



Population Research Centre (PRC) Pune

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

National Health Mission (NHM) Field Monitoring Report - Khawzawl District, Mizoram

**By
Mr. Ravi D. Prasad
Mr. Prashik A.P.**

March 2025

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

Table of Contents

Sr. No.	Name of Facility	Type of Facility	Page No
1	District Hospital, Khawzawl	District Hospital	3-18
2	Community Health Centre, Biate	Community Health Centre	19-30
3	Primary Heath Centre, Sialhawk	AAM-Primary Health Centre	31-48
4	Primary Heath Centre, Khawhai	AAM-Primary Health Centre	49-67
5	Primary Health Centre, Rabung	AAM-Primary Health Centre	68-86
6	Primary Health Centre, Kawlkulh	AAM-Primary Health Centre	87-104
7	Urban Health & Wellness Centre, Zaingen Veng	Urban-AAM Sub Health Centre	105-119
8	Sub Health Centre, Tlangpui	AAM-Sub Health Centre	120-142
9	Sub Health Centre, Vangtlang	AAM-Sub Health Centre	143-163
10	Sub Health Centre, Dulte	AAM-Sub Health Centre	164-186
11	Glimpses of Khawzawl Field monitoring visit		187-189

Field Monitoring Format -District Hospital (DH)

Date of Visit: 10.03.2025

GENERAL INFORMATION	
Name of facility visited	District Hospital - Khawzawl
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: District Hospital - Champhai Distance: 32 kms

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9: 30 am to 12:00 Noon	As reported/ Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	<p>Comments:</p> <p>PHC converted into DH in 2022. New building is under construction.</p> <p> <input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital </p>	<p>Observation</p> <p>Good</p>

A. PHYSICAL INFRASTRUCTURE			
Indicator	Response		Means of verification
	Last major renovation done in (Year): <u>2023 (New building is under construction)</u>		
3. Number of functional in-patient beds	23 No of ICU Beds available: 0		As reported/ Hospital Citizen Charter Board
4. List of Services available	OPD, Casualty, Physiotherapy, ECG, Dental X ray, Pathology test, Complete Haemogram, 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	N
	6	Ophthalmology	N
	7	Dental	Y
	8	Imaging Services (X – ray)	Y
	9	Imaging Services (USG)	Y
	10	District Early Intervention Centre (DEIC)	N
	11	Nutritional Rehabilitation Centre (NRC)	N
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	N
	13	Comprehensive Lactation Management Centre (CLMC)/ Lactation Management Unit (LMU)	N
	14	Neonatal Intensive Care Unit (NICU)	N
			As reported/ Hospital Citizen Charter Board
			Remarks • Not conducting Caesarian deliveries in DH • Ultrasound scan is available only 2 days in a week (Friday & Saturday)

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	15	Pediatric Intensive Care Unit (PICU)	N	
	16	Labour Room Complex	Y	
	17	ICU	N	
	18	Dialysis Unit	N	
	19	Emergency Care	Y	
	20	Burn Unit	N	
	21	Teaching block (medical, nursing, paramedical)	N	
	22	Skill Lab	N	
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/ Hospital Citizen Charter Board
6. Tele medicine/Consultation services available	<input 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 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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, number of units of blood currently available: <u>NA</u> No. of blood transfusions done in last month: <u>NA</u>	Blood Bank records Register
9. Whether blood is issued free, or user fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Bank records Register (NA)
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)	Observation Checked
11. IT Services	Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: <u>Good</u>	As reported One laptop and 9 PCs are available and verified the same

B. Human Resources				Means of verification- As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)			4		1
	Specialist	Medicine	1	0		0
		Ob-Gyn	1	0		0
		Pediatrician	10			0
		Anesthetist	1	0		0
		Surgeon	1	0		0
		Ophthalmologist	1	0		0
		Orthopedic	1	0		0
		Radiologist	1	0		0
		Pathologist	1	0		0
		Others	1	0		0
	Dentist		1	1		0
	Staff Nurses/ GNMs			5		4
	LTs			0		0
	Pharmacist			0		0
	Dental Technician/ Hygienist			0		0
	Hospital/ Facility Manager			0		0
	EmOC trained doctor			0		0
	LSAS trained doctor			0		0
	Others			0		0

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	<p>Initiated: 2016</p> <ul style="list-style-type: none"> Facility score: N/A Award received: <ul style="list-style-type: none"> 2022-23- 1st prize 2023-24 Commendation prize 2024-25- Commendation prize and best team award 	<p>Kayakalp Assessment report Verify certificate if awarded</p> <p>Verified</p>
14. NQAS	<ul style="list-style-type: none"> Assessment done: Internal/State Facility score: 68% Certification Status: Not yet certified 	<p>NQAS assessment report Verify certificate if awarded</p>

15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> If No, Assessment Done - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Operation Theatre: <ul style="list-style-type: none"> LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No <ul style="list-style-type: none"> If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No 	LaQshya Assessment Report – check score Verify certificate if awarded NA										
D. DRUGS & DIAGNOSTICS												
16. Availability of list of essential medicines (EML)/ drugs (EDL) https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, total number of drugs in EDL <u>375</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>45</u> 	Verify EDL Displayed Verified										
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	Observation, Check software										
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td>Nil</td></tr> <tr><td>2</td><td>Nil</td></tr> <tr><td>3</td><td>Nil</td></tr> <tr><td>4</td><td>Nil</td></tr> <tr><td>5</td><td>Nil</td></tr> </table>	1	Nil	2	Nil	3	Nil	4	Nil	5	Nil	As reported, check DVDMS, e-aushadhi, etc. Reported no shortage
1	Nil											
2	Nil											
3	Nil											
4	Nil											
5	Nil											
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 <u>NA</u>	As reported Stock/Indent register										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported Provides all tests as per citizen's chart.										

<ul style="list-style-type: none"> In-house tests 	Timing: 9:00AM TO 3:00 PM Total number of tests available against Essential Diagnostic tests list for DH <u>35</u> (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: NA Total number of tests provided by PPP provider: <u>NA</u> Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP provider agency
21. X-ray services is available Cases for February: IPD= 3 OPD= 31	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X- ray machine is available in the hospital: 1 Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Available
22. CT scan services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes: <input checked="" type="checkbox"/> In-house/ <input type="checkbox"/> PPP 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>	Observation If any cases, they refer to private facilities in the Champhai or Aizawl Patient interviews
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported Not free for anyone

24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input checked="" type="checkbox"/> Acute shortage	As reported Mostly shortage of the following test kits: Typhoid, H. pylori, Dengue, Scrub Typhus, etc.
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
NA	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	Observation, Records
	Total number of tests performed: - _____	
<ul style="list-style-type: none"> Whether the services are free for all NA	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service NA	<ul style="list-style-type: none"> Previous year _____ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH-DH-IPHS-Guidelines-2022.pdf)	<ul style="list-style-type: none"> Emergency care related equipments/instruments (Defibrillator, Mechanical ventilator, Mayos Scissors, Tracheostomy set, Splints, etc.) Ophthalmology (A scan biometer, B-scan biometer, Keratometer, Auto Refractometer, OCT Footstool, X-ray view box, Ophthalmoscope Indirect with 20 D lens. 	As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	No downtime for any equipment	As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported

<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: <u>19</u> No. of C-sections performed in last month: <u>NA</u>	Verify C-section records from Maternity OT registers Verified
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: Good OT: No OT Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Average delay in payment to beneficiaries: 5 months (Average for how many days/beneficiary) Payment done till: Current month <input type="checkbox"/> Last month <input type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input checked="" type="checkbox"/> Reasons for delay: Not released from Champhai CMO	Verify from JSY status report
30. Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <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)	As reported/As Displayed in Maternity Ward C-section delivery is not available.

	<input type="checkbox"/> No user charges	
31. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month : 1 case If No, reasons thereof:	PMSMA Register/High Risk Pregnancy Register, Staff review
32. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
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	Observation, Patient review
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records Checked
35. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/ Review
36. Number of Child Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/ Review
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	November: 9 December: 6 January: 18	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	January: 19	Verify BF records

41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input checked="" type="checkbox"/> Not functional/ All posts vacant	Observation
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 type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify) <u>Health Worker</u>	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Services are available.	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 Checked
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 Checked

49. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>1564</td> <td>53</td> </tr> <tr> <td>Diabetes</td> <td>1564</td> <td>60</td> </tr> <tr> <td>Oral Cancer</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Cancer</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Cancer</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	NCD	Screened	Confirmed	Hypertension	1564	53	Diabetes	1564	60	Oral Cancer	0	0	Breast Cancer	0	0	Cervical Cancer	0	0	Checked
NCD	Screened	Confirmed																		
Hypertension	1564	53																		
Diabetes	1564	60																		
Oral Cancer	0	0																		
Breast Cancer	0	0																		
Cervical Cancer	0	0																		
51. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Only L and P form data enters, S form enters by Sub-centre.	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																		
DBT is provided from the Champhai district, so there is no information in DH Khawzawl.	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) <u>No records available</u>	DBT/Nikshay Report																		
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	DBT/Nikshay Report																		
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months <u>NA</u>	DBT/Nikshay Report																		
	Are all TB patients tested for HIV: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	DBT/Nikshay Report																		
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months:	DBT/Nikshay Report																		

F. RECORDS, FINANCE, OTHERS								
53. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Respective Records Checked all records						
54. How much fund was received and utilized by the facility under NHM? FY 2023-24: Rs.10,00,000/- FY 2024-25: have not received funds	Fund Received last year: Fund utilized last year:	Facility FMR						
	Fund in prev. FY <table border="1"> <thead> <tr> <th>Received</th> <th>Utilized</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>10,00,000</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: Repairs & maintenance, stationery, vehicle maintenance, laboratory, internet bills, electricity, water bills, etc.	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"> • HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated • IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • HWC Portal: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated • Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated 	Check respective portals at the facility wrt last entries						
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	There was no meeting since 2020 (after forming as a new DH from PHC.	RKS Register						

57. Availability of ambulance services in the area 2 Ambulances available in this facility	<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
	Comment (if any): NA	
<ul style="list-style-type: none"> How many cases were referred here in the last month? 	Number: 0 Types of cases referred in: NA	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: 20 Types of cases referred out: Indoor – 11 & Emergency - 9	Out-referral register Checked

	Key challenges observed in the facility and the root causes	
	Challenge	Root causes
a)	Specialized Services: The hospital has no Specialist to conduct General surgery, Anesthesiology, Ophthalmology, etc.	The state administration has not yet posted any specialist even with repeated appeals.
b)	Physical Infrastructure not available: <ul style="list-style-type: none"> District Early Intervention center (DEIC) Nutritional rehabilitation Centre SNCU/ MNCU CLMC/ LMU NICU PICU Labor room complex ICU Dialysis Unit Burn unit 	There are no Specialist to head these centers. A new building is currently being constructed to include these facilities.

	<ul style="list-style-type: none"> • Teaching block • Skill block 	
c)	Telemedicine services	Services available as PHC, however after conversion to DH, there is no services available
d)	Operation theatre not available	Due to lack of Specialist and building
e)	No functional blood bank	Blood Storage unit is available. However, there is no building to accommodate blood bank
f)	<p>HR related challenges: The hospital has no specialist for:</p> <ul style="list-style-type: none"> • Medicine • Ob Gyn • Anesthetist • Surgeon • Ophthalmologist • Orthopedic • Radiologist • Pathologist <p>It also has no:</p> <ul style="list-style-type: none"> • LT's • Pharmacist • Hygienist • facility manager • EmOC Trained doctor • LSAS Doctor 	No sanctions from government
g)	No CT Scan Services available	Lack of funds and space
h)	PM Dialysis Programme not implemented	No Trained personnel for the service
i)	JSY Payments are delayed	Since Funds are released late from Champhai CMO which is still acting as the Head office, Payments are inevitably delayed
j)	No C section performed in maternity care	No specialist to conduct the procedure
k)	No Separate records for newborns breastfed	There is no breastfeeding nurse as well as family planning counselor
l)	No sterilization performed	No family planning counselor to guide patients nor specialist to conduct the procedure
m)	No cancer patients are screened	Lack of specialist and infrastructure

n)	TB elimination challenges: <ul style="list-style-type: none"> No DBT records No CBNAAt and Tru Nat services available 	DBT services is provided from Champhai district. Therefore, no records can be found in Khawzawl DH.
o)	RKS Fund last received was for FY 2022-2023	Delay in sanction of funds from NHM
p)	No RKS Meeting conducted since 2020	Since RKS meeting requires the chairperson to be the District Commissioner, appeals by the Hospital to DC office for meetings have been denied on ground that the DC office claimed the district BDO to be the chairperson.
q)	No cases referred in	Most cases are referred to Champhai DH as Khawzawl DH does not provide specialised services. The one's referred to Khawzawl DH also usually approached OPD directly leading to no records available.

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

- The facility is converted from PHC to DH in 2022. However, this facility is still functioning as PHC, not fully functioned as DH.
- Major specialized services such as General Surgery, ICU, SNCU/MNCU, NICU, NRC, DEIC, etc. are not available in this facility.
- Caesarian deliveries are not conducting in the district hospital, Khawzawl.
- Ultrasound scan is available only in 2 days in a week (Friday & Saturday).
- No Operation Theatre available in this facility
- The old building is demolished and started constructing the new building.
- No shortage of medicine for at least last 6 months.
- Overall, the facility is not yet fully operational and not able to provide a few ANC and PNC services due to lack of equipments and shortage of man power.
- Since the district is newly bifurcated from the Champhai district, therefore, the DH is not fully operating independently. Still, some of the administration and financial related decisions taken by the Champhai district.

Field Monitoring Format - Community Health Centre (CHC)

Urban/ Rural: Rural

Date of Visit: 11.03.2025

General Information	
Name of facility visited	CHC Biate
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: Champhai DH Distance: 82.7 kms

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

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 9:30 am - 3:30 pm	As reported/ Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure /building	Comments: good	Observation
Please comment on the condition and tick the appropriate box	<input checked="" type="checkbox"/> 24*7 running water facility	Observation
	<input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)	
	<input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female)	
	<input checked="" type="checkbox"/> Drinking water facility available	
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement	
	<input type="checkbox"/> ASHA rest room is available	
	<input checked="" type="checkbox"/> Drug storeroom with rack is available	

A. INFRASTRUCTURE		Means of verification																																	
Indicator	INFRASTRUCTURE																																		
	Power backup: <input type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital																																		
4. Number of functional in-patient beds	30	As reported/ Hospital Citizen Charter Board																																	
5. List of Service available	1. General OPD 2. AYUSH OPD 3. Dental Clinic 4. NCD Clinic 5. ANC Clinic 6. Adolescent Health Clinic 7. Ophthalmic Clinic 8. Physiotherapy Clinic 9. Geriatric Clinic 10. Laboratory Services (24x7) 11. Emergency Services (24x7) 12. Labour Room Services (24x7) 13. General IPD (24x7) 14. National Health Programmes	As reported/ Hospital Citizen Charter Board																																	
<ul style="list-style-type: none"> Specialized Services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Services</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td>N</td></tr> <tr><td>2</td><td>O&G</td><td>N</td></tr> <tr><td>3</td><td>Pediatric</td><td>N</td></tr> <tr><td>4</td><td>General Surgery</td><td>N</td></tr> <tr><td>5</td><td>Anesthesiology</td><td>N</td></tr> <tr><td>6</td><td>Ophthalmology</td><td>N</td></tr> <tr><td>7</td><td>Dental</td><td>Y</td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td>Y</td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td>N</td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td>N</td></tr> </tbody> </table>	Sl.	Services	Y/N	1	Medicine	N	2	O&G	N	3	Pediatric	N	4	General Surgery	N	5	Anesthesiology	N	6	Ophthalmology	N	7	Dental	Y	8	Imaging Services (X – ray)	Y	9	Imaging Services (USG)	N	10	Newborn Stabilization Unit	N	As reported/ Hospital Citizen Charter Board
Sl.	Services	Y/N																																	
1	Medicine	N																																	
2	O&G	N																																	
3	Pediatric	N																																	
4	General Surgery	N																																	
5	Anesthesiology	N																																	
6	Ophthalmology	N																																	
7	Dental	Y																																	
8	Imaging Services (X – ray)	Y																																	
9	Imaging Services (USG)	N																																	
10	Newborn Stabilization Unit	N																																	
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes, available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available	As reported																																	
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: Community Medicine	As reported																																	

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

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		0	1	0	0
	Specialists	Medicine	0	0	0	0
		Ob-Gyn	0	0	0	0
		Pediatrician	0	0	0	0
		Anesthetist	0	0	0	0
	Dentist		0	0	1	1
	SNs/ GNMs			4	2	2
	LTs			2	0	0
	Pharmacist		0	0	1	1
	Dental Assistant/ Hygienist		0	0	1	1
	Hospital/ Facility Manager		0	0	1	0
	EmOC trained doctor		0	1	0	0
	LSAS trained doctor		0	0	0	0
	Others		0	0	0	0

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	<p>Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Not certified with them Award received: 2nd Prize -- 2021-22, 2022-23 3rd Prize – 2019-20</p> <p>Winner <input checked="" type="checkbox"/> Commendation <input checked="" type="checkbox"/> 2023-24 & 2024-25</p>	<p>Kayakalp Assessment report Verify certificate if awarded</p>
14. NQAS	<p>Assessment done: Yes</p> <p>Internal/State Facility score: 65.3% Certification Status: No certified</p>	<p>NQAS assessment report</p> <p>Verify certificate if awarded</p>

15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	LaQshya Assessment Report check score Verify certificate if awarded										
D. DRUGS AND DIAGNOSTICS												
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, total number of drugs in EDL <u>130</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>95</u>	Verify EDL Displayed										
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____	Observation, Check software										
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td>NA</td></tr> <tr><td>2</td><td>NA</td></tr> <tr><td>3</td><td>NA</td></tr> <tr><td>4</td><td>NA</td></tr> <tr><td>5</td><td>NA</td></tr> </table>	1	NA	2	NA	3	NA	4	NA	5	NA	As reported, Check DVDMS, E-aushadhi, etc.
1	NA											
2	NA											
3	NA											
4	NA											
5	NA											
19. Availability of Essential Consumables:	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported										
	In last 6 months, how many times there was a shortage: <u>No shortage</u>	Stock/Indent register										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;										
• In-house tests	Timing: 24x7 Total number of tests available against Essential Diagnostic tests list for CHC: <u>23</u>	Obtain the complete list of diagnostic tests performed in house										
• Outsourced/ PPP	Timing:	Obtain the complete list of diagnostic										

	Total number of tests Provided by PPP Provider: <u>NIL</u>	tests outsourced/ done in PPP mode
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: Is the X-ray machine AERB certified <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Installation in process
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments /equipment (Refer to Annexure 10 in the link for list of equipment (https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf)	No	As reported
25. Average downtime of equipment (days). Details of equipment are non-functional for more than 7 days	No	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: <u>1</u> No. of C-sections performed in last month: <u>0</u>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: <i>The Labour room is good and IEC materials are displayed.</i> OT: <i>Good</i>	Observation

	Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
27. Status of JSY payments	<p>Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay: (Average for how many days/patients)</p> <p>Payment done till: December, 2024</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input checked="" type="checkbox"/></p> <p>Last 3 Months <input checked="" type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay: Fund not received from CMO, Champhai District</p>	Verify from JSY status report
28. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>	As reported/ As Displayed in Maternity Ward
29. PMSMA services provided on 9 th of every month	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month: 2</p> <p>If No, reasons thereof:</p>	PMSMA Register/ High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured	Observation, Patient review

	<input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: 0 Current year: 0	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: 1 Current year: 0	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	2	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	1	Verify BF records
39. Number of sterilizations performed in last one month	0	FP Sterilizations register Verify if fixed days of sterilization exist
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra		Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software

44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: <u>Adolescent Health Counsellor</u> Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC Register																		
45. Whether facility has functional NCD clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, is there any fixed day or days in a week for NCD care at the facility? <u>4</u> days (Mention number of days)	Check NCD Register Checked																		
46. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No																			
47. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>a. Hypertension</td> <td>315</td> <td>10</td> </tr> <tr> <td>b. Diabetes</td> <td>315</td> <td>1</td> </tr> <tr> <td>c. Oral Cancer</td> <td>470</td> <td>0</td> </tr> <tr> <td>d. Breast Cancer</td> <td>350</td> <td>0</td> </tr> <tr> <td>e. Cervical Cancer</td> <td>56</td> <td>0</td> </tr> </tbody> </table>	NCD	Screened	Confirmed	a. Hypertension	315	10	b. Diabetes	315	1	c. Oral Cancer	470	0	d. Breast Cancer	350	0	e. Cervical Cancer	56	0	NCD Register
NCD	Screened	Confirmed																		
a. Hypertension	315	10																		
b. Diabetes	315	1																		
c. Oral Cancer	470	0																		
d. Breast Cancer	350	0																		
e. Cervical Cancer	56	0																		
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records																		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported, Observation																		
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average): NA	DBT/Nikshay Report																		
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report																		
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months Nil	DBT/Nikshay Report																		
	Is there a sample transport mechanism in place for:	As reported																		

	<p>Investigations within public sector for TB testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>						
	<p>Are all TB patients tested for HIV? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	DBT/Nikshay Report					
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 3.11%	DBT/Nikshay Report					
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 0</p> <p>Out of those, how many are having Gr. II deformity:</p> <p>Frequency of Community Surveillance:</p>	Facility Register/ Records for leprosy					
F. RECORDS, FINANCE, OTHERS							
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>TB Notification Registers: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	Respective Records					
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: Rs. 4,89,121/-</p> <p>Fund utilized last year: Rs. 4,42,650/-</p>	Facility FMR					
	<table border="1"> <thead> <tr> <th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>791956</td><td>638469.1</td><td>80.6</td></tr> </tbody> </table>	Received	Utilized	%	791956	638469.1	80.6
Received	Utilized	%					
791956	638469.1	80.6					
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:							

	Reasons for underutilization of fund (if any)	Staff review
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated IHIP <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated / <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Check respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Quarterly or as per requirement meeting conducts	RKS Register
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input checked="" type="checkbox"/> Government ambulance services are not available Comment (if any):	As reported
<ul style="list-style-type: none"> How many cases from sub centre/ PHC were referred to this CHC last month? 	Number: 2 Types of cases referred in: Pregnant women (GDM) -1 Pregnant women (PIH) - 1	Referral-in register Charge Rs.800/-
<ul style="list-style-type: none"> How many cases from the CHC were referred to the DH last month? 	Number: 6 Types of cases referred out: Injury – 2 Enteric Fever with COPD – 1 COPD -1 Pre-Term Labour-1 Enphysema -1	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Shortage of specialists such as Medicine, Ob-Gyn, Pediatrician, Anesthetist, etc.	New recruitment yet to done from State
b) Drugs supply is not according to State EDL	State/district side issues. It should be provided according to the State EDL
c) Fund not received on time (JSY & RKS)	Delay in the recruitment from State and district
d) Govt. ambulance service not available in the facility	Funds related issues
e) Limited space is Pharmacy and Store. There are no sufficient racks in the store room to keep medicine.	Lack of infrastructure, need to improve the infrastructure in this facility.
f) Blood storage facility is not functional due to lack of equipment and proper infrastructure	Lack of infrastructure.

Remarks & Observations (Write in Bullets within 100-300 words)
<ul style="list-style-type: none"> Overall, the facility is running with a shortage of human resource. Especially, the specialist like Medicine, Ob-Gyn, Pediatrician, Anesthetist, etc. There is no shortage of medicine in this facility for last 6 months. X-ray machine is not available right now, it is sanctioned and will be installed soon. RKS meeting not regularly conducted. A quarterly or as per requirement meeting conducts in this facility.

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

Urban /Rural: Rural

Date of Visit: 11/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Khawzawl
3. Block/Taluka Name	Khawzawl
4. Name of Facility	PHC Sialhawk
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	3767465739
7. No. of days in a week facility is operational	7 Days
8. OPD Timings	9:00 AM – 3:00 PM
9. Month & Year of operationalization of AAM	March 2003
10. Details of co-location, if any (If any co-located SHC)	SHC Sialhawk
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	DH Champhai
13. Distance of next referral facility (in Km)	75 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	NA

A.1 Demographic Details	
1. Number of Villages/Wards	3 villages
2. No. of Households	718
3. Total catchment Population	3625
4. Population who are 30 years of age and above	1388

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 NA	<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 (Doctor and Staff Nurse)

B.1 Information, Education & communication (IEC) material		
1	Display of signage's and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input 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	0	0	4	4
5.	Pharmacist	1	0	0	1	1
6.	Laboratory Technician	1	0	0	1	1
7.	ANM/MPW (F)#	1	0	0	2	2
8.	MPW (M)	1	0	0	1	1
9.	Lady Health Visitor	1	0	0	0	0
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	1	1
12.	Data entry operator	1	0	0	1	1
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	4	4
15.	ASHA Facilitator (If any, only for Rural areas)	0	0	0	1	1
16.	Others (Specify)	0	HS – 1 Group D -5	0	0	0
17.	Whether all essential HRH available as per IPHS 2022	Partially available				

*Desirable

For PHC sub centre-Co-located

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Y/N)	Staff Nurse (Y/N)	MPW (F) / (M) (Y/N)	ASHA (Y/N)
Maternal Health (ANC/PNC Care)	Y	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	Y	Y	N
NCD	Y	Y	Y	N
Others (Specify)	N	N	N	N

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	79 (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	79	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input 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 checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" 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 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	36 (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	36
4	Number of tests Provided through In House Mode	36
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	75 days
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	<ul style="list-style-type: none"> • BP machine-1 • BP machine-2 • BP machine-3

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 (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability PC – 4 are available	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop /Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)

Teleconsultation services (PHC/ CHCs/DH/MCH)	<input 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	Cold, Cough, and Fever
Total teleconsultations in the last 01 month	10
I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input 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:	

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source		Timely disbursement
	Untied		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Other Sources		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	165000	153538	93%

<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 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 type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year) – 28/01/2025</p> <p>Average Delay in Payment (days): 365 days</p> <p>Reasons for delay, if any Not received from the State</p>
<p>Availability of JSSK Entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <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 type="checkbox"/> No user charges</p>

M. Service delivery Output Indicators (Data of previous quarter)																																
1	Total number of outpatient department visits			865																												
2	No. of PW registered for ANC			10																												
3	No. of PW received 4 or more ANC check-ups			6																												
4	Total number of institutional deliveries			0																												
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			0																												
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			11																												
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			6																												
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month			4																												
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	TB patients undergoing treatment Indicators (Current Year) 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			 95.1% 72.7% 27.2%																												
13	Community Based Screening for NCDs <table><tr><td>NCDs (No. of individuals in Last 6 Months)</td><td>Screened</td><td>Treated</td><td>Follow-up</td></tr><tr><td>Hypertension</td><td>17</td><td>17</td><td>10</td></tr><tr><td>Diabetes</td><td>45</td><td>45</td><td>20</td></tr><tr><td>NCDs (No. of individuals in Last 6 Months)</td><td>Screened</td><td>Referred</td><td>Follow-up</td></tr><tr><td>Oral Cancer*</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>1</td><td>1</td><td>1</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	17	17	10	Diabetes	45	45	20	NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up	Oral Cancer*	0	0	0	Breast Cancer*	1	1	1	Cervical Cancer*	0	0	0	
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																													
Hypertension	17	17	10																													
Diabetes	45	45	20																													
NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up																													
Oral Cancer*	0	0	0																													
Breast Cancer*	1	1	1																													
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	1 st Prize during 2024-25 92.6%
6	Patient Rights	<input checked="" 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 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 type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback

		<input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	02.08.2024
2	Facility aggregate score using ODK Took kit	52.54%

Remarks & Observations	
Infrastructure <ul style="list-style-type: none"> • Building is old, require a new building • Renovation of BMW storage room with general waste room for improvement of infection control. • Required a chemical resistant table for laboratory. • Need renovation for the pharmacist store room • Need a sterilization room for improvement of infection control. • Extension of bathroom in the labour room. • Required chairs to sit patients in the waiting area. 	
HRH <ul style="list-style-type: none"> • HR is good in this facility. • Almost filled all positions, except Pharmacist and driver. 	
IEC <ul style="list-style-type: none"> • Good, it was kept in the OPD area, labour room etc. 	
Expanded service Packages <ul style="list-style-type: none"> • Laboratory test kit for better improvement of patient care. • Tally counter for laboratory. 	
IT System <ul style="list-style-type: none"> • Required a Laptop for timely submission of reports for DVDMS/NCD/IHIP/HMIS etc. • Need a printer for laboratory to printing investigations sheets & data analysis 	
Any Other <ul style="list-style-type: none"> • Timely give the salary and other reimbursement in the facility. 	

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: 11/03/2025

A. General Information	
16. State	Mizoram
17. District Name	Khawzawl
18. Block/Taluka Name	Khawzawl
19. Name of Facility	PHC Khawhai
20. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	1318175153
22. No. of days in a week facility is operational	7 Days
23. OPD Timings	10:00 AM – 4:00 PM
24. Month & Year of operationalization of AAM	April, 1994
25. Details of co-location, if any (If any co-located SHC)	Khawhai SHC
26. Accessible from nearest road head (Yes/No)	Yes
27. Next Referral Facility Name	Champhai DH
28. Distance of next referral facility (in Km)	58 km
29. If UPHC functions as a Polyclinic (Yes/No)	NA
30. If Yes, please take note of available specialist services at the Polyclinic	NA

A.1 Demographic Details	
1. Number of Villages/Wards	5 villages
2. No. of Households	1092
3. Total catchment Population	5261
4. Population who are 30 years of age and above	2267

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 <div>NA</div>	<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 (Yes, but not fully covered)																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture: <div> Table Chairs Almirah/Shelf </div>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input 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 (Doctor, Nursing Staff, Group-D)

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines				
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	109 (Total number of medicines at AAM-PHC/UPHC as per National EML -172)		
2	Total number of medicines available at AAM-PHC/UPHC	122		
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	<table><tr><td><input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy</td><td><input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)</td></tr></table>	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)			

5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input 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	36 (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	42
4	Number of tests Provided through In House Mode	42

5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke-PPP Model	Nil
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	Only once happened on 13/11/2024 till date
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	Centrifuse

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 (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input 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 PC – 3 are available	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop /Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)

Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	NCD, APD, Toothache, Gerd, Allergy, HTN, T2DM
Total teleconsultations in the last month	8
I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source		Timely disbursement
	Untied		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Other Sources		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Fund utilization NHM Fund/untied funds utilized during last year:	<table border="1"> <tr> <th data-bbox="776 201 987 369">Funds received (Amount in Rs.)</th> <th data-bbox="987 201 1203 369">Expenditure (Amount in Rs.)</th> <th data-bbox="1203 201 1412 369">% Expenditure</th> </tr> <tr> <td data-bbox="776 369 987 443">87500</td> <td data-bbox="987 369 1203 443">60940</td> <td data-bbox="1203 369 1412 443">66.9%</td> </tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	87500	60940	66.9%
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure					
87500	60940	66.9%					
Is untied fund being spent on following activities?	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify; <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input checked="" type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Status of JSY Payments	Payment done till (month/ year) – 23/02/2025 Average Delay in Payment (days): Previous year 1 year delay, usually funds receive lately. Reasons for delay, if any						
Availability of JSSK Entitlements (Blood bank not available)	<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	957
2	No. of PW registered for ANC	6
3	No. of PW received 4 or more ANC check-ups	4
4	Total number of institutional deliveries	11
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	8
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	60
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment Indicators (Current Year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	27 0 0
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	100% 64% 36%

13	Community Based Screening for NCDs			
	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up
	Hypertension	749	58	3
	Diabetes	749	71	34
	NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up
	Oral Cancer*	450	1	0
	Breast Cancer*	267	0	0
	Cervical Cancer*	64	8	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	1 st Prize during 2023-24 Commendation award They haven't shared the 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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	31.07.2024
2	Facility aggregate score using ODK Took kit	82.14%

Remarks & Observations
Infrastructure <ul style="list-style-type: none"> • Building was in good condition and other hospital infrastructure is also good. • X-ray machine & Ultrasound for the facility with staff (technician) • Hospital ground /floor black topping • Proper maintenance of Laboratory machine (Haemato Analyser)
HRH <ul style="list-style-type: none"> • Human resource are inadequate; require 1-Dental Surgeon, 2-Staff nurse, and 1-Data entry operator. • To conduct more staff training from RNTCP/State/District level
IEC <ul style="list-style-type: none"> • Good, it was put in the OPD area
Expanded service Packages <ul style="list-style-type: none"> • Irregular supply & lack of supply of essential drugs.
IT System All IT related things are good. <ul style="list-style-type: none"> • Printer for Main Centre • Required a Laptop for DVDMS/NCD/IHIP/HMIS etc..
Any Other <ul style="list-style-type: none"> • NHM & JSY funds should come on-time

Annexure- List of equipment

S. No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	✓		✓	
2	Laryngoscope	✓			✓ Battery not available
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: 10/03/2025

A. General Information	
31. State	Mizoram
32. District Name	Khawzawl
33. Block/Taluka Name	Khawzawl
34. Name of Facility	PHC Rabung
35. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	2156581163
37. No. of days in a week facility is operational	7 Days
38. OPD Timings	9:30 AM – 4:00 PM
39. Month & Year of operationalization of AAM	1.1.1981
40. Details of co-location, if any (If any co-located SHC)	Rabung SHC
41. Accessible from nearest road head (Yes/No)	Yes
42. Next Referral Facility Name	Khawzawl DH
43. Distance of next referral facility (in Km)	40 km
44. If UPHC functions as a Polyclinic (Yes/No)	No
45. If Yes, please take note of available specialist services at the Polyclinic	NA

A.1 Demographic Details	
1. Number of Villages/Wards	5 villages
2. No. of Households	581
3. Total catchment Population	2808
4. Population who are 30 years of age and above	907

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 <div>NA</div>	<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 (Yes, but partially covered)																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture: <div> Table Chairs Almirah/Shelf </div>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input 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, Nursing Staff-2, Pharmacist-1)

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

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

*Desirable

For PHC sub centre-Co-located

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

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

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

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

	F. Availability of Essential medicines		
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) <i>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</i>	68 <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	68	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<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	29 (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	29
4	Number of tests Provided through In House Mode	29

5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke-PPP Model	Nil
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	Less than 7 days
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input 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 (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop/ Desktop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Common illness such as fever, allergies
Total teleconsultations in the last month	0
I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

K. Reporting												
Online Platforms	Reporting											
<input type="checkbox"/> AAM Portal/App	<input 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:												
L. Finance												
Remuneration & Incentives <u>Note: Payments yet to receive since this January</u>	<table border="1"> <thead> <tr> <th>Cadre</th> <th>Timely disbursement</th> <th>Complete disbursement as entitled</th> </tr> </thead> <tbody> <tr> <td>AAM-PHC Team (Salary)</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes <input 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> </tbody> </table>	Cadre	Timely disbursement	Complete disbursement as entitled	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Cadre	Timely disbursement	Complete disbursement as entitled										
AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
Facility funds	<table border="1"> <thead> <tr> <th>Fund Source</th> <th>Timely disbursement</th> </tr> </thead> <tbody> <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> </tbody> </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											
Fund utilization NHM Fund/untied funds utilized during last year: <u>FY 2023-24</u>	<table border="1"> <thead> <tr> <th>Funds received (Amount in Rs.)</th> <th>Expenditure (Amount in Rs.)</th> <th>% Expenditure</th> </tr> </thead> <tbody> <tr> <td>545906.28</td> <td>545906.28</td> <td>100%</td> </tr> </tbody> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	545906.28	545906.28	100%	<u>NHM fund not received in FY 2024-25</u>				
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure										
545906.28	545906.28	100%										

<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input 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> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year) – January 2025</p> <p>Average Delay in Payment (days): 365 days’ delay, usually funds receive lately.</p> <p>Reasons for delay, if any Funds not received on time.</p>
<p>Availability of JSSK Entitlements</p> <ul style="list-style-type: none"> • Blood bank not available • Referral Transport - 800 rupees will give from Poor fund, if not sufficient 2000 will give for applicable cases 	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/>No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>

M. Service delivery Output Indicators (Data of previous quarter)																															
1	Total number of outpatient department visits	479																													
2	No. of PW registered for ANC	-																													
3	No. of PW received 4 or more ANC check-ups	-																													
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	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	-																													
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	-																													
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	1																													
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																													
11	TB patients undergoing treatment Indicators (Current Year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	1 0 0																													
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	Not available (Takes in Sub Health Centre)																													
13	Community Based Screening for NCDs <table border="1"> <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>614</td><td>3</td><td>15</td></tr> <tr> <td>Diabetes</td><td>614</td><td>1</td><td>8</td></tr> <tr> <th>NCDs (No. of individuals in Last 6 Months)</th><th>Screened</th><th>Referred</th><th>Follow-up</th></tr> <tr> <td>Oral Cancer*</td><td>614</td><td>1</td><td>0</td></tr> <tr> <td>Breast Cancer*</td><td>291</td><td>0</td><td>0</td></tr> <tr> <td>Cervical Cancer*</td><td>291</td><td>8</td><td>0</td></tr> </table>	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up	Hypertension	614	3	15	Diabetes	614	1	8	NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up	Oral Cancer*	614	1	0	Breast Cancer*	291	0	0	Cervical Cancer*	291	8	0		
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																												
Hypertension	614	3	15																												
Diabetes	614	1	8																												
NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up																												
Oral Cancer*	614	1	0																												
Breast Cancer*	291	0	0																												
Cervical Cancer*	291	8	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	2024-25 82
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism

10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	12 th June 2024
2	Facility aggregate score using ODK Took kit	52.07%

Remarks & Observations
Infrastructure <ul style="list-style-type: none"> • Building was in good condition. • Boundary wall is partially available in the facility. • Sufficient chairs are not available in the waiting area at the facility and required airport chairs. • X-ray machine and Ultrasound not available in this facility and it should be provided with staff. • The electrolytic analyzer for blood tests is not available.
HRH <ul style="list-style-type: none"> • There is no MO in this facility; One MO from the Khawzawl UAAM visits this facility twice in a week. • Overall, Human resource are inadequate. • Required staff: 1-Medical Officer, 2-Staff nurse, 4-Group-D, 1-Driver, 1-Lab-Technician, and 1-Data entry operator.
IEC <ul style="list-style-type: none"> • Required smart television for IEC
Expanded service Packages <ul style="list-style-type: none"> • Need to be improved the number of laboratory tests in the facility. • Upgrade of BMW store room.

IT System

- Internet connectivity is not there
- Required a Laptop for DVDMS/NCD/IHIP/HMIS etc.

Any Other

- Supply of medicine should be on time when required.
- NHM & JSY funds should come on-time

Annexure- List of equipment

S. No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	3		3	
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	3		3	
13	Mobile Spotlight	✓		✓	
14	Manual Vacuum Aspirator		✓		
15	Weighing Scale	2		2	
16	Baby Weighing Scale	2		2	
17	Infantometer		✓		

18	Ophthalmoscope		✓		
19	Fully Loaded Dental Chair Electrically Operated		✓		
20	Dental Chair-Basic		✓		
21	Oxygen Hood Neonatal		✓		
22	ILR With Voltage Stabilizer-Small	✓		✓	
23	Deep Freezer-Small	✓		✓	
24	ILR With Voltage Stabilizer-Large		✓		
25	Deep Freezer-Small-Large	✓		✓	
26	Vaccine Carrier with Ice Packs	6		6	
27	Cell Counter – 3 Part	✓		✓	
28	Semi-Automated Biochemistry Analyser	✓		✓	
29	Binocular Microscope	2		2	
30	HbA1C Analyser		✓		
31	Turbidometer		✓		
32	Glucometer	3		3	
33	Haemoglobinometer	✓		✓	
34	ESR Analyzer	✓		✓	
35	Electrolyte Analyzer		✓		
36	Oxygen Cylinder- B Type	6		6	
37	BP Apparatus- Aneroid	9		8	1
38	BP Apparatus-Digital	5		4	1
39	Stethoscope	8		7	1
40	Thermometer	7		7	
41	Examination Table	2		2	

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: 08/03/2025

A. General Information	
46. State	Mizoram
47. District Name	Khawzawl
48. Block/Taluka Name	Khawzawl
49. Name of Facility	PHC Kawlkulh
50. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
51. NIN of the facility	2485414748
52. No. of days in a week facility is operational	7 Days
53. OPD Timings	9:30 AM – 3:30 PM
54. Month & Year of operationalization of AAM	January 1980
55. Details of co-location, if any (If any co-located SHC)	Kawlkulh SHC
56. Accessible from nearest road head (Yes/No)	Yes
57. Next Referral Facility Name	Khawzawl DH
58. Distance of next referral facility (in Km)	40 km
59. If UPHC functions as a Polyclinic (Yes/No)	No
60. If Yes, please take note of available specialist services at the Polyclinic	NA

A.1 Demographic Details	
1. Number of Villages/Wards	10
2. No. of Households	2450
3. Total catchment Population	11380
4. Population who are 30 years of age and above	3417

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 <div>NA</div>	<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: <div> Table Chairs Almirah/Shelf </div>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input 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, Nursing Staff-3, Driver-1, BAM-1, LT-1 & Health Worker-2)

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

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	3	3	0	0
5.	Pharmacist	1	-	-	-	-
6.	Laboratory Technician	1	1	0	1	1
7.	ANM/MPW (F)#	1	-	-	-	-
8.	MPW (M)	1	1	0	1	0
9.	Lady Health Visitor	1	0	0	1	0
10.	Dresser	1	1	1	-	-
11.	Accountant	1	-	-	1	1
12.	Data entry operator	1	-	-	-	-
13.	Sanitation staff	1	3	3	-	-
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		-	-	6	6
15.	ASHA Facilitator (If any, only for Rural areas)	-	-	-	1	1
16.	Others (Specify)	-	-	-	-	-
17.	Whether all essential HRH available as per IPHS 2022	Partially available				

*Desirable

For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	10 (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	40	
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"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-Allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	0 (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	17
4	Number of tests Provided through In House Mode	17
5	Number of tests Provided through Hub & Spoke (Public Health System)	0

6	Number of tests Provided through Hub & Spoke-PPP Model	Nil
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	No
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	Hematology Analyzer

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Teleconsultation services (PHC/ CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	NA
Total teleconsultations in the last 01 month	NA
I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

K. Reporting												
Online Platforms	Reporting											
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Specify others, if any:												
L. Finance												
Remuneration & Incentives <u>Note: Payments yet to receive since last year</u>	<table border="1"> <thead> <tr> <th>Cadre</th> <th>Timely disbursement</th> <th>Complete disbursement as entitled</th> </tr> </thead> <tbody> <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> </tbody> </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										
Facility funds	<table border="1"> <thead> <tr> <th>Fund Source</th> <th>Timely disbursement</th> </tr> </thead> <tbody> <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> </tbody> </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											
Fund utilization	<table border="1"> <thead> <tr> <th>Funds received (Amount in Rs.)</th> <th>Expenditure (Amount in Rs.)</th> <th>% Expenditure</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	-	-	-	<u>NHM fund not received in FY 2024-25</u>				
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure										
-	-	-										

<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year) – October 2024</p> <p>Average Delay in Payment (days): 365 days</p> <p>Reasons for delay, if any Funds not received.</p>
<p>Availability of JSSK Entitlements</p> <p>(Blood bank not available)</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 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>

M. Service delivery Output Indicators (Data of previous quarter)																															
1	Total number of outpatient department visits		1020																												
2	No. of PW registered for ANC		-																												
3	No. of PW received 4 or more ANC check-ups		-																												
4	Total number of institutional deliveries		11																												
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified		2																												
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine		26																												
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine		30																												
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month		0																												
9	Number of cases referred from PHC AAM to CHC or higher centre during last month		1																												
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months		0																												
11	TB patients undergoing treatment Indicators (Current Year) 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 0																												
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above		NA																												
13	Community Based Screening for NCDs <table><tr><td>NCDs (No. of individuals in Last 6 Months)</td><td>Screened</td><td>Treated</td><td>Follow-up</td></tr><tr><td>Hypertension</td><td>2077</td><td>3</td><td>15</td></tr><tr><td>Diabetes</td><td>2077</td><td>1</td><td>8</td></tr><tr><td>NCDs (No. of individuals in Last 6 Months)</td><td>Screened</td><td>Referred</td><td>Follow-up</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	2077	3	15	Diabetes	2077	1	8	NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up	Oral Cancer*	0	0	0	Breast Cancer*	0	0	0	Cervical Cancer*	0	0	0	
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																												
Hypertension	2077	3	15																												
Diabetes	2077	1	8																												
NCDs (No. of individuals in Last 6 Months)	Screened	Referred	Follow-up																												
Oral Cancer*	0	0	0																												
Breast Cancer*	0	0	0																												
Cervical Cancer*	0	0	0																												

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2018-19
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism

10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	5 th August 2024
2	Facility aggregate score using ODK Took kit	42.68%

Remarks & Observations	
Infrastructure <ul style="list-style-type: none"> Overall the facility infrastructure is good Staff quarters available for medical officer, nursing staff, BAM, driver, lab technician, and also to health workers. HbA1C analyzer, Hot Air Oven, Autoclave should be needed in the facility. 	
HRH <ul style="list-style-type: none"> There is no MO in this facility; Staff nurse is looking after OPD in this facility. There was lack of HR in this facility and immediate recruitment of the medical officer, staff nurse, pharmacist, lab technician, X-ray technician, ANM/MPW (F), and Group-D. 	
IEC <ul style="list-style-type: none"> Required smart television for IEC 	
Expanded service Packages <ul style="list-style-type: none"> Need to be improved the number of laboratory tests in the facility, including Thyroid function test. 	
IT System <ul style="list-style-type: none"> All are good 	
Any Other <ul style="list-style-type: none"> Irregular salary for NHM staff Irregular JSY and JSSK funds, it should be provided on-time. Supply of medicine and dressing materials shortage is there in this facility. 	

Annexure- List of Equipment

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

23	Deep Freezer-Small	✓		✓	
24	ILR With Voltage Stabilizer-Large	✓		✓	
25	Deep Freezer-Small-Large	✓		✓	
26	Vaccine Carrier with Ice Packs	4		4	
27	Cell Counter – 3 Part	✓		✓	
28	Semi-Automated Biochemistry Analyser	✓		✓	
29	Binocular Microscope	✓		✓	
30	HbA1C Analyser		✓		
31	Turbidometer		✓		
32	Glucometer	2		2	
33	Haemoglobinometer	✓		✓	
34	ESR Analyzer		✓	✓	
35	Electrolyte Analyzer		✓		
36	Oxygen Cylinder- B Type	7		7	
37	BP Apparatus- Aneroid	2		1	1
38	BP Apparatus-Digital	5		5	
39	Stethoscope	2		2	
40	Thermometer	5		5	
41	Examination Table	3		3	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle		✓		
43	Exerciser Couch/Table		✓		
44	Finger Exerciser Web		✓		
45	Walking Aid for Training/ Reciprocal Walker		✓		

Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 08.03.2025

A. General Information	
1. State	Mizoram
2. District Name	Khawzawl
3. Ward Name	-
4. Name of Facility	Urban Health & Welness Centre, Zaingen Veng
5. Type of Facility	U-AAM
6. NIN of the facility	113541854
7. No. of days in a week the facility is operational	5 days
8. OPD Timing	10AM-1PM
9. Month & Year of UAAM operationalization	December, 2022
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	District Hospital, Khawzawl
12. Distance of next referral facility (Km)	7 kms

A.1 Demographic Details	
1. Number of Wards	-
2. No. of Households	570
3. Total catchment Population	2150
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	If there is no government-owned building, specify building type (<i>Other Govt./Urban Local Body/ Rented etc.</i>)	Rented
3.	Availability of boundary wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour, 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Day Care Beds available (<i>Norm – 2</i>)	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Facilities for elderly and differently able 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 type="checkbox"/> Yes <input checked="" 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

B. Physical Infrastructure		
Infrastructure Status and details		Availability
19.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Bio-medical waste disposal mechanism in place	<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 signage's and name of the facility (<i>even in local language</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (<i>related to service packages TB, FP, RMNCHA, NCD, Eye, oral care, etc.</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*Desirable amenities

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

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

D.1 Training Details- RMNCHA+ Communicable & Non- Communicable Diseases				
Services	MO (MBBS) (Yes/No)	Staff Nurse (Yes/No)	MPW (M) (Yes/No)	ASHA (Yes/No)
Maternal Health (ANC/PNC Care)	No	No	-	No
Child Health (New Born Care/ HBNC/ HBYC)	No	No	-	No
Family Planning	No	No	-	N
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasis etc.)	Yes	Yes	-	No
NCD	Yes	Yes	-	Yes
Others (Specify) <ul style="list-style-type: none"> Vertical transmission of HIV & Syphilis NPNCD, NVBPCP 	Yes	No	No	No

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)	No	Yes	No	Yes	Yes	No
Staff Nurse	No	No	No	No	No	No
MPW (F) / (M)	No	No	No	No	No	No
ASHA	No	No	No	No	No	No

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. Availability of Essential medicines			
1	Number of medicines at UAAM as per State Essential Medicine List (EML) <i>Reference link for national EML:</i> https://nhsrindia.org/sites/default/files/SHCHWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf	21 <i>(Total medicines at UAAM as per national EML is 105)</i>	
2	Total number of medicines available at the UAAM	3	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergic <input checked="" type="checkbox"/> Antidotes for poisoning	<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 hypoglycemic <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS

		<input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input 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 UAAM as per State Essential Diagnostic list	8 <i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	4
4	Number of tests Provided through In House Mode	0
5	Number of tests Provided through Hub & Spoke (Public Health System)	-
6	Number of tests Provided through Hub & Spoke- PPP Model	-
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment (days)	NA
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	Nil

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)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded)
Teleconsultation services Specify Hub for teleconsultation: (UPHC-Polyclinic/ /DH/MCH/Other)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UPHC - Polyclinic <input type="checkbox"/> DH <input type="checkbox"/> Medical College Hospital <input checked="" type="checkbox"/> Other, specify: UHC itself a hub
Teleconsultation platforms used	<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	AFI, NCO-HTN, Trom, ARI, Mild to moderate anemia
Total teleconsultations in the last 01 month	10

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

J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months (once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No November 2024
Minutes of meetings maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of functional MAS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
United Fund utilized during last year	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	50000/-	15745/-	31.5%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water (Filter set up on 18th November 2024)</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Status of JSY Payments	<p>Payment done till:</p> <p>Not received any fund</p>		

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

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	923
2	No. of PW registered for ANC	Nil
3	No. of PW received 4 or more ANC check-ups	-
4	Total number of institutional deliveries	-
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	-
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	-
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	-
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	3

9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	Nil																								
8	TB patients undergoing treatment (Current Year) Indicators 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	Current year 1 Nil Nil																								
9	Community Based Screening % of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	 80% 45% 35%																								
	<table><tr><td>NCDs <i>(No. of individuals in Last 6 Months)</i></td><td>Screened</td><td>Treated</td><td>Follow-up</td></tr><tr><td>Hypertension</td><td>520</td><td>175</td><td>252</td></tr><tr><td>Diabetes</td><td>520</td><td>85</td><td>178</td></tr><tr><td>Oral Cancer*</td><td>520</td><td>-</td><td>-</td></tr><tr><td>Breast Cancer*</td><td>339</td><td>-</td><td>-</td></tr><tr><td>Cervical Cancer*</td><td>-</td><td>-</td><td>-</td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	520	175	252	Diabetes	520	85	178	Oral Cancer*	520	-	-	Breast Cancer*	339	-	-	Cervical Cancer*	-	-	-	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	520	175	252																							
Diabetes	520	85	178																							
Oral Cancer*	520	-	-																							
Breast Cancer*	339	-	-																							
Cervical Cancer*	-	-	-																							

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, Achievement under Kayakalp (Winner, recommendation) 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 type="checkbox"/> Respectful Maternity Care being practiced <input type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input 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	21.10.2024
2	Facility aggregate score using ODK Took kit	32.85

Remarks & Observations
<p>Infrastructure</p> <ul style="list-style-type: none"> Required patients waiting chair, Day-care beds for observation/care The facility is working in the rented building. Situated in a location that can easily access the community people. Road connectivity is there, but the road is bumpy sloppy; difficult to access the elderly and disable people.
<p>HRH</p> <ul style="list-style-type: none"> No multipurpose worker (MPW) since March 2024.
<p>IEC</p> <ul style="list-style-type: none"> Shortage of IEC materials in this facility
<p>Expanded service Packages</p> <ul style="list-style-type: none"> Required equipments daily dressing and emergency kits Autoclave for sterilization
<p>IT System</p> <ul style="list-style-type: none"> Require a computer for teleconsultation and data entry in the portal Lack of good internet connection in the facility
<p>Any Other</p> <ul style="list-style-type: none"> Shortage of medicine such as Antibiotics (Pediatric, adult), Antipyretics, ORS, Oral hyperglycemic etc.

Annexure- List of essential equipment

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

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

Date of Visit: 11/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Khawzawl
3. Block/Taluka Name	Khawzawl
4. Name of Facility	Tlangpui SHC-HWC
5. Type of Facility	SHC-HWC
6. NIN of the facility	4584565479
7. No. of days in a week facility is operational	7 days
8. OPD Timings	10:00 am – 4:00 pm
9. Month & Year of AAM operationalization	2021
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Sialhawk PHC
12. Distance of next referral facility (Km)	20 kms

A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	210
3. Total catchment Population	1168
4. Population who are 30 years of age and above	422

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

18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (used for segregation of biomedical waste)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input type="checkbox"/> ANM <input checked="" type="checkbox"/> Group D
B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1
2	ANM/MPW-F	2	-	-	-	-
3	MPW-M		-	-	1	1

3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	1	1
4	Any other (If yes, specify)	-	-	-	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)	Y	Y	Y
Child Health (New Born Care/ HBNC/HBYC)	Y	Y	Y
Family Planning	Y	Y	Y
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Y	Y	Y
NCD	Y	Y	Y

D.2 Training details- Expanded CPHC packages						
Staff	Traine d in Eye care (Yes/ No)	Train ed 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 & Emergenc y care (Yes/ No)
CHO	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW (F)	No	No	No	No	No	No
MPW (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA	Yes	Yes	Yes	Yes	Yes	Yes

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <p><input 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>Communicable diseases</p> <p><input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> <p><input checked="" type="checkbox"/> TB</p> <p><input type="checkbox"/> Leprosy</p> <p><input checked="" type="checkbox"/> Acute simple illnesses</p> <p>Non-Communicable Diseases</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>

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

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list (Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105) 20	
Total number of medicines available at AAM-SHC	20	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergies <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 checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required	

	<input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	10 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	10
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: UHC - Khawzawl
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	Fever, cold, cough, diarrhea, neurological conditions, ear problems, etc.
Total Teleconsultations in the last 01 month	25

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

J. Finance	
Remuneration & Incentives 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
Facility funds 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Fund utilization % NHM Fund utilized last year:	<table border="1"> <tr> <td data-bbox="878 201 1057 327"> Funds received (Amt in Rs.) </td> <td data-bbox="1057 201 1240 327"> Expenditure (Amt in Rs.) </td> <td data-bbox="1240 201 1398 327"> % Expenditure </td> </tr> <tr> <td data-bbox="878 327 1057 369">-</td> <td data-bbox="1057 327 1240 369">-</td> <td data-bbox="1240 327 1398 369">-</td> </tr> </table> <p align="center">Not received funds</p>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	-	-	-
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure					
-	-	-					
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 type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>						

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

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 type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	6 days

M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits			500
2	No. of PW registered for ANC			3
3	No. of PW received 4 or more ANC check-ups			2
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			1
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			1
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			3
9	TB patients undergoing treatment Indicators (Current year) 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			5 0 0
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			46% 36% 10%
11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up
	Hypertension	111	3	3
	Diabetes	111	5	5
	Oral Cancer	111	0	0
	Breast Cancer	65	0	0
	Cervical Cancer	65	0	0

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	03/08/2024
2	Facility aggregate score using ODK Took kit	34.22

Remarks & Observations
Infrastructure <ul style="list-style-type: none"> The facility building is old and not very spacious. Required a new building. Boundary wall is not available in this facility. Table, chair, rack and trolley are required in this facility.
HRH <ul style="list-style-type: none"> Female health worker is required at this facility and health worker male or female required at Tlangmawi clinic.
IEC <ul style="list-style-type: none"> Well displayed the IEC materials in the facility.
Expanded service Packages <ul style="list-style-type: none"> Required a Radiant warmer, stadiometer, in the facility. Required an Ice line refrigerator to store the vaccines
IT System <ul style="list-style-type: none"> Required a laptop for DVDMS/NCD/IHIP/HMIS/AAM portal data entry. Internet is not available, required a Wi-Fi connection. Printer is needed in the facility.
Any Other <ul style="list-style-type: none"> 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		✓		

Annexure VI

Field Monitoring Format - Community Level

Date of Visit	11.03.2025
Name of Village/ Slum visited	Tlangpui
Details of nearest public health facility (from residence)	<i>Facility name:</i> Tlangpui AAM-SHC <i>Facility type:</i> AAM-SHC <i>Distance:</i> Less than 1km
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

<p>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,)</p> <p>Reasons, thereof.</p>	<p><i>DH/ MCH), AYUSH practitioners.</i></p> <p>Reasons probes:</p> <p><i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<p>The facility is near to their households, more convenient to reach, economic and trust on the service provider to benefit of all services provided.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p>	<p>May use local terms as recognized by the community</p> <p>Services may include:</p> <p><i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i></p>	<p>It is located in their area and provides basic health services to all of them whenever required.</p>
<p>How long has it been there?</p>	<p>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</p>	<p>Yes, it is there for more than 5 years</p>
<p>What are the health services being provided there?</p>	<p>Probes-RCH, NCD, Communicable diseases, expanded packages)</p>	<p>Provides accidental care, wound dressing, fever, cold, vaccination for the children, 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>	<ul style="list-style-type: none"> • Use personal transport 	
<i>What are the challenges you face in accessing this facility?</i>	<i>Barriers may include:</i> <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none"> • Financial barriers 	
<i>Are the staff of the facility organizing outreach visits or camps in the community?</i> <i>If yes, can you share what you've observed during such camps/ visits?</i>		Yes, once in a month organize camps in the community.	
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>	<i>Probes</i> <ul style="list-style-type: none"> ▪ Condition of the building ▪ Maintenance ▪ Dedicated space for waiting and examination ▪ Adequate seating arrangement ▪ Functional toilet ▪ Potable and drinking water 	Infrastructure and services	Response
		<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>Power supply</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>Staff may include: <i>Medical officer (AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	<p>Yes, the staff is available whenever they visited the facility.</p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p>	<p>Probe</p>	<p>Not every time. Anti-biotic medicine is not available in the facility.</p>	

<i>If not, reasons thereof.</i>	<i>If there had been instances of non-availability of medicines, what do you do?</i>	
<p><i>Is the facility providing all the lab-tests/diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><i>Probe</i></p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<p>Not all tests. Refer to the PHC for the Dengue test, Scrub Typhus, etc.</p>
Topic: Acceptability of healthcare services		
<i>Do you feel that the staff at the facility is capable to provide health care?</i>	<i>Probe:</i> Adequate skills and knowledge	Yes
<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p><i>Innovative may include</i> painless, time-saving or cost saving methods or technology</p> <p><i>Alternate phrasing:</i> <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment?</i> <u><i>This may include social, psychological, physical or financial distress.</i></u></p>	<p>Yes</p> <p>Yes</p> <p>No, visited other facilities and get the tests done.</p>

Topic: Appropriateness of primary healthcare services delivered through AAM		
What are the main healthcare concerns that exist or emerge in your community?	<i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i>	<ul style="list-style-type: none"> There are no such issues in our community.
In the event of its occurrence, is the AAM providing relevant healthcare services?	<i>Probe: To share some insights</i>	NA
Are those services economical in terms of time and money?		NA
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?	<i>Probes</i> <i>Setting health-related priorities</i>	Not involved
How is the local community helping the AAM to function better?	<i>Engagement with the Community Health Workers (ASHA/ equivalents)</i>	NA
Please mention the activity and your contribution	<i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i>	NA

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>If the specialist doctor/s visit to our community at least once in a week, that will be helpful to get the treatment for our health issues.</p> <p>Travelling 20kms distance to PHC to get meet specialist doctors.</p> <p>Yes for travelling and sometimes for medical tests</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 enhancing the treatment seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Provider behaviour/ attitude - Waiting time - Cleanliness of the premises - Provision for Grievance redressal and escalation - Practice of soliciting and implementing feedback - Right diagnosis - Accuracy of diagnostic tests done at the facility - Effectiveness of medicines dispensed at the facility 	<p>All are good, except Grievance</p> <p>Yes, grievance redressal and escalation need to be improved to enhancing the treatment seeking.</p> <p>Yes</p>

Summary:

Key Challenges Observed	Root Cause
<ul style="list-style-type: none">• All medicine and diagnostic tests should be provided in the facility.• Different Specialist doctors need to be visited in our community.• More frequently organize the camps and in our community.	<ul style="list-style-type: none">• Shortage of medicine and test kits• State and district need to be taken initiation to provide it.• Funding related issues

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

Date of Visit: 11/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Khawzawl
3. Block/Taluka Name	Khawzawl
4. Name of Facility	Vangtlang HWC
5. Type of Facility	AAM-HWC
6. NIN of the facility	1325651725
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:30 am – 2:00 pm
9. Month & Year of AAM operationalization	31.04.1987
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Khawhai PHC
12. Distance of next referral facility (Km)	13 kms

A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	100
3. Total catchment Population	536
4. Population who are 30 years of age and above	243

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Pharmacy /Drug store	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

B.1 Information, Education & Communication (IEC) material

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

C. Human Resource Availability

	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1
2	ANM/MPW-F	2	-	-	1	1

3	MPW-M		-	-	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	1	1
4	Any other (If yes, specify)	Group -D	-	-	1	1

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

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	Y	Y	Y	Y	Y	Y
ANM/ MPW (F)	Y	Y	Y	Y	Y	Y
MPW (M)	-	-	-	-	-	-
ASHA	Y	Y	Y	Y	Y	Y

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</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>Communicable diseases</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>Non-Communicable Diseases</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>

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

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list (Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105) 32	
Total number of medicines available at AAM-SHC	32	
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 checked="" type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

G. Essential diagnostics	
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 ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet (Not working for more than a year) <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input 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	According to the patient need. Mostly for common illness, such as fever, cold, diarrhea, wounds
Total Teleconsultations in the last 01 month	1

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

J. Finance								
Remuneration & Incentives Timely disbursement of incentives to ASHAs 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Fund utilization % 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>9260</td> <td>37%</td> </tr> </tbody> </table>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	25000	9260	37%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure						
25000	9260	37%						
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

	<p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
K. Governance	
<p>Community-based platforms</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	
<p>Wellness sessions being held periodically</p> <p>Availability of a trained instructor for wellness session Health</p> <p>Days are celebrated as per the Wellness Activity</p> <p>Calendar Number of Wellness sessions conducted in Last month</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6</p>
ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	6

M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits			244
2	No. of PW registered for ANC			2
3	No. of PW received 4 or more ANC check-ups			4
4	Total number of institutional deliveries			0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified			0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			4
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			4
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			10
9	TB patients undergoing treatment Indicators (Current year) 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			6 0 0
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			100% 62% 38%
11	NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up
	Hypertension	221	10	10
	Diabetes	221	12	12
	Oral Cancer	221	1	1
	Breast Cancer	150	0	0
	Cervical Cancer	150	2	1

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	NA
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input 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
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	30.07.2024
2	Facility aggregate score using ODK Took kit	Not available

Remarks & Observations
Infrastructure 1. The building is good, but boundary wall is not there. 2. Separate functional toilets for male and female is not there.
HRH 1. MPW male is required in this facility.
IEC Well displayed.
Expanded service Packages 1. Since Tuberculosis cases found in this area, but the medicine is not available. 2. Shortage of medicine categories (Oral contraception, Analgesics, Antibiotics, Anti-fungal, Anti-malarial, ORS, Multi-vitamins, etc.
IT System 1. Internet connectivity is not good.
Any Other

Appendix-List of equipment

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

Annexure VI

Field Monitoring Format - Community Level

Date of Visit	11.03.2025
Name of Village/ Slum visited	Vangtlang
Details of nearest public health facility (from residence)	<i>Facility name:</i> Vangtlang HWC <i>Facility type:</i> AAM-SHC <i>Distance:</i> Less than 1km
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

<p>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,)</p> <p>Reasons, thereof.</p>	<p><i>DH/ MCH), AYUSH practitioners.</i></p> <p>Reasons probes:</p> <p><i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<p>The facility is very economical to visit by walk and know people will be there in the facility.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p>	<p>May use local terms as recognized by the community</p> <p>Services may include:</p> <p><i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i></p>	<p>Good</p>
<p>How long has it been there?</p>	<p>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</p>	<p>Yes, it is there for more than 5 years</p>
<p>What are the health services being provided there?</p>	<p>Probes-RCH, NCD, Communicable diseases, expanded packages)</p>	<p>Fever, cold, body pains, dengue, diarrhea, wound dressing, 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>	<ul style="list-style-type: none"> By walk 	
<i>What are the challenges you face in accessing this facility?</i>	<i>Barriers may include:</i> <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none"> Financial barriers 	
<i>Are the staff of the facility organizing outreach visits or camps in the community?</i> <i>If yes, can you share what you've observed during such camps/ visits?</i>		No	
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>	<i>Probes</i> <ul style="list-style-type: none"> Condition of the building Maintenance Dedicated space for waiting and examination Adequate seating arrangement Functional toilet Potable and drinking water 	Infrastructure and services	Response
		<i>Condition of the building</i>	<input checked="" type="checkbox"/> Good <input 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>Power supply</i></p>		
		<p><i>Maintenance</i></p>	<p><input checked="" type="checkbox"/> Good</p> <p><input type="checkbox"/> Neither good nor bad</p> <p><input type="checkbox"/> Bad</p>
		<p><i>Dedicated space for waiting and examination</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Adequate seating arrangement</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
		<p><i>Functional toilet</i></p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" 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 type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
<p><i>When you visit the facility, are the staff available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p>Staff may include: Medical officer (AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacist s, Multipurpose worker, health workers, any other.</p>	<p>Yes</p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p>	<p>Probe</p>	<p>Not all times</p>	

<i>If not, reasons thereof.</i>	<i>If there had been instances of non-availability of medicines, what do you do?</i>	
<i>Is the facility providing all the lab-tests/diagnostic tests prescribed for your condition?</i> <i>If not, reasons thereof.</i>	<i>Probe</i> <i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i>	All tests are not available.
Topic: Acceptability of healthcare services		
<i>Do you feel that the staff at the facility is capable to provide health care?</i>	<i>Probe:</i> Adequate skills and knowledge	Don't know
<i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i> <i>Do you find the current methods/technology acceptable when administered on you or your family?</i> <i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i>	<i>Innovative may include</i> painless, time-saving or cost saving methods or technology <i>Alternate phrasing:</i> <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment?</i> <i>This may include <u>social, psychological, physical or financial</u> distress.</i>	Don't know Don't know No

Topic: Appropriateness of primary healthcare services delivered through AAM		
What are the main healthcare concerns that exist or emerge in your community?	<i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i>	<ul style="list-style-type: none"> No such cases
In the event of its occurrence, is the AAM providing relevant healthcare services?	<i>Probe: To share some insights</i>	NA
Are those services economical in terms of time and money?		NA
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?	<i>Probes</i> <i>Setting health-related priorities</i>	Not involved
How is the local community helping the AAM to function better?	<i>Engagement with the Community Health Workers (ASHA/ equivalents)</i>	NA
Please mention the activity and your contribution	<i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i>	NA

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>Not answered</p> <p>-</p> <p>-</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 enhancing the treatment seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Provider behaviour/ attitude - Waiting time - Cleanliness of the premises - Provision for Grievance redressal and escalation - Practice of soliciting and implementing feedback - Right diagnosis - Accuracy of diagnostic tests done at the facility - Effectiveness of medicines dispensed at the facility 	<p>Good</p> <p>No</p> <p>Yes</p>

Summary:

Key Challenges Observed	Root Cause
<ul style="list-style-type: none"> • All diagnosis tests are not available. • Shortage of medicine in the facility • 	<ul style="list-style-type: none"> • Lack of test kits • Lack of supply • Funding related issues

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

Date of Visit: 08/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Khawzawl
3. Block/Taluka Name	Khawzawl
4. Name of Facility	Dulte HWC
5. Type of Facility	AAM-HWC
6. NIN of the facility	2383646466
7. No. of days in a week facility is operational	6 days
8. OPD Timings	10:00 am – 3:00 pm
9. Month & Year of AAM operationalization	September 2021
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Kawlkulh PHC
12. Distance of next referral facility (Km)	10 kms

A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	196
3. Total catchment Population	865
4. Population who are 30 years of age and above	401

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

17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (used for segregation of biomedical waste)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input checked="" type="checkbox"/> ANM
B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1
2	ANM/MPW-F	2	-	-	-	-

3	MPW-M		-	-	1	1 (Working in PHC)
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	0	1
4	Any other (If yes, specify)	MPW (from MLA fund)	-	-	0	1

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

D.2 Training details- Expanded CPHC packages						
Staff	Traine d in Eye care (Yes/ No)	Train ed 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 & Emergenc y care (Yes/ No)
CHO	Y	Y	Y	Y	Y	Y
ANM/ MPW (F)	N	N	N	N	N	N
MPW (M)	Y	Y	Y	Y	Y	Y
ASHA	Y	Y	Y	Y	Y	Y

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</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>Communicable diseases</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>Non-Communicable Diseases</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>

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 https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total medicines at AAM-SHC as per national EML is 105) 37	
Total number of medicines available at AAM-SHC	37	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds	<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 type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)

	<input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
G. Essential diagnostics		
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	17	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify: UHC - Khawzawl

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	Dizziness, Fever, etc.
Total Teleconsultations in the last 01 month	10

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 (ANM will enter the HMIS data)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

J. Finance								
Remuneration & Incentives Timely disbursement of incentives to ASHAs 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 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							
Facility funds 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 type="checkbox"/> No							
Fund utilization % 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>16000</td> <td>65%</td> </tr> </tbody> </table>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	25000	16000	65%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure						
25000	16000	65%						
Is untied fund being spent on following activities	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

K. Governance	
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 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 7

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 days

M. Service delivery Output Indicators (Data of previous quarter)																												
1	Total number of outpatient department visits			300																								
2	No. of PW registered for ANC			6																								
3	No. of PW received 4 or more ANC check-ups			1																								
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			4																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			0																								
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			4																								
9	TB patients undergoing treatment Indicators (Current year) 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	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			 90% 62% 28%																								
11	<table><tr><td>NCDs (No. of individuals in last 6 Months)</td><td>Screened</td><td>Referred</td><td>Followed-up</td></tr><tr><td>Hypertension</td><td>395</td><td>8</td><td>-</td></tr><tr><td>Diabetes</td><td>370</td><td>33</td><td>-</td></tr><tr><td>Oral Cancer</td><td>391</td><td>0</td><td>-</td></tr><tr><td>Breast Cancer</td><td>200</td><td>0</td><td>-</td></tr><tr><td>Cervical Cancer</td><td>0</td><td>0</td><td>-</td></tr></table>			NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up	Hypertension	395	8	-	Diabetes	370	33	-	Oral Cancer	391	0	-	Breast Cancer	200	0	-	Cervical Cancer	0	0	-	
NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up																									
Hypertension	395	8	-																									
Diabetes	370	33	-																									
Oral Cancer	391	0	-																									
Breast Cancer	200	0	-																									
Cervical Cancer	0	0	-																									

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?	<input 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 53.6
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	12 th August 2024
2	Facility aggregate score using ODK Took kit	49.21

Remarks & Observations	
Infrastructure <ul style="list-style-type: none"> The building is in good condition attached with Staff quarters for CHO. Boundary wall is not available in this facility. Separate toilet is not there for ladies and gents in the facility. 	
HRH <ul style="list-style-type: none"> Female health worker is required. Group D workers are required. One male worker is working in the Kawlkulh main centre, another male health worker (funded by MLA) is working in the facility; But, MLA cannot fund for a longer time. 	
IEC <ul style="list-style-type: none"> Most of the IEC materials are displayed in the facility. 	
Expanded service Packages <ul style="list-style-type: none"> Delivery cannot be conducted because of no equipment (Radiant warmer, small room etc.) Shortage of medicine (Anti-allergic, Antibodies, Vitamins, etc.) 	
IT System <ul style="list-style-type: none"> Only tablet is available in this facility to enter the data. Required a PC or Laptop. 	
Any Other <ul style="list-style-type: none"> 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	✓		✓	

Annexure VI

Field Monitoring Format - Community Level

Date of Visit	08.03.2025
Name of Village/ Slum visited	Dulte
Details of nearest public health facility (from residence)	<i>Facility name:</i> Dulte AAM-SHC <i>Facility type:</i> AAM-SHC <i>Distance:</i> Less than 1km
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

<p>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,)</p> <p>Reasons, thereof.</p>	<p><i>DH/ MCH), AYUSH practitioners.</i></p> <p>Reasons probes:</p> <p><i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<p>It is economical to reach the facility. Otherwise, they have to spent much amount to book Sumo.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p>	<p>May use local terms as recognized by the community</p> <p>Services may include:</p> <p><i>RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i></p>	<p>Since it is located in their locality, all are well aware of the facility.</p>
<p>How long has it been there?</p>	<p>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</p>	<p>Yes, it is there for more than 4 years</p>
<p>What are the health services being provided there?</p>	<p>Probes-RCH, NCD, Communicable diseases, expanded packages)</p>	<p>The facility provides all basic health services including vaccination for the children.</p>

Topic: Accessibility to primary healthcare services			
How do you access the facility from your residence?	<i>Probes: Walk to the facility</i> <i>Use public transport</i> <i>Use personal transport</i>	<ul style="list-style-type: none"> By walk 	
What are the challenges you face in accessing this facility?	Barriers may include: <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none"> Geographical barriers Financial barriers 	
Are the staff of the facility organizing outreach visits or camps in the community? If yes, can you share what you've observed during such camps/ visits?		Yes, but rarely conduct outreach visits or camps in the community.	
Topic: Availability of primary health care infrastructure and services			
What are your opinions on the building in which the primary healthcare facility is functioning?	Probes <ul style="list-style-type: none"> Condition of the building Maintenance Dedicated space for waiting and examination Adequate seating arrangement Functional toilet Potable and drinking water 	Infrastructure and services	Response
		Condition of the building	<input checked="" type="checkbox"/> Good <input 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>Power supply</i></p>		
		<p><i>Maintenance</i></p>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<p><i>Dedicated space for waiting and examination</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>Adequate seating arrangement</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>Functional toilet</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>Potable/ drinking water</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>Power supply</i></p>	<input 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>Staff may include: <i>Medical officer (AAM PHC/ UPHC/ UAAM), Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	<p>Yes</p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p>	<p>Probe</p>	<p>Yes, but not all. Buy from Pharmacy the</p>	

<i>If not, reasons thereof.</i>	<i>If there had been instances of non-availability of medicines, what do you do?</i>	medicines which are not available in the facility.
<i>Is the facility providing all the lab-tests/diagnostic tests prescribed for your condition?</i> <i>If not, reasons thereof.</i>	Probe <i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i>	Mostly refer to the PHC for further investigations.
Topic: Acceptability of healthcare services		
<i>Do you feel that the staff at the facility is capable to provide health care?</i>	Probe: Adequate skills and knowledge	Yes, they are skilled and knowledgeable.
<i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i> <i>Do you find the current methods/technology acceptable when administered on you or your family?</i> <i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i>	Innovative may include painless, time-saving or cost saving methods or technology Alternate phrasing: <i>Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment?</i> <i>This may include <u>social, psychological, physical or financial</u> distress.</i>	No Don't know Yes

Topic: Appropriateness of primary healthcare services delivered through AAM		
<p><i>What are the main healthcare concerns that exist or emerge in your community?</i></p> <p><i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i></p> <p><i>Are those services economical in terms of time and money?</i></p>	<p>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</p> <p>Probe: To share some insights</p>	<ul style="list-style-type: none"> • Common illness like cold, cough, fever • Accidental care • Emergency care, etc. <p>Yes</p> <p>Yes</p>
Topic: Community's involvement / participation		
<p><i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i></p> <p><i>How is the local community helping the AAM to function better?</i></p> <p><i>Please mention the activity and your contribution</i></p>	<p>Probes</p> <p><i>Setting health-related priorities</i></p> <p><i>Engagement with the Community Health Workers (ASHA/ equivalents)</i></p> <p><i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i></p>	<p>Not participated in any activities</p> <p>Attend health awareness programmes</p> <p>VHSNC</p>

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>More blood tests and medicine should be provided.</p> <p>Buying from the Pharmacy and visit Kawlkulh PHC for diagnostic tests.</p> <p>Yes, for medicine and travel</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 enhancing the treatment seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Provider behaviour/ attitude - Waiting time - Cleanliness of the premises - Provision for Grievance redressal and escalation - Practice of soliciting and implementing feedback - Right diagnosis - Accuracy of diagnostic tests done at the facility - Effectiveness of medicines dispensed at the facility 	<p>Good</p> <p>Yes</p> <p>Yes</p>

Summary:

Key Challenges Observed	Root Cause
<ul style="list-style-type: none">• All blood related diagnosis tests should be provided in the facility.• Shortage of medicine in the facility• Separate toilet should be there in the facility for ladies and gents.	<ul style="list-style-type: none">• Lack of diagnosis test kits• Lack of supply• Funding related issues

**Glimpses of the Khawzawl district, Mizoram Field monitoring visit
during 8-12 March, 2025**

DH-Khawzawl



PHC - Sialhawk



CHC-Biate



PHC – Rabung



PHC - Khawhai



PHC - Kawlkulh



AAM SHC – Vangtlang



AAM SHC – Dulte



UAAM-Zaingen Veng



AAM SHC – Tlangpui



DH-Khawzawl (HMIS verification)



PHC - Sialhawk

