473752779
7. No. of days in a week facility is operational	5 days
8. OPD Timings	9:15 am – 2:00 pm
9. Month & Year of AAM operationalization	1983
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Khawbung PHC
12. Distance of next referral facility (Km)	6 kms

<b>A.1 Demographic Details</b>	
1. Number of Villages	2
2. No. of Households	301
3. Total catchment Population	1527
4. Population who are 30 years of age and above	678

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:  <div style="text-align: right;">Table Chairs  Almirah/Rack</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
8.	Laboratory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Pharmacy /Drug store	✓ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> <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 type="checkbox"/> Yes <input checked="" 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	-	-	2	2
3	MPW-M		-	-	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	2	2

4	Any other (If yes, specify)	1	1	-	-	-
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<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>			
<b>Services</b>	<b>CHO (Yes/ No)</b>	<b>MPW (F) / (M) (Yes/ No)</b>	<b>ASHA (Yes/ No)</b>
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

<b>D.2 Training details- Expanded CPHC packages</b>						
<b>Staff</b>	<b>Trained in Eye care (Yes/ No)</b>	<b>Trained in ENT care (Yes/ No)</b>	<b>Trained in Oral care (Yes/ No)</b>	<b>Trained in MNS (Yes/ No)</b>	<b>Trained in Elderly &amp; Palliative care (Yes/ No)</b>	<b>Trained in Trauma &amp; Emergency care (Yes/ No)</b>
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
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list  (Link for essential medicines for reference <a href="https://nhsrindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105) 12	
Total number of medicines available at AAM-SHC	17	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" 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 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	13 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	13
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"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" 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 type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	NCD, common health ailments
Total Teleconsultations in the last 01 month	13

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input 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:	ABHWC

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"> <tr> <td>Funds received (Amt in Rs.)</td> <td>Expenditure (Amt in Rs.)</td> <td>% Expenditure</td> </tr> <tr> <td>37490</td> <td>37490</td> <td>100%</td> </tr> </table>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	37490	37490	100%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure					
37490	37490	100%					
Is untied fund being spent on following activities	<p><b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p><b>Regular purchase:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>						
<b>K. Governance</b>							
<b>Community-based platforms</b>  Constitution of Jan Arogya Samiti  Periodic JAS meetings in the last 6 months (Once a month)  JAS meeting minutes available  VHSNC Meeting held and minutes available  Periodic VHND sessions undertaken (Sessions held against planned)	<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>						

Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>L. 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 Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days are celebrated as per the Wellness Activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Calendar Number of Wellness sessions conducted in Last month	28daily
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	6

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	451
2	No. of PW registered for ANC	5
3	No. of PW received 4 or more ANC check-ups	5
4	Total number of institutional deliveries	5
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	6
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	2

8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months		6																								
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		25  2  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:		98% 11% 8%																								
11	<table border="1"> <thead> <tr> <th>NCDs <i>(No. of individuals in last 6 Months)</i></th> <th>Screened</th> <th>Referred</th> <th>Followed-up</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>216</td> <td>18</td> <td>18</td> </tr> <tr> <td>Diabetes</td> <td>216</td> <td>21</td> <td>21</td> </tr> <tr> <td>Oral Cancer</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>Breast Cancer</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>Cervical Cancer</td> <td>00</td> <td>00</td> <td>00</td> </tr> </tbody> </table>	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	Hypertension	216	18	18	Diabetes	216	21	21	Oral Cancer	00	00	00	Breast Cancer	00	00	00	Cervical Cancer	00	00	00		
NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up																								
Hypertension	216	18	18																								
Diabetes	216	21	21																								
Oral Cancer	00	00	00																								
Breast Cancer	00	00	00																								
Cervical Cancer	00	00	00																								
<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 2024-25 90%																								
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 type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<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> <ul style="list-style-type: none"> <li>The building of the HWC is old and small.</li> <li>Don't have staff quarters for the CHO and ANM</li> </ul>
<b>HRH</b>

<ul style="list-style-type: none"> <li>• CHO, 2-ANM (F), and Group D is available in the facility.</li> </ul>
<b>IEC</b> <ul style="list-style-type: none"> <li>• Most of the IEC materials are well placed.</li> </ul>
<b>Expanded service Packages</b> <ul style="list-style-type: none"> <li>• The CHO of the facility is providing teleconsultation services using her smartphone.</li> <li>• CHO and ASHA are trained to expanded packages</li> </ul>
<b>IT System</b> <ul style="list-style-type: none"> <li>• Laptop is not available in the facility to enter the data in different online portals.</li> <li>• No internet connectivity in the facility.</li> </ul>
<b>Any Other</b> <ul style="list-style-type: none"> <li>• Shortage of paracetamol supply.</li> <li>• Shortage of different test kits, like Typhoid test, Scrub typhus test, etc.</li> </ul>

#### 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>	05.03.2025
<b>Name of Village/ Slum visited</b>	Dungtlang
<b>Details of nearest public health facility (from residence)</b>	<i>Facility name:</i> Dungtlang AAM-SHC <i>Facility type:</i> AAM-SHC <i>Distance:</i> Less than 1km
<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>What about for conditions</i></b>	<b><i>Healthcare provider probes: Self (home remedies),</i></b>  <i>Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</i>		√	<b>Reason for the choice</b>  <ul style="list-style-type: none"> <li>• Proximity,</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>			

<i>needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i>	<b>Reasons probes:</b> <i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i>	ANC Checkup.
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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i>	<b>May use local terms as recognized by the community</b> <b>Services may include:</b> <i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i>	Not answered
<i>How long has it been there?</i>	<b>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</b>	5 Years
<i>What are the health services being provided there?</i>	<b>Probes-RCH, NCD, Communicable diseases, expanded packages)</b>	ANC checkup, immunization, child care diabetes, etc.

Topic: Accessibility to primary healthcare services		
<i>How do you access the facility from your residence?</i>	<b>Probes:</b> <i>Walk to the facility</i> <i>Use public transport</i> <i>Use personal transport</i>	By walk

<p><b>What are the challenges you face in accessing this facility?</b></p>	<p><b>Barriers may include:</b></p> <p><i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i></p>	<p>Financial barriers</p>	
<p><b>Are the staff of the facility organizing outreach visits or camps in the community?</b></p> <p><b>If yes, can you share what you've observed during such camps/ visits?</b></p>		<p>Yes, at least once in a month</p> <p>Awareness creation, blood samples etc.</p>	
<p><b>Topic: Availability of primary health care infrastructure and services</b></p>			
<p><b>What are your opinions on the building in which the primary healthcare facility is functioning?</b></p>	<p><b>Probes</b></p> <ul style="list-style-type: none"> <li>▪ Condition of the building</li> <li>▪ Maintenance</li> <li>▪ Dedicated space for waiting and examination</li> <li>▪ Adequate seating arrangement</li> <li>▪ Functional toilet</li> <li>▪ Potable and drinking water</li> <li>▪ Power supply</li> </ul>	<p><b>Infrastructure and services</b></p>	<p><b>Response</b></p>
		<p><i>Condition of the building</i></p>	<p><input checked="" type="checkbox"/> Good</p> <p><input type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
<p><b>What more needs to be added to improve the treatment seeking experience in this place?</b></p>		<p><i>Maintenance</i></p>	<p><input checked="" type="checkbox"/> Good</p> <p><input type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>

		<i>Dedicated space for waiting and examination</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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 officer (AAM  PHC/  UPHC/ UAAM),  Community health officer (AAM-SHC), ANMs,  Staff Nurses, Lab technicians, pharmacists,  Multipurpose worker, health workers, any other.</p>	<p>Yes</p> <p>Yes</p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><b>Probe</b></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<p>Not all.</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>Only ANC checkup has done if needed some test than refer to PHC</p>	
<p><b>Topic: Acceptability of healthcare services</b></p>			



Topic: Appropriateness of primary healthcare services delivered through AAM		
<i>What are the main healthcare concerns that exist or emerge in your community?</i>	<i><b>Probe:</b> To name out the diseases/ healthcare emergencies frequented by the community members</i>	No any problem in our community
<i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i>	<i><b>Probe:</b> To share some insights</i>	NA
<i>Are those services economical in terms of time and money?</i>		NA
Topic: Community's involvement / participation		
<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>	<i><b>Probes</b></i> <i>Setting health-related priorities</i>	No
<i>How is the local community helping the AAM to function better?</i>	<i>Engagement with the Community Health Workers (ASHA/ equivalents)</i>	Don't now
<i>Please mention the activity and your contribution</i>	<i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i>	Don't now

Topic: Unmet Needs		
<i>According to you, what other services may be provided through the facilities to improve the</i>		There should be awareness about health. A pediatrician should come once a week.



<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>Go to PHC or DH</p> <p>Yes for travelling and sometimes for medical tests</p>
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**Topic: Quality of Care provided through the primary healthcare facility**

<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p><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>All are good,</p> <p>Don't now .</p> <p>Yes</p>
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**Summary:**

Key Challenges Observed	Root Cause
<ul style="list-style-type: none"> <li>• Shortage of medicine and test kits.</li> <li>• Need to provide more services in the sub health centre.</li> </ul>	<ul style="list-style-type: none"> <li>• Not received from district/state.</li> <li>• State and district not considered this request.</li> </ul>

**Glimpses of the Champhai district, Mizoram Field monitoring visit  
during 2-7 March, 2025**

**DH-Chmaphai**



**DH-Chmaphai (MS Office)**



**PHC -Hnahlan**



**PHC – Khawbung**





**UPHC – Champhai (Vengthar)**



**PHC - Sesih**



**AAM SHC-Khuangleng**



**UAAM-Zotlang**





**AAM SHC-Dungtlang**



**Community Interaction at AAM SHC-Khuangleng**



**District TB Centre- Champhai**



**DH - Champhai**



CMO Office – Champhai



AAM SHC-Hnahlan-2



