



Population Research Centre (PRC) Pune

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

National Health Mission (NHM) Field Monitoring Report - Kolasib District

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Table of Content

Sr. No.	Name of Facility	Type of Facility	Page No
1	District Hospital, Kolasib	District Hospital	1
2	Community Health Center, Vairengte	Community Health Center	17
3	Primary Heath Center, Bairabi	AAM-Primary Health Center	29
4	Urban Primary Health Center, Kolasib	AAM-Urban Primary Health Center	49
5	Primary Health Center, Kawnpui	AAM-Primary Health Center	69
6	Primary Health Center, Bilkhawthlir	AAM-Primary Health Center	88
	Venglai East Urban Health Sub Center	Urban Health Sub Center	107
7	Sub Health Center, Bualpui	AAM-Sub Health Center,	122
8	Sub Health Center, Pangbalkawn	AAM-Sub Health Center	145
9	Sub Health Center, Bilkhawthlir	Sub Health Center	167
10	Glimpses of Kolasib Field monitoring visit		189

Field Monitoring Format -District Hospital (DH)

Date of Visit: 03.03.2025

GENERAL INFORMATION	
Name of facility visited	Civil Hospital Kolasib
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: Civil Hospital Aizawal, 78 KM Zoram Medical Collage, 90 KM

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9 to 3	As reported/ Hospital Citizen Charter Board
2. Condition of infrastructure/ building Please comment on the condition and tick the appropriate box	<p>Comments: New building is coming up for the facility. It is in transition phase. That's why the department are scattered as per the availability of the space. But they are well maintained and clean.</p> <p> <input checked="" type="checkbox"/> 24*7 running water facility <input 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 checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital </p>	<p>Observation</p> <p>As the new building of the hospital is coming up and very soon entire hospital will be shifting into new building. This is the transition phase. So many of the things which may not be available currently will be available in</p>

A. PHYSICAL INFRASTRUCTURE			
Indicator	Response		Means of verification
	Last major renovation done in (Year): _____		new building. i.e. elderly and friendly for differently abled persons
3. Number of functional in-patient beds	60 No of ICU Beds available: 5		As reported/ Hospital Citizen Charter Board As the space and equipment's are available to run ICU. But due to non-availability of HR it cannot be.
4. List of Services available	It is available		As reported/ Hospital Citizen Charter Board
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	Y
	2	O&G	Y
	3	Pediatric	Y
	4	General Surgery	N
	5	Anesthesiology	Y
	6	Ophthalmology	Y
	7	Dental	Y
	8	Imaging Services (X – ray)	Y
	9	Imaging Services (USG)	Y
	10	District Early Intervention Centre (DEIC)	N
	11	Nutritional Rehabilitation Centre (NRC)	N
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	N
			As reported/ Hospital Citizen Charter Board

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	13	Comprehensive Lactation Management Centre (CLMC)/ Lactation Management Unit (LMU)	N	
	14	Neonatal Intensive Care Unit (NICU)	N	
	15	Pediatric Intensive Care Unit (PICU)	N	
	16	Labour Room Complex	Y	
	17	ICU	N	
	18	Dialysis Unit	Y	
	19	Emergency Care	Y	
	20	Burn Unit	N	
	21	Teaching block (medical, nursing, paramedical)	Under construction	
	22	Skill Lab	N	
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/ Hospital Citizen Charter Board
6. Tele medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input 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 <i>Though services are available in the facility. But it is mostly nonfunctional as there is poor net connectivity in the district. No data for the same is available.</i>
	If the facility is also functioning as ‘Hub’ to any of the AAM (SHC/ PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
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 <i>Single general OT with 2 tables</i>
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: 65 No. of blood transfusions done in last month: 113	Blood Bank records Register Records maintained well
9. Whether blood is issued free, or user fee is being charged	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Bank records Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)	Observation Incinerator is available but not in use due no NOC from pollution control board

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
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>Poor</u>	As reported

B. Human Resources					Means of verification- As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)			1		0
	Specialist	Medicine		1		0
		Ob-Gyn		1		0
		Pediatrician		1		0
		Anesthetist		0		0
		Surgeon		1		0
		Ophthalmologist		1		0
		Orthopedic		1		0
		Radiologist		0		0
		Pathologist		1		0
		Others		0		0
	Dentist			1		0
	Staff Nurses/ GNMs			16		5
	LTs			3		0
	Pharmacist			1		0
	Dental Technician/ Hygienist			0		0
	Hospital/ Facility Manager					1
	EmOC trained doctor			0		0
	LSAS trained doctor			0		0
	Others			0		0

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: <ul style="list-style-type: none"> Facility score: 77.38 Award received: No 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> Assessment done: Internal/State Facility score: Certification Status: 	<i>State assessment has done but report not yet received</i>
15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No Operation Theatre: <ul style="list-style-type: none"> LaQshya Certified - <input type="checkbox"/> Yes/ <input type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No 	LaQshya Assessment Report – check score Verify certificate if awarded <i>State assessment has done but report not yet received</i>
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: 51 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) 49 	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>Activated charcoal powder</td></tr> <tr><td>2</td><td>Inj. Erythropoietin</td></tr> <tr><td>3</td><td>Tab. Telmisastan</td></tr> <tr><td>4</td><td>Tab. Ascorbic Acid</td></tr> <tr><td>5</td><td>Cap. Vitamin A</td></tr> </table>	1	Activated charcoal powder	2	Inj. Erythropoietin	3	Tab. Telmisastan	4	Tab. Ascorbic Acid	5	Cap. Vitamin A	As reported, check DVDMS, e-aushadhi, etc.
1	Activated charcoal powder											
2	Inj. Erythropoietin											
3	Tab. Telmisastan											
4	Tab. Ascorbic Acid											
5	Cap. Vitamin A											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage_____	As there is no supply from the DHS. But it is being locally purchased from Mizoram State Health System Strengthening Project.										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported										
• In-house tests	Timing: 9.30 to 5 Total number of tests available against Essential Diagnostic tests list for DH : 33 (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house										
• Outsourced/ PPP	Timing: Total number of tests provided by PPP provider: _____ Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP provider agency										

21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X- ray machine is available in the hospital: 1 Is the X-ray machine AERB certified: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. CT scan services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan):	Observation
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input checked="" type="checkbox"/> Acute shortage	Most of the time purchase from MSHSSP
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM- National Dialysis programme	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	Functioning
	Total number of tests performed: - _____	Data not available

<ul style="list-style-type: none"> Whether the services 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	Observation, Records
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> Previous year_____ Current FY_____ <p><i>*Calculate the approximate no. of patients provided dialysis per day</i></p>	Data not available
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)	No	As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	No	As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Number of normal deliveries performed in last month: 64 No. of C-sections performed in last month: 12_____	Matching with maternity and OT registers
<ul style="list-style-type: none"> Comment on the condition of: 	Labour room: Good OT: Good Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Nicely maintained
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: 169	Verify from JSY status report Till November 169 cases clear (April to November), since

	<p>(Average for how many 3 months days/beneficiary)</p> <p>Payment done till: November 2024</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay: Delay from the state</p>	<p>then there are 63 cases are pending for payment</p>
30. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	<p>As reported/As Displayed in Maternity Ward</p> <p>There is no common call center for the JSSK pick up and drop back services. No uniformity in the district as in the periphery transport is not available for JSSK beneficiaries</p>
31. 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 01</p> <p>If No, reasons thereof:</p>	<p>PMSMA Register/High Risk Pregnancy Register, Staff review</p>
32. Line listing of high-risk pregnancies	<p><input type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	<p>Not done properly as there is no coordination among CMOH and MS DH. As the NHM programmes are monitored by CMOH. Though it is run in the DH premises. Staff is under the control of CMOH.</p>

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 type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Registers maintained well
35. Number of Maternal Death reported in the facility	Previous year: 01 Current year: Nil	Maternal Deaths Records/ Review
36. Number of Child Death reported in the facility	Previous year: 11 Current year: 2	Maternal Deaths Records/ Review
37. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	181	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	53	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 type="checkbox"/> Not functional/ All posts vacant	DEIC is not available in the facility.
42. Number of sterilizations performed in last one month	7	FP Sterilizations register

		Verify if fixed days of sterilization exist
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	Male participation is very low in FP. OCPs are commonly used. Very few are going for IUCD.	As reported/observe FP registers/re cords 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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, who provides counselling to adolescents: _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register District is not under the programme
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? 7 days (Mention number of days)	Check NCD register
49. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported

50. Number of individuals screened for the following in last 6 months:	NCD	Screened	Confirmed	NCD Register No screening for any of the cancer. It is very surprising that in the periphery visited CHC and PHC are screening for cancer and DH is biggest facility in the district is not doing.
	Hypertension	8503	383	
	Diabetes	8503	178	
	Oral Cancer	No screening for any of the cancer.		
	Breast Cancer			
	Cervical Cancer			
51. 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
52. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) _145_____			DBT/Nikshay Report
	If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			DBT/Nikshay Report
	Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months_____			DBT/Nikshay Report
	Are all TB patients tested for HIV: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			DBT/Nikshay Report
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 24.7			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								
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:	Facility FMR								
	Fund in prev. FY <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="padding: 2px 10px;">Received</th><th style="padding: 2px 10px;">Utilized</th><th style="padding: 2px 10px;">%</th><th style="width: 20px;"></th></tr> <tr> <td style="padding: 2px 10px;">908110</td><td style="padding: 2px 10px;">746304</td><td style="padding: 2px 10px;">82</td><td></td></tr> </table>	Received	Utilized	%		908110	746304	82		
	Received	Utilized	%							
	908110	746304	82							
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register Rs. 500000/- spend for purchase of medicines									
Reasons for underutilization of fund (if any)	Staff review									
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated 	Check respective portals at the facility wrt last entries Concern person was unavailable								
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Meeting takes place every month. Last meeting held on January 16, 2025	RKS Register								
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services	As reported There are 4 ambulances at the facility. One is for								

	<input checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	patient transport and other 3 are BLS received under CSR activity.
	Comment (if any):	Government free ambulance service is not available, patients have to pay on subsidized rates.
<ul style="list-style-type: none"> How many cases were referred here in the last month? 	Number: 18 Types of cases referred in: Neonatal, Sepsis, RTA, Head injury	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: 11 Types of cases referred out: Neonatal, Sepsis, T2, DM, Pneumonia	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Specialised doctors are not available.	As there is no sanctioned staff list is provided to any of the facility by the state
b) Though there are the equipment's and space is available to run the ICU. But it is nonfunctional.	Because of non-availability of specialized doctors, facility is under utilised. State needs to recruit more doctors as per the norms
c) Irregular supplies of medicine, consumables, regents and testing kits	This is of entire state picture. There is delayed supplied from state.
d) Delay in the payment of NHM staff	This is of entire state picture. There is delayed supplied from state.

e) Delay in the payment of JSY beneficiaries. Minimum delay is 3 months.	This is of entire state picture. There is delayed supplied from state.
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• **Remarks & Observations (Write in Bullets within 100-300 words)**

- New building is under construction and current facility is in transition phase. This also a one of the cause for some of the records and services are affected.
- MCTS/RCH portal is not updated as the ANC clinic is not functioning in the facility. ANC registration is not being done at the facility. None other vaccination than birth doses are being given to the children.
- The facility is situated at the centre of the city and providing necessary health services to all the population of the district. Parking of vehicles of the patients and mobility of ambulance is difficult due to the hill terrain.
- There is no SNCU, NRC and DEIC available at the facility.
- It is very surprising that in the periphery visited CHC and PHC are screening for cancer and DH is biggest facility in the district is not doing.
- As the space and equipment's are available to run ICU. But due to non-availability of HR it cannot be functional.
- There is no common call center for the JSSK pick up and drop back services. No uniformity in the district as in the periphery transport is not available for JSSK beneficiaries.
- Delay in the payment of NHM staff is demotivating
- Two blocks of the facilities are old and will be demolished and new construction will be start.
- The facility provides the ANC and PNC services, but not reporting on the HMIS portal.

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

Urban/ Rural: Rural

Date of Visit: 04.03.2025

General Information	
Name of facility visited	CHC VAIRENGTE
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: DH, Kolasib Distance: 50 KM

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

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 10:00 am - 2:00 pm	As reported/ Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure /building Please comment on the condition and tick the appropriate box	Comments: good	There are two buildings. New building is the extension of the facility. Extension part is good. But old building need some repairs and renovation.
	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available	Facility is partially geriatric and disabled friendly. Similarly facility is having partially power back up.

A. INFRASTRUCTURE			Means of verification																																	
Indicator	INFRASTRUCTURE																																			
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input checked="" type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital																																			
4. Number of functional in-patient beds	30		Functional beds are 23																																	
5. List of Service available	Emergency, OPD (General, Dental, Ophthalmic, Ayush), IPD, Lab, Referral, Ambulance, Minor OT, ICTC		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>No</td></tr> <tr><td>2</td><td>O&G</td><td>No</td></tr> <tr><td>3</td><td>Pediatric</td><td>No</td></tr> <tr><td>4</td><td>General Surgery</td><td>No</td></tr> <tr><td>5</td><td>Anesthesiology</td><td>No</td></tr> <tr><td>6</td><td>Ophthalmology</td><td>No</td></tr> <tr><td>7</td><td>Dental</td><td>Yes</td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td>Yes</td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td>No</td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td>Yes</td></tr> </tbody> </table>		Sl.	Services	Y/N	1	Medicine	No	2	O&G	No	3	Pediatric	No	4	General Surgery	No	5	Anesthesiology	No	6	Ophthalmology	No	7	Dental	Yes	8	Imaging Services (X – ray)	Yes	9	Imaging Services (USG)	No	10	Newborn Stabilization Unit	Yes	As reported/ Hospital Citizen Charter Board
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8	Imaging Services (X – ray)	Yes																																		
9	Imaging Services (USG)	No																																		
10	Newborn Stabilization Unit	Yes																																		
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes, available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available		As reported																																	
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input type="checkbox"/> Others, specify:		As reported																																	
<ul style="list-style-type: none"> Emergency 	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Observation:																																	

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
	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	Verify if triage area is marked Triage area is available
6. Tele medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultations per day for the last month: If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/ UPHC/ UAAM): <input 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"/>	All signage and protocols are displayed. But it is there but non functional
8. Availability of functional Blood Storage Unit	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: <u>Nil</u> No. of blood transfusions done in last month: <u>7 units</u>	Blood Storage Unit records, Register are maintained well
9. Whether blood is issued free, or user fee is being charged	<input checked="" type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input checked="" type="checkbox"/> Free for all	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 checked="" type="checkbox"/> Managed through outsourced agency: <input checked="" type="checkbox"/> Other System, if any: (Specify)	Observation

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
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)			1		0
	Specialists	Medicine		0		0
		Ob-Gyn		0		0
		Pediatrician		0		0
		Anesthetist		0		0
	Dentist			0		1
	SNs/ GNMs			2		4
	LTs			1		3
	Pharmacist			0		1
	Dental Assistant/ Hygienist			0		2
	Hospital/ Facility Manager			0		0
	EmOC trained doctor			0		0
	LSAS trained doctor			0		0
	Others			0		0

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 72.86 Award received: Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/>	Facility is awarded with commendation prize in 2024-25
14. NQAS	Assessment done: Yes Internal/State Facility score: 73.3% Certification Status: No certified	Internal assessment is done, state level assessment is also done but report

		has not yet received.										
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>229</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>64</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>Tab. Tramadol</td> </tr> <tr> <td>2</td> <td>Tab. Zolipidem</td> </tr> <tr> <td>3</td> <td>Tab. Largepam</td> </tr> <tr> <td>4</td> <td>Tab. Thaimine</td> </tr> <tr> <td>5</td> <td>Tab. Phenytoin</td> </tr> </table>	1	Tab. Tramadol	2	Tab. Zolipidem	3	Tab. Largepam	4	Tab. Thaimine	5	Tab. Phenytoin	As reported, Check DVDMS, E-aushadhi, etc.
1	Tab. Tramadol											
2	Tab. Zolipidem											
3	Tab. Largepam											
4	Tab. Thaimine											
5	Tab. Phenytoin											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input checked="" type="checkbox"/> Acute shortage	As reported										
	In last 6 months, how many times there was a shortage: <u>Always</u>	Stock/Indent register										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported;										
• In-house tests	Timing: 10:00 am- 2:00 pm Total number of tests available against Essential Diagnostic tests list for CHC: <u>29</u>	Obtain the complete list of diagnostic tests performed in house										

<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: Total number of tests Provided by PPP Provider: <u>NIL</u>	Obtain the complete list of diagnostic tests outsourced/ done in PPP mode
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: 1 Is the X-ray machine AERB certified <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments /equipment (Refer to Annexure 10 in the link for list of equipment (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf))	No	As reported
25. Average downtime of equipment (days). Details of equipment are non-functional for more than 7 days	5 to 7 days NIL	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>15</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 cleaned and all the necessary IEC are displayed.</i> OT: <i>Non functional</i> Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
27. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Average delay: (Average for how many days/patients) Payment done till: Payment done till: Current month <input type="checkbox"/> Last month <input type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/> Reasons for delay:	Verify from JSY status report Facility is sending the data to the Block Accounts Manager. From there payment is being made. Minimum three months delay in payment of JSY.
28. 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 checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	As reported/ As Displayed in Maternity Ward JSSK information is not displayed in the maternity ward. Diagnostics tests which are being done at facility are done free of cost. But those are not available at facility are patients have to pay. Similarly they have to pay for sonography.
29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month: 2	Matching with the register

	If No, reasons thereof:	
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Matching with the register
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	RMC is being observed at the facility
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Matching with the register
33. Number of Maternal Death reported in the facility	Previous year: NIL Current year: NIL	Matching with the register
34. Number of Child Death reported in the facility	Previous year: NIL Current year: NIL	Matching with the register
35. If Comprehensive Abortion Care (CAC) services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
37. Number of newborns immunized with birth dose at the facility in last 3 months	39	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	14	Verify BF records
39. Number of sterilizations performed in last one month	NIL	As there is no trained doctor is available, no service
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	Mostly condoms and OCPs are being used in the community, less use of sterilisation	Observation/ FP records and registers

43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software																		
44. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, who provides counselling to adolescents: 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 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? Daily (Mention number of days)	Check NCD Register																		
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No																			
47. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th><th>Screened</th><th>Confirmed</th></tr> </thead> <tbody> <tr> <td>a. Hypertension</td><td>2174</td><td>90</td></tr> <tr> <td>b. Diabetes</td><td>1723</td><td>194</td></tr> <tr> <td>c. Oral Cancer</td><td>168</td><td>0</td></tr> <tr> <td>d. Breast Cancer</td><td>0</td><td>0</td></tr> <tr> <td>e. Cervical Cancer</td><td>0</td><td>0</td></tr> </tbody> </table>	NCD	Screened	Confirmed	a. Hypertension	2174	90	b. Diabetes	1723	194	c. Oral Cancer	168	0	d. Breast Cancer	0	0	e. Cervical Cancer	0	0	NCD Register
NCD	Screened	Confirmed																		
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c. Oral Cancer	168	0																		
d. Breast Cancer	0	0																		
e. Cervical Cancer	0	0																		
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify from IDSP reporting records																		
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average): 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 Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months Nil Is there a sample transport mechanism in place for:	Data is not available at the facility																		

	<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> <p>Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 3 cases</p>							
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: NIL</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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Leprosy cases: <input 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. 433885/-</p> <p>Fund utilized last year: Rs. 430204/-</p> <table border="1"> <thead> <tr> <th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>1604273</td><td>902965</td><td>56.28</td></tr> </tbody> </table> <p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:</p> <p>Reasons for underutilization of fund (if any)</p>	Received	Utilized	%	1604273	902965	56.28	<p>Facility FMR</p> <p>Purchase of testing kits, Maintenance, POL</p> <p>Using carefully as there is</p>
Received	Utilized	%						
1604273	902965	56.28						

		irregular supply of funds
	Comment (if any):	
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated IHIP <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated / <input type="checkbox"/> Not updated Nikshay Portal: <input type="checkbox"/> Updated/ <input checked="" 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)	Last meeting held in June 2024	RKS Register
55. Availability of ambulance services in the area	<input checked="" type="checkbox"/> CHC own ambulance available <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input type="checkbox"/> Government ambulance services are not available	As reported
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 01 Types of cases referred in: NIL	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 02 Types of cases referred out: C-section delivery and cold	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
b) Specialised doctors are not available.	As there is no sanctioned staff list is provided to any of the facility by the state

b) Single MBBS doctor is appointed at the facility	Managing clinical and administrative work is difficult for him. State needs to recruit more doctors as per the norms. Because of non-availability of specialized doctors, facility is under utilised.
c) Irregular supplies of medicine, consumables, regents and testing kits	This is of entire state picture. There is delayed supplied from state.
d) Delay in the payment of NHM staff	This is of entire state picture. There is delayed supplied from state.
e) Delay in the payment of JSY beneficiaries	This is of entire state picture. There is delayed supplied from state.

Remarks & Observations (Write in Bullets within 100-300 words)	
<ul style="list-style-type: none"> • Although the visited facility is in good condition in respect to the building and overall infrastructure. But due to non-availability of specialized doctors, facility is under utilised. • Due to the unavailability of clinical/supervisory staff, support staff is under utilised • As the OT is there but it is nonfunctional due to trained HR • Sonography machine is not available at the facility, therefore JSSK beneficiaries needs to go to private facility for sonography. This increase their out of pocket expenses. • JSSK benefits are not given as it is given in other part of the country. • Delay in the payment of NHM staff is demotivating • X-Ray machine needs to be replaced as it is too old 	

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

Urban /Rural: Rural

Date of Visit: 07/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Kolasib
3. Block/Taluka Name	Bilkhawthlir
4. Name of Facility	Bairabi PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	7285383720
7. No. of days in a week facility is operational	5 Days
8. OPD Timings	9 AM – 3 PM
9. Month & Year of operationalization of AAM	January 2020
10. Details of co-location, if any (If any co-located SHC)	<ul style="list-style-type: none"> • Bairabi Sub Center • Health Worker (F)-1 • Population Cover- 5366 • Villages Cover- 4
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	District Hospital Kolasib
13. Distance of next referral facility (in Km)	35.2 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	Not applicable
A.1 Demographic Details	
1. Number of Villages/Wards	6 villages
2. No. of Households	1541
3. Total catchment Population	8502

4. Population who are 30 years of age and above		3224																
B. Physical Infrastructure																		
Infrastructure Status and details		Availability																
1.	Availability of Govt. owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
2.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Building</th> <th>Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>Rented etc.</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Sr. No.	Building	Mark	A	Other Govt.	<input type="checkbox"/>	B	Panchayat Bhawan	<input type="checkbox"/>	C	Urban Local Body	<input type="checkbox"/>	D	Rented etc.	<input type="checkbox"/>
Sr. No.	Building	Mark																
A	Other Govt.	<input type="checkbox"/>																
B	Panchayat Bhawan	<input type="checkbox"/>																
C	Urban Local Body	<input type="checkbox"/>																
D	Rented etc.	<input type="checkbox"/>																
3.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
4.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
5.	If yes, Number of functional IPD Beds	9																
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture: Table Chairs Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
14.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																

16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MO-1, Nurse-1, Pharmacist-1, Group D-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 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 Complaint box and online portal: vahui.in
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	Don't Know	1	DK	0
2.	AYUSH MO*	1	DK	0	DK	0
3.	Dentist*	1	DK	0	DK	0
4.	Staff Nurse	2	DK	1	DK	1
5.	Pharmacist	1	DK	1	DK	0
6.	Laboratory Technician	1	DK	1	DK	0
7.	ANM/MPW (F)#	1	DK	0	DK	0
8.	MPW (M)	1	DK	0	DK	0
9.	Lady Health Visitor	1	DK	1	DK	0
10.	Dresser	1	DK	0	DK	0
11.	Accountant	1	DK	0	DK	1
12.	Data entry operator	1	DK	0	DK	0
13.	Sanitation staff	1	DK	1	DK	0
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500		DK	0	DK	0

	population in urban areas)					
15.	ASHA Facilitator (If any, only for Rural areas)		DK	0	DK	0
16.	Others (Specify)		DK	0	DK	0
17.	Whether all essential HRH available as per IPHS 2022	No				

*Desirable

For PHC sub centre-Co-located

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

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input 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	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 Weekly
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172) 50
2	Total number of medicines available at AAM-PHC/UPHC	90

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 checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input 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 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 If indent from DH 1 week, If from state 2 weeks. Again depends on availability at them.
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	31 (Total number of diagnostic tests at AAM PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	31
4	Number of tests Provided through In House Mode	31
5	Number of tests Provided through Hub & Spoke (Public Health System)	4
6	Number of tests Provided through Hub & Spoke-PPP Model	0
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Stool for ova and cyst	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> 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 type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop- 2 Desk top -1 <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Hypertension, RTI
Total teleconsultations in the last 01 month	Nil
I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input 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	<table border="1"> <tr> <th>Cadre</th><th>Timely disbursement</th><th>Complete disbursement as entitled</th></tr> <tr> <td>AAM-PHC Team (Salary)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>AAM-PHC Team (Team Based Incentives)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Cadre	Timely disbursement	Complete disbursement as entitled	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cadre	Timely disbursement	Complete disbursement as entitled								
AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Facility funds	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> </table>	Fund Source	Timely disbursement	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Fund utilization NHM Fund/untied funds utilized during last year:	<table border="1"> <tr> <th>Funds received (Amount in Rs.)</th><th>Expenditure (Amount in Rs.)</th><th>% Expenditure</th></tr> <tr> <td>248797</td><td>248797</td><td>100%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	248797	248797	100%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
248797	248797	100%								

<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input 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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year) – 17400/-</p> <p>Average Delay in Payment (days): 10 to 11 month</p> <p>Reasons for delay, if any- Delay from 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>

	<input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	754
2	No. of PW registered for ANC	24
3	No. of PW received 4 or more ANC check-ups	5
4	Total number of institutional deliveries	24
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	17
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	9
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	5
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	9
11	TB patients undergoing treatment Indicators (Current Year)	
	No. of presumptive TB patients identified	5
	No. of TB patients diagnosed out of the presumptive patients referred	5
	No. of TB patients taking treatment in the AAM	0

12	<div>% of target population administered CBAC</div> <div>% of target population with score below 4</div> <div>% of target population with score 4 and above</div>	0																								
13	<div>Community Based Screening for NCDs</div> <table><tr><th>NCDs <i>(No. of individuals in Last 6 Months)</i></th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>437</td><td>28</td><td>25</td></tr><tr><td>Diabetes</td><td>437</td><td>144</td><td>61</td></tr><tr><td>Oral Cancer*</td><td>437</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>57</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>57</td><td>0</td><td>0</td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	437	28	25	Diabetes	437	144	61	Oral Cancer*	437	0	0	Breast Cancer*	57	0	0	Cervical Cancer*	57	0	0	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	437	28	25																							
Diabetes	437	144	61																							
Oral Cancer*	437	0	0																							
Breast Cancer*	57	0	0																							
Cervical Cancer*	57	0	0																							

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	Commendation Award 2023 and 2024
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 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	June 12,2024
2	Facility aggregate score using ODK Took kit	52.19

Remarks & Observations
Infrastructure <ul style="list-style-type: none"> • Building of the PHC is in good condition, required some repairs. Particularly there is leakage in the roof and seepage in the walls • There is no dedicated space for wellness activity •
HRH <ul style="list-style-type: none"> • According to the Medical Officer of the PHC staff is inadequate • It is not as per the IPHS norms
IEC IEC material is required for JE, JSY and JSSK
Expanded service Packages <ul style="list-style-type: none"> • Though the expanded services are introduced in the facility but accordingly HR is not posted • X-Ray, Ophthalmic and Dental services are provided under expanded services but X-ray machine, Dental chair and instruments for ophthalmic services is not available.
IT System <ul style="list-style-type: none"> • Required one more lap top and tablet
Any Other <ul style="list-style-type: none"> • Irregular supplies of the medicine • Irregular funds- irregular payment of NHM staff • Insufficient and poor condition of the staff quarters • RKS funds needs to be released as per the norms and in time, as per them they are supposed to get 170000/-, whereas they have received just 85000/- • Mobility support should be there to visit remote/hard to reach villages • Frequent refresher of the staff is required

Annexure- List of equipment

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

24	ILR With Voltage Stabilizer-Large	1		✓	
25	Deep Freezer-Small-Large	1		✓	
26	Vaccine Carrier with Ice Packs	10		✓	
27	Cell Counter – 3 Part	1		✓	
28	Semi-Automated Biochemistry Analyser	1		✓	
29	Binocular Microscope	1		✓	
30	HbA1C Analyser		✓		
31	Turbidometer		✓		
32	Glucometer	2		✓	
33	Haemoglobinometer	1		✓	
34	ESR Analyzer		✓		
35	Electrolyte Analyzer		✓		
36	Oxygen Cylinder- B Type	✓		✓	
37	BP Apparatus- Aneroid		✓		
38	BP Apparatus-Digital	3		✓	
39	Stethoscope	3		✓	
40	Thermometer	4		✓	
41	Examination Table	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	5		✓	

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

Urban /Rural: Rural

Date of Visit: 06/03/2025

A. General Information	
16. State	Mizoram
17. District Name	Kolasib
18. Block/Taluka Name	Bilkhawthlir
19. Name of Facility	Kolasib UPHC
20. Type of Facility	<input type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	1163513544
22. No. of days in a week facility is operational	6 Days Monday - Saturday
23. OPD Timings	9 AM – 4 PM
24. Month & Year of operationalization of AAM	November 1, 2024 UPHC is established on this day
25. Details of co-location, if any (If any co-located SHC)	<ul style="list-style-type: none"> Daikkawn Sub Center
26. Accessible from nearest road head (Yes/No)	Yes
27. Next Referral Facility Name	District Hospital Kolasib
28. Distance of next referral facility (in Km)	2.9 km
29. If UPHC functions as a Polyclinic (Yes/No)	No
30. If Yes, please take note of available specialist services at the Polyclinic	Not applicable
A.1 Demographic Details	
1. Number of Villages/Wards	24 wards and 2 villages
2. No. of Households	6894
3. Total catchment Population	36318
4. Population who are 30 years of age and above	16404

B. Physical Infrastructure																		
Infrastructure Status and details		Availability																
1.	Availability of Govt. owned Building	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
2.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Building</th> <th>Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>Rented etc.</td> <td><input checked="" 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 checked="" 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 checked="" type="checkbox"/>																
3.	Is the facility functional 24 x 7?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
4.	Availability of IPD Beds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
5.	If yes, Number of functional IPD Beds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
6.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
14.	Separate functional toilets for males and females	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	Provision of BMW management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22.	Colour coded waste bins	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MO-1, Nurse-1, Pharmacist-1, Group D-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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Complaint box and online portal: vahui.in
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)		Don't Know	0	DK	1
2.	AYUSH MO*		DK	0	DK	0
3.	Dentist*		DK	0	DK	0
4.	Staff Nurse		DK	1	DK	3
5.	Pharmacist		DK	0	DK	0
6.	Laboratory Technician		DK	0	DK	1
7.	ANM/MPW (F)#		DK	0	DK	2
8.	MPW (M)		DK	0	DK	1
9.	Lady Health Visitor		DK	0	DK	0
10.	Dresser		DK	0	DK	0
11.	Accountant		DK	0	DK	1
12.	Data entry operator		DK	0	DK	0
13.	Sanitation staff		DK	0	DK	3
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		DK	0	DK	0

15.	ASHA Facilitator (If any, only for Rural areas)		DK	0	DK	0
16.	Others (Specify)		DK	0	DK	0
17.	Whether all essential HRH available as per IPHS 2022	DK				

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

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

Staff Nurse	No	No	No	No	No	Yes
ANM/MPW-F	No	No	No	No	No	No
MPW- M	No	No	No	No	No	No
ASHA	No	No	No	No	No	Yes

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input 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	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 Weekly

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

	F. Availability of Essential medicines		
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172) 35	
2	Total number of medicines available at AAM-PHC/UPHC	56	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Oral Contraceptives	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial

		<input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<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 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 If indent from DH 1 week, If from state 2 weeks. Again depends on availability at them.	
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	5 (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	3
4	Number of tests Provided through In House Mode	NA
5	Number of tests Provided through Hub & Spoke (Public Health System)	NA
6	Number of tests Provided through Hub & Spoke-PPP Model	NA
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 Partially charging
10	Average downtime of equipment	7 days
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	None

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Urine Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Blood Sugar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	HCV Antibody Test (Anti HCV)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Bleeding time and clotting time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	rK3 for Kala Azar (endemic areas only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Total teleconsultations in the last 01 month	Nil
I. Wellness Activities	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" 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: UNTIED Office Expences	Funds received	Expenditure	% Expenditure
	(Amount in Rs.)	(Amount in Rs.)	
	100000 45000	17940 13555	17.94 30.12
Is untied fund being spent on following activities?	Regular payment of Bills: <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Status of JSY Payments	<p>Payment done till (month/ year) – As the facility has established recently payments under JSY has not yet initiated</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any- Delay from state</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	1669
2	No. of PW registered for ANC	0
3	No. of PW received 4 or more ANC check-ups	0

4	Total number of institutional deliveries	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	6																								
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 (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	9																								
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	12 12 1																								
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	This activity is not done by the facility																								
13	Community Based Screening for NCDs <table><tr><th>NCDs (No. of individuals in Last 6 Months)</th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>728</td><td>259</td><td>79</td></tr><tr><td>Diabetes</td><td>187</td><td>154</td><td>49</td></tr><tr><td>Oral Cancer*</td><td>150</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>486</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	728	259	79	Diabetes	187	154	49	Oral Cancer*	150	0	0	Breast Cancer*	486	0	0	Cervical Cancer*	0	0	0	
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																							
Hypertension	728	259	79																							
Diabetes	187	154	49																							
Oral Cancer*	150	0	0																							
Breast Cancer*	486	0	0																							
Cervical Cancer*	0	0	0																							

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

2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	No
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input 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	Not applicable according to MO
2	Facility aggregate score using ODK Took kit	Not applicable according to MO

Remarks & Observations
Infrastructure <ul style="list-style-type: none"> The facility is functioning in a community hall of Young Men Association (NGO). It's a big hall. Some partitions have made into it. But they are not according to the norms of the health facility. As the facility is established recently many things are coming up slowly as the equipment's and machinery is reaching to them. There is no dedicated space for wellness activity
HRH <ul style="list-style-type: none"> According to the Medical Officer of the PHC staff is inadequate It is not as per the IPHS norms
IEC IEC material is required for all the programmes.
Expanded service Packages <ul style="list-style-type: none"> MO of the facility is not aware about the expanded package. Moreover the DH is in the same town that's why community is prefers to go to DH for better services.
IT System <ul style="list-style-type: none"> Required one desk top

Any Other

- Irregular supplies of the medicine
- Irregular funds- irregular payment of NHM staff
- Mobility support should be there to visit remote/hard to reach villages
- Refresher of the staff is required

Annexure- List of equipment

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

16	Baby Weighing Scale	✓		✓	
17	Infantometer	✓		✓	
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated		✓		
20	Dental Chair-Basic		✓		
21	Oxygen Hood Neonatal		✓		
22	ILR With Voltage Stabilizer-Small		✓		
23	Deep Freezer-Small		✓		
24	ILR With Voltage Stabilizer-Large		✓		
25	Deep Freezer-Small-Large		✓		
26	Vaccine Carrier with Ice Packs		✓		
27	Cell Counter – 3 Part		✓		
28	Semi-Automated Biochemistry Analyser		✓		
29	Binocular Microscope		✓		
30	HbA1C Analyser		✓		
31	Turbidometer		✓		
32	Glucometer	✓		✓	
33	Haemoglobinometer	✓		✓	
34	ESR Analyzer		✓		
35	Electrolyte Analyzer		✓		
36	Oxygen Cylinder- B Type		✓		

37	BP Apparatus- Aneroid		✓		
38	BP Apparatus-Digital	✓		✓	
39	Stethoscope	✓		✓	
40	Thermometer	✓		✓	
41	Examination Table	✓		✓	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle		✓		
43	Exerciser Couch/Table		✓		
44	Finger Exerciser Web		✓		
45	Walking Aid for Training/ Reciprocal Walker		✓		

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

Urban /Rural: Rural

Date of Visit: 05/03/2025

A. General Information	
31. State	Mizoram
32. District Name	Kolasib
33. Block/Taluka Name	Thingdawl
34. Name of Facility	Kawnpui PHC
35. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	1112641640
37. No. of days in a week facility is operational	24x7 (7 Days)
38. OPD Timings	9.30 AM – 4 PM
39. Month & Year of operationalization of AAM	----
40. Details of co-location, if any (If any co-located SHC)	---
41. Accessible from nearest road head (Yes/No)	Yes
42. Next Referral Facility Name	District Hospital Kolasib/DAS
43. Distance of next referral facility (in Km)	24 km
44. If UPHC functions as a Polyclinic (Yes/No)	No
45. If Yes, please take note of available specialist services at the Polyclinic	----
A.1 Demographic Details	
1. Number of Villages/Wards	5 villages
2. No. of Households	2681
3. Total catchment Population	13379
4. Population who are 30 years of age and above	6043

B. Physical Infrastructure																		
Infrastructure Status and details		Availability																
1.	Availability of Govt. owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
2.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Building</th> <th>Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>Rented etc.</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Sr. No.	Building	Mark	A	Other Govt.	<input type="checkbox"/>	B	Panchayat Bhawan	<input type="checkbox"/>	C	Urban Local Body	<input type="checkbox"/>	D	Rented etc.	<input type="checkbox"/>
Sr. No.	Building	Mark																
A	Other Govt.	<input type="checkbox"/>																
B	Panchayat Bhawan	<input type="checkbox"/>																
C	Urban Local Body	<input type="checkbox"/>																
D	Rented etc.	<input type="checkbox"/>																
3.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
4.	Availability of IPD Beds 10 Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
5.	If yes, Number of functional IPD Beds	10																
6.	Availability of boundary Wall Partially	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture: Table Chairs Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Wheel Chair available
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up Partially	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

B.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 <input checked="" type="checkbox"/> 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(Ambulance not working)	<input type="checkbox"/> Yes <input type="checkbox"/> <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		
2.	AYUSH MO*	1				
3.	Dentist*	1			1	1
4.	Staff Nurse	2	5	5	2	2
5.	Pharmacist	1			1	1
6.	Laboratory Technician	1	1	1	1	1
7.	ANM/MPW (F)#	1				
8.	MPW (M)	1				
9.	Lady Health Visitor	1				
10.	Dresser	1				
11.	Accountant	1			1	1
12.	Data entry operator	1			1	1
13.	Sanitation staff	1				
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)				15	15
15.	ASHA Facilitator (If any, only for Rural areas)				1	1
16.	Others (Specify)					
17.	Whether all essential HRH available as per IPHS 2022					

*Desirable

For PHC sub centre-Co-located

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

E.1 Availability of Services	
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	Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments

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

F. Availability of Essential medicines			
1	<p>Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)</p> <p>(Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total number of medicines at AAM-PHC/UPHC as per National EML -172)</p> <p>160</p>	
2	Total number of medicines available at AAM-PHC/UPHC	130	
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	<p>Medicine categories with shortfall/ stock outs on the day of assessment</p> <p>This Medicine is available</p>	<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 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 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	38
4	Number of tests Provided through In House Mode	38

5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke-PPP Model	0
7	Availability of X-ray services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input 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	8 days
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	N/A

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Tablet <input checked="" type="checkbox"/> <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD

	<input 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	Fever etc
Total teleconsultations in the last 01 month	110
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 (14/2/2025)
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:	UWIN, EVIN									
L. Finance										
Remuneration & Incentives	<table border="1"> <tr> <th>Cadre</th><th>Timely disbursement</th><th>Complete disbursement as entitled</th></tr> <tr> <td>AAM-PHC Team (Salary)</td><td><input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> </table>	Cadre	Timely disbursement	Complete disbursement as entitled	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cadre	Timely disbursement	Complete disbursement as entitled								
AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Facility funds	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Fund Source	Timely disbursement	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Fund utilization NHM Fund/untied funds utilized during last year:	<table border="1"> <tr> <th>Funds received (Amount in Rs.)</th><th>Expenditure (Amount in Rs.)</th><th>% Expenditure</th></tr> <tr> <td>165000</td><td>165000</td><td>100%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	165000	165000	100%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
165000	165000	100%								
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Medicines</p>									

	<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) – Yes September 2024 Backlog 26000 April to Nov Average Delay in Payment (days): delayed Reasons for delay, if any Funds not Available.
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 checked="" type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input 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	911																									
2	No. of PW registered for ANC	55																									
3	No. of PW received 4 or more ANC check-ups	33																									
4	Total number of institutional deliveries	11																									
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	11																									
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	50																									
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	50																									
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	11																									
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	44																									
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	4 0 0																									
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	Data is not Available																									
13	Community Based Screening for NCDs <table border="1"> <thead> <tr> <th>NCDs (No. of individuals in Last 6 Months)</th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr> </thead> <tbody> <tr> <td>Hypertension</td><td>1564</td><td>46</td><td>236</td></tr> <tr> <td>Diabetes</td><td>179</td><td>20</td><td>167</td></tr> <tr> <td>Oral Cancer*</td><td>0</td><td>0</td><td>0</td></tr> <tr> <td>Breast Cancer*</td><td>25</td><td>0</td><td>0</td></tr> <tr> <td>Cervical Cancer*</td><td>8</td><td>1</td><td>0</td></tr> </tbody> </table>	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up	Hypertension	1564	46	236	Diabetes	179	20	167	Oral Cancer*	0	0	0	Breast Cancer*	25	0	0	Cervical Cancer*	8	1	0		
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																								
Hypertension	1564	46	236																								
Diabetes	179	20	167																								
Oral Cancer*	0	0	0																								
Breast Cancer*	25	0	0																								
Cervical Cancer*	8	1	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 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	2sd number up
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	N/A
2	Facility aggregate score using ODK Took kit	N/A

Remarks & Observations
Infrastructure Good Infrastructure is available
HRH One Dental Assistant needed to this facility. as per norms, All staff should be assigned to the facility.
IEC All types of IEC are Visible in the Premises of the facility.
Expanded service Packages -----
IT System IT System Working in good speed.
Any Other: Requirements Boundary Wall, Renovation of the staff quarters. Provide the new Patient beds. Need for an oxygen cylinder, power backup for the main center, large autoclave, wheelchair, all types of medicine,

Annexure- List of equipment

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

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

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

Urban /Rural: Rural PHC

Date of Visit: 04/03/2025

A. General Information	
46. State	Mizoram
47. District Name	Kolasib
48. Block/Taluka Name	Bilkhawthlir
49. Name of Facility	Bilkhawthlir PHC
50. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
51. NIN of the facility	1187758477
52. No. of days in a week facility is operational	24 x7 (7 Days)
53. OPD Timings	9 AM – 3 PM
54. Month & Year of operationalization of AAM	2022
55. Details of co-location, if any (If any co-located SHC)	Bilkhawthlir
56. Accessible from nearest road head (Yes/No)	Yes
57. Next Referral Facility Name	District Hospital Kolasib
58. Distance of next referral facility (in Km)	19.5 km
59. If UPHC functions as a Polyclinic (Yes/No)	No
60. If Yes, please take note of available specialist services at the Polyclinic	-----

A.1 Demographic Details	
1. Number of Villages/Wards	5 villages
2. No. of Households	2128
3. Total catchment Population	11311

4. Population who are 30 years of age and above	4528
---	------

B. Physical Infrastructure																		
Infrastructure Status and details		Availability																
1.	Availability of Govt. owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
2.	If there is no government-owned Building, specify building type	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Building</th> <th>Mark</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Other Govt.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>Rented etc.</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Sr. No.	Building	Mark	A	Other Govt.	<input type="checkbox"/>	B	Panchayat Bhawan	<input type="checkbox"/>	C	Urban Local Body	<input type="checkbox"/>	D	Rented etc.	<input type="checkbox"/>
Sr. No.	Building	Mark																
A	Other Govt.	<input type="checkbox"/>																
B	Panchayat Bhawan	<input type="checkbox"/>																
C	Urban Local Body	<input type="checkbox"/>																
D	Rented etc.	<input type="checkbox"/>																
3.	Is the facility functional 24 x 7?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
4.	Availability of IPD Beds 10 beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
5.	If yes, Number of functional IPD Beds	10																
6.	Availability of boundary Wall partially	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture: Table Chairs Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input 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 (Solar, generator, Inverter)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

B.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	1
2.	AYUSH MO*	1			0	0
3.	Dentist*	1			0	0
4.	Staff Nurse	2	2	2	1	1
5.	Pharmacist	1			1	1
6.	Laboratory Technician	1			1	1
7.	ANM/MPW (F)#	1			3	3
8.	MPW (M)	1			-	-
9.	Lady Health Visitor	1			0	1
10.	Dresser	1			0	0
11.	Accountant	1			1	1
12.	Data entry operator	1			0	1
13.	Sanitation staff	1	2	2	0	0
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)				9	9
15.	ASHA Facilitator (If any, only for Rural areas)				1	1
16.	Others (Specify)				-	-
17.	Whether all essential HRH available as per IPHS 2022	-----				

*Desirable

For PHC sub centre-Co-located

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

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input 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	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172) 98	
2	Total number of medicines available at AAM-PHC/UPHC	71	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input 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 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	(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	28
4	Number of tests Provided through In House Mode	YES

5	Number of tests Provided through Hub & Spoke (Public Health System)	0
6	Number of tests Provided through Hub & Spoke-PPP Model	0
7	Availability of X-ray services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input 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	12 days
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	Semi Auto analyzer More than 2 Weeks

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

10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> 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 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	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)

Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
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	URI, APD etc
Total teleconsultations in the last 01 month	371
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 25 Nov 2024
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:	AWC portal, Climate change, TB portal		
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source		Timely disbursement
	Untied		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Other Sources		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	165000	158950	96.3 %

<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 checked="" 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) – Yes Sep.2024</p> <p>Average Delay in Payment (days): Oct to Feb 2025 - 24 Mother have No Money.</p> <p>Reasons for delay, if any Due to No funds available.</p>
<p>Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p>

	<input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input 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	995
2	No. of PW registered for ANC	41
3	No. of PW received 4 or more ANC check-ups	169
4	Total number of institutional deliveries	16
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	8
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	20
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	15
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	8
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	29
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	2
11	TB patients undergoing treatment Indicators (Current Year)	
	No. of presumptive TB patients identified	221
	No. of TB patients diagnosed out of the presumptive patients referred	1
	No. of TB patients taking treatment in the AAM	0

12	<div>% of target population administered CBAC</div> <div>% of target population with score below 4</div> <div>% of target population with score 4 and above</div>	Data is not Available																								
13	<div>Community Based Screening for NCDs</div> <table><tr><th>NCDs <i>(No. of individuals in Last 6 Months)</i></th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>1286</td><td>1286</td><td>102</td></tr><tr><td>Diabetes</td><td>1286</td><td>1286</td><td>98</td></tr><tr><td>Oral Cancer*</td><td>741</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>741</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>741</td><td>0</td><td>0</td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	1286	1286	102	Diabetes	1286	1286	98	Oral Cancer*	741	0	0	Breast Cancer*	741	0	0	Cervical Cancer*	741	0	0	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	1286	1286	102																							
Diabetes	1286	1286	98																							
Oral Cancer*	741	0	0																							
Breast Cancer*	741	0	0																							
Cervical Cancer*	741	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	Winner several times
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	20/8/2024
2	Facility aggregate score using ODK Took kit	59.68%

Remarks & Observations
Infrastructure The Building Condition is good but not as per IPHS norms. All Plumbing and electric materials are very low quality told by hospital authorities.
HRH

2 Group D are available but Hospital Authorities want 4 Group D workers. No Ayush, No dentist No OA all to be proved.
IEC IEC is Sufficient and visible in the facility premises
Expanded service Packages Ok
IT System Ok
Any Other Funds are not received on Time. Regular funding is necessary for the facility. The facility's medical officer received the Health Minister's Award state of Mizoram last year.

Annexure- List of equipment

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

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

Field Monitoring Format-Urban Ayushman Arogya Mandir (UAAM)

Date of Visit: 05/03/25

A. General Information	
1. State	Mizoram
2. District Name	Kolasib
3. Ward Name	Venglai East
4. Name of Facility	Venglai East UAAM (USHC)
5. Type of Facility	UAAM (USHC)
6. NIN of the facility	NIN-2-HFI
7. No. of days in a week the facility is operational	5 Days Mon-Fri
8. OPD Timing	10 am to 3 pm
9. Month & Year of UAAM operationalization	April 2023
10. Is the facility accessible from nearest road head? (Yes/No)	Yes
11. Next Referral Facility	DH Kolasib
12. Distance of next referral facility (Km)	1 KM

A.1 Demographic Details	
1. Number of Wards	No other ward
2. No. of Households	266
3. Total catchment Population	1325
4. Population who are 30 years of age and above	614

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Day Care Beds available (<i>Norm – 2</i>)	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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
19.	Provision of BMW management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

B. Physical Infrastructure		
Infrastructure Status and details		Availability
20.	Colour coded waste bins	<input type="checkbox"/> Yes <input checked="" 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 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
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 checked="" type="checkbox"/> Yes <input 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		1
4	Sanitary Staff*	1		0		0
5	Security Staff**	1		0		0
6	ASHA (Population norm: 1 ASHA per 2000-2500 population)				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)	Yes	Yes	Yes	Yes
Child Health (New Born Care/ HBNC/ HBYC)	Yes	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes	Yes
Communicable Diseases (TB/Leprosy/Malaria/Dengue/Filariasis etc.)	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)	No	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)	Yes	Yes	Yes	Yes	Yes	Yes
Staff Nurse	Yes	Yes	Yes	Yes	Yes	Yes
MPW (F) / (M)	Yes	Yes	Yes	Yes	Yes	Yes
ASHA						

E.1 Availability of Services	
Reproductive Maternal and Child Health	<input type="checkbox"/> ANC/ PNC <input type="checkbox"/> Neonatal and infant healthcare services <input type="checkbox"/> Childhood and Adolescent healthcare services <input 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 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
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

F. 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://nhsrcindia.org/sites/default/files/SHCHWC%20%26%20UHC%20IPHS%202022%20Guidelines%20pdf.pdf	106 <i>(Total medicines at UAAM as per national EML is 105)</i>	
2	Total number of medicines available at the UAAM	18	
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 type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergic	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemic <input checked="" type="checkbox"/> Hypolipidemic

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In-house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at UAAM as per State Essential Diagnostic list	6 <i>(Total diagnostic tests at UAAM as per national EDL is 14)</i>
3	Number of tests available at UAAM	6
4	Number of tests Provided through In House Mode	370
5	Number of tests Provided through Hub & Spoke (Public Health System)	28

6	Number of tests Provided through Hub & Spoke- PPP Model	NA
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 (days)	Nil
11	Details of equipment which are non-functional for 7 Days (List of equipment is provided as annexure)	NA

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded)
Infrastructure: Functionality	<input checked="" 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 type="checkbox"/> Other, specify:
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Common conditions for teleconsultation	RTI, Acid Peptic, HTN, Diabetes
Total teleconsultations in the last 01 month	25

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

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
Minutes of meetings maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of functional MAS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<input type="checkbox"/> DVDMS	<input 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 type="checkbox"/> No

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	UAAM Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	UAAM Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source	Timely disbursement	Details
	Untied	<input type="checkbox"/> Yes <input checked="" 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	10454
20.9Is untied fund being spent on following activities?	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Reagents/Consumables <input type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Status of JSY Payments	Payment done till: Payment is not being done from the facility, no such record is maintained Average Delay in Payment: Reason for Delay, if any:
Availability of JSSK entitlements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, whether all entitlements being provided <input type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input type="checkbox"/> Free diet <input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	683
2	No. of PW registered for ANC	Nil
3	No. of PW received 4 or more ANC check-ups	Nil
4	Total number of institutional deliveries	Nil

5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	Nil																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	Nil																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	Nil																								
8	Number of cases referred from UAAM to UPHC AAM /Polyclinic/Other higher facilities during last month	Nil																								
9	Number of cases referred back to UAAM from UPHC AAM or higher centre for follow-up during last 3 months	8																								
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 No																								
9	Community Based Screening % of target population administered CBAC	They are not supposed to carry house hold survey. As sub center of their area is conducting this survey.																								
	% of target population with score below 4																									
	% of target population with score 4 and above																									
	<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>347</td><td>81</td><td>64</td></tr><tr><td>Diabetes</td><td>347</td><td>42</td><td>20</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 <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	347	81	64	Diabetes	347	42	20	Oral Cancer*	0	0	0	Breast Cancer*	0	0	0	Cervical Cancer*	0	0	0	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	347	81	64																							
Diabetes	347	42	20																							
Oral Cancer*	0	0	0																							
Breast Cancer*	0	0	0																							
Cervical Cancer*	0	0	0																							

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, Achievement under Kayakalp (Winner, recommendation) and score	No
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 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 type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism

10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	December 20, 2024
2	Facility aggregate score using ODK Took kit	67.57

Remarks & Observations
<p>Infrastructure Facility is run into rented building, is too small</p>
<p>HRH Group D staff is required at the facility</p>
<p>IEC</p>
<p>Expanded service Packages They are providing all health care services according to the expanded package. There is some confusion among them regarding the services as most of the services is provided by sub center according to them.</p>
<p>IT System Internet facility is not available</p>
<p>Any Other</p> <ul style="list-style-type: none"> Supplies of the medicine is irregular. Bio medical waste management is not being done Payments and incentives to the staff is irregular Except OPD they are not giving any service. ANC and PNC care is not being done at the facility

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: 05/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Kolasib
3. Block/Taluka Name	Thingdawl RD Block
4. Name of Facility	Bualpui HWC
5. Type of Facility	HWC
6. NIN of the facility	5856574743
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:30 am – 4:00 pm
9. Month & Year of AAM operationalization	October 2020 (HWC)
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Kawnpui
12. Distance of next referral facility (Km)	8 kms
A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	341
3. Total catchment Population	1676
4. Population who are 30 years of age and above	688

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

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

3	MPW-M		-	1	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	-	2
4	Grade IV		-	1	-	-
5	Any other (If yes, specify)		-	-	-	-

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

D.2 Training details- Expanded CPHC packages						
Staff	Trained in Eye care (Yes/ No)	Trained in ENT care (Yes/ No)	Trained in Oral care (Yes/ No)	Trained in MNS (Yes/ No)	Trained in Elderly & Palliative care (Yes/ No)	Trained in Trauma & Emergency care (Yes/ No)
CHO	Yes	Yes	Yes	Yes	Yes	Yes
ANM/ MPW (F)	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				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

F. Essential medicines		
<p>Number of medicines at AAM SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105) On the day of visit 28 types medicine were available at the facility and most of the time this remains same</p>	
Total number of medicines available at AAM-SHC	22 to 28	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins

	<input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> 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	10 (Total diagnostics at AAM-SC as per national EDL is 14)	
Total number of diagnostic tests available at AAM-SC	8	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	U-Win
J. Finance	
Remuneration & Incentives Timely disbursement of incentives to ASHAs Timely disbursement of remuneration to CHOs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Timely disbursement of remuneration to AAM-SC team (other than CHO)</p> <p>Disbursement of performance-based incentives to CHO</p> <p>Disbursement of team-based incentives to AAM-SHC team</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>									
<p>Facility funds</p> <p>Timely disbursement of untied funds</p> <p>Fund flow through other sources</p> <p>Specify any other fund source:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>									
<p>Fund utilization</p> <p>% NHM Fund utilized last year:</p> <p>United Fund 25000/-</p> <p>Kayakalp Price 50000/-</p>	<table border="1"> <tr> <td>Funds received</td> <td>Expenditure</td> <td>%</td> </tr> <tr> <td>(Amt in Rs.)</td> <td>(Amt in Rs.)</td> <td>Expenditure</td> </tr> <tr> <td>75000</td> <td>48980</td> <td>65.2</td> </tr> </table>	Funds received	Expenditure	%	(Amt in Rs.)	(Amt in Rs.)	Expenditure	75000	48980	65.2
Funds received	Expenditure	%								
(Amt in Rs.)	(Amt in Rs.)	Expenditure								
75000	48980	65.2								
<p>Is untied fund being spent on following activities</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>									

Status of JSY Payments	<p>Payment done till: Payment is not being done from the facility, no such record is maintained</p> <p>Average Delay in Payment:</p> <p>Reason 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>

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

L. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days are celebrated as per the Wellness Activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Calendar Number of Wellness sessions conducted in Last month	28.02.2025
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

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	338
2	No. of PW registered for ANC	6
3	No. of PW received 4 or more ANC check-ups	5
4	Total number of institutional deliveries	0
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	7
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	3
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 0 No. of TB patients diagnosed out of the presumptive patients referred 0 No. of TB patients taking treatment in the AAM 0																										
10	Community Based Screening for NCDs: % of target population administered CBAC: - % of target population with score below 4: - % of target population with score 4 and above: -																										
11	<table border="1"> <thead> <tr> <th>NCDs <i>(No. of individuals in last 6 Months)</i></th> <th>Screened</th> <th>Referred</th> <th>Followed-up</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>197</td> <td>2</td> <td>252</td> </tr> <tr> <td>Diabetes</td> <td>197</td> <td>3</td> <td>148</td> </tr> <tr> <td>Oral Cancer</td> <td>197</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Cancer</td> <td>103</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Cancer</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>			NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	Hypertension	197	2	252	Diabetes	197	3	148	Oral Cancer	197	0	0	Breast Cancer	103	0	0	Cervical Cancer	0	0	0
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Breast Cancer	103	0	0																								
Cervical Cancer	0	0	0																								
N. Implementation of NQAS Quality Assurance and Patient Safety																											
1	Has there been an internal assessment for NQAS?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
2	Is the facility certified at the State level for NQAS?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
3	Is the facility certified at the National level for NQAS?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
4	Is Facility participating in Kayakalp?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
5	If yes, achievement under Kayakalp (Winner, commendation) and score		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost																									

		<input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input 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	July 25,2024
2	Facility aggregate score using ODK Took kit	33.23

Remarks & Observations
Infrastructure 1. The building of the HWC is new but small. It is painted and converted as HWC. 2. There are two staff quarters at the facility one for the CHO (in Mizoram state it is designated as Health and Wellness officer) and one for ANM.

HRH 1. All the health staff posted here are cooperative and have tried their best to maintain the facility and records. However, due to uneven fund supply is hampering their services.
IEC Most of the IEC materials are placed for the display.
Expanded service Packages The CHO of the facility is providing teleconsultation services.
IT System Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available. Also, they don't have computer.
Any Other <ul style="list-style-type: none"> As the expanded package is introduced and CHO is trained into it. But the medicine and drugs supplies are irregular. Out of 14 essential diagnostic tests only 8 are being done at the facility. Dengue, Hep. B and Scrub Typhus test are not being done at the facility. Out of 106 state essential medicine list only 20 medicines are available at the facility. On the day of visit hypertension medicine was out of stock Facility have received Kayakalp second prize 2022-23. There is no dedicated transport service is available for JSSK beneficiaries. Irregular payment of ASHA's incentive, there is delay by 6 months to one year. Last payment was received in October 2024. No deliveries are being conducted in the facility, though there is delivery room and table is available.

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	05.03.2025
Name of Village/ Slum visited	Bualpui
Details of nearest public health facility (from residence)	<i>Facility name: Bualpui</i> <i>Facility type: HWC</i> <i>Distance:</i>
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), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">√</td> <td style="width: 40%;">Reason for the choice</td> </tr> <tr> <td><i>Self (home remedies)</i></td> <td></td> <td rowspan="7"> <ul style="list-style-type: none"> Proximity, Convenience Economical Trust/Faith on the provider/ Practice . </td> </tr> <tr> <td><i>Informal healers</i></td> <td></td> </tr> <tr> <td><i>private practitioners/ hospitals,</i></td> <td></td> </tr> <tr> <td><i>public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i></td> <td style="text-align: center;">√</td> </tr> <tr> <td><i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i></td> <td></td> </tr> <tr> <td><i>AYUSH practitioners.</i></td> <td></td> </tr> <tr> <td><i>Self (home remedies)</i></td> <td></td> </tr> </table>		√	Reason for the choice	<i>Self (home remedies)</i>		<ul style="list-style-type: none"> Proximity, Convenience Economical Trust/Faith on the provider/ Practice . 	<i>Informal healers</i>		<i>private practitioners/ hospitals,</i>		<i>public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i>	√	<i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i>		<i>AYUSH practitioners.</i>		<i>Self (home remedies)</i>	
			√	Reason for the choice																
		<i>Self (home remedies)</i>		<ul style="list-style-type: none"> Proximity, Convenience Economical Trust/Faith on the provider/ Practice . 																
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		<i>AYUSH practitioners.</i>																		
<i>Self (home remedies)</i>																				

<p><i>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i></p>	<p><i>Reasons probes: Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<ul style="list-style-type: none"> • <i>Proximity,</i> • <i>Convenience</i> • <i>Economical</i>
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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p>	<p><i>May use local terms as recognized by the community</i></p>	<ul style="list-style-type: none"> • They are sharing their feedback with the facility. As many of the tests are not being done at the facility i.e. • Out of 14 essential diagnostic tests only 8 are being done at the facility. Dengue, Hep. B and Scrub Typhus test are not being done at the facility. • Out of 106 state essential medicine list only 20 medicines are available at the facility. • Shortage of medicine
<p><i>How long has it been there?</i></p>	<p><i>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i></p>	
<p><i>What are the health services</i></p>	<p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p>	

<i>being provided there?</i>	Probes-RCH, NCD, Communicable diseases, expanded packages)	As per the expanded package services are introduced but for treatment purpose no all the tests and medicines are not available	
Topic: Accessibility to primary healthcare services			
<i>How do you access the facility from your residence?</i>	Probes: Walk to the facility Use public transport Use personal transport	Coming by walk	
<i>What are the challenges you face in accessing this facility?</i>	Barriers may include: Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...	<ul style="list-style-type: none"> • Geographical barriers • Structural barriers within the facility or its premises • Financial barriers • Socio-cultural barriers • Others,(please specify):No such barrier's 	
<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>		Staff is visiting in the community for home visits and various surveys. No camps are being organised.	
Topic: Availability of primary health care infrastructure and services			
<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	Probes <ul style="list-style-type: none"> ▪ Condition of the building ▪ Maintenance ▪ Dedicated space for waiting and examination ▪ Adequate seating 	Infrastructure and services	Response
		Condition of the building	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither

<p><i>What more needs to be added to improve the treatment seeking experience in this place?</i></p>	<i>arrangement</i> <ul style="list-style-type: none"> ▪ <i>Functional toilet</i> ▪ <i>Potable and drinking water</i> ▪ <i>Power supply</i> 		good no r bad <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good no r bad <input type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<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 officers(AAM PHC/ UPHC/ UAAM),Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	<p>Whenever we are visiting staff is available in the facility. Regarding the adequacy- can't say</p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p>	<p>Probe</p>	<ul style="list-style-type: none"> • Out of 106 state essential medicine list 	

<i>If not, reasons thereof.</i>	<i>If there had been instances of non-availability of medicines, what do you do?</i>	only 20 medicines are available at the facility.
<p><i>Is the facility providing all the lab-tests/diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<ul style="list-style-type: none"> Out of 14 essential diagnostic tests only 8 are being done at the facility. Dengue, Hep. B and Scrub Typhus test are not being done at the facility.
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	They are skilled
<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p>Innovative may include painless, time-saving or cost saving methods or technology</p> <p>Alternate phrasing: Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></p>	Can't say
Topic: Appropriateness of primary healthcare services delivered through AAM		

<i>What are the main healthcare concerns that exist or emerge in your community?</i>	<i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i>	Dengue, Typhus
<i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i>	<i>Probe: To share some insights</i>	No
<i>Are those services economical in terms of time and money?</i>		
Topic: Community's involvement / participation		
<i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i>	<i>Probes</i> <i>Setting health-related priorities</i>	No
<i>How is the local community helping the AAM to function better?</i>	<i>Engagement with the Community Health Workers (ASHA/ equivalents)</i>	There is a committee in the village which help them
<i>Please mention the activity and your contribution</i>	<i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i>	JAS
Topic: Unmet Needs		
<i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i>		We want all the tests should be done at the facility

<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>Topic: Quality of Care provided through the primary healthcare facility</p>		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>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 long waiting, premises is clean, no provision of grievances redressal, many of the tests are not being done here, medicine is always shortage</p>

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

Date of Visit: 06/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Kolasib
3. Block/Taluka Name	Bilkhawthlir
4. Name of Facility	Pangbalkawn HWC
5. Type of Facility	HWC
6. NIN of the facility	2746831862
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:30 am – 3.30 pm
9. Month & Year of AAM operationalization	2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Bairabi PHC
12. Distance of next referral facility (Km)	12.3Kms
A.1 Demographic Details	
1. Number of Villages	3
2. No. of Households	563
3. Total catchment Population	2906
4. Population who are 30 years of age and above	952

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building 2023 new 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection solar system	<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 RO Available	<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 type="checkbox"/> Yes <input checked="" 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input 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
2	ANM/MPW-F	2	-	-		1

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

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

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

E. Service Delivery	
Service provided	<p>Reproductive Maternal and Child Health</p> <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines		
<p>Number of medicines at AAM SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105)</p> <p>105</p>	
Total number of medicines available at AAM-SHC	29	
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 checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds	<input checked="" type="checkbox"/> <input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)

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

Availability of diagnostic testing aids/ equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for 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 checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common Conditions for which teleconsultation being done	HTN,DM, Fever, Cold-Cough etc
Total Teleconsultations in the last 01 month	5

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

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 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>24160</td> <td>99.5</td> </tr> </tbody> </table>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	25000	24160	99.5
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure							
25000	24160	99.5							
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"/> Inter Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Medicines							

	<input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	27/2/2025 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 28.02.2025 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 type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	12

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	400
2	No. of PW registered for ANC	10
3	No. of PW received 4 or more ANC check-ups	9
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	12
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	8
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	12
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:	100% - Data Not Available

11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	
	Hypertension	49	4	13	
	Diabetes	49	1	3	
	Oral Cancer	49	-	-	
	Breast Cancer	24	-	-	
	Cervical Cancer	24	2	-	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information			
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)			
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management			

		<input checked="" type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input 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	13/6/24
2	Facility aggregate score using ODK Took kit	46.24

Remarks & Observations
Infrastructure 3. The building of the HWC is good. 4. Don't have staff quarters for the CHO.
HRH 2. Inadequate staff MPW one and class iv one is necessary for this facility.
IEC Most of the IEC materials are not placed for the display.
Expanded service Package-----
IT System Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available. Also, they don't laptop, wefi connectivity.
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	06.03.2025
Name of Village/ Slum visited	Pangbalkawn
Details of nearest public health facility (from residence)	<i>Facility name: Bairabi</i> <i>Facility type: AAM-SHC</i> <i>Distance:</i>
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), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">√</td> <td style="width: 40%;">Reason for the choice</td> </tr> <tr> <td><i>Self (home remedies)</i></td> <td></td> <td rowspan="7"> <ul style="list-style-type: none"> Proximity, Convenience Economical Trust/Faith on the provider/ Practice . </td> </tr> <tr> <td><i>Informal healers</i></td> <td></td> </tr> <tr> <td><i>private practitioners/ hospitals,</i></td> <td></td> </tr> <tr> <td><i>public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i></td> <td style="text-align: center;">√</td> </tr> <tr> <td><i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i></td> <td></td> </tr> <tr> <td><i>AYUSH practitioners.</i></td> <td></td> </tr> <tr> <td><i>Self (home remedies)</i></td> <td></td> </tr> </table>		√	Reason for the choice	<i>Self (home remedies)</i>		<ul style="list-style-type: none"> Proximity, Convenience Economical Trust/Faith on the provider/ Practice . 	<i>Informal healers</i>		<i>private practitioners/ hospitals,</i>		<i>public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i>	√	<i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i>		<i>AYUSH practitioners.</i>		<i>Self (home remedies)</i>	
	√	Reason for the choice																		
<i>Self (home remedies)</i>		<ul style="list-style-type: none"> Proximity, Convenience Economical Trust/Faith on the provider/ Practice . 																		
<i>Informal healers</i>																				
<i>private practitioners/ hospitals,</i>																				
<i>public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i>	√																			
<i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i>																				
<i>AYUSH practitioners.</i>																				
<i>Self (home remedies)</i>																				

<p><i>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i></p>	<p><i>Reasons probes: Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<ul style="list-style-type: none"> • <i>Proximity,</i> • <i>Convenience</i> • <i>Economical</i>
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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p>	<p><i>May use local terms as recognized by the community</i></p>	<ul style="list-style-type: none"> • They are sharing their feedback with the facility. As many of the tests are not being done at the facility i.e. • Out of 14 essential diagnostic tests only 8 are being done at the facility. Dengue, Hep. B and Scrub Typhus test are not being done at the facility. • Out of 106 state essential medicine list only 20 medicines are available at the facility. • Shortage of medicine
<p><i>How long has it been there?</i></p>	<p><i>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i></p>	
<p><i>What are the health services</i></p>	<p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p>	

<i>being provided there?</i>	Probes-RCH, NCD, Communicable diseases, expanded packages)	As per the expanded package services are introduced but for treatment purpose no all the tests and medicines are not available	
Topic: Accessibility to primary healthcare services			
<i>How do you access the facility from your residence?</i>	Probes: Walk to the facility Use public transport Use personal transport	Coming by walk	
<i>What are the challenges you face in accessing this facility?</i>	Barriers may include: Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...	<ul style="list-style-type: none"> • Geographical barriers • Structural barriers within the facility or its premises • Financial barriers • Socio-cultural barriers • Others,(please specify):No such barrier's 	
<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>		Staff is visiting in the community for home visits and various surveys. No camps are being organised.	
Topic: Availability of primary health care infrastructure and services			
<i>What are your opinions on the building in which the primary healthcare facility is functioning?</i>	Probes <ul style="list-style-type: none"> ▪ Condition of the building ▪ Maintenance ▪ Dedicated space for waiting and examination ▪ Adequate seating 	Infrastructure and services	Response
		Condition of the building	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither

<p><i>What more needs to be added to improve the treatment seeking experience in this place?</i></p>	<i>arrangement</i> <ul style="list-style-type: none"> ▪ <i>Functional toilet</i> ▪ <i>Potable and drinking water</i> ▪ <i>Power supply</i> 		good no r bad <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good no r bad <input type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<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 officers(AAM PHC/ UPHC/ UAAM),Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	<p>Whenever we are visiting staff is available in the facility. Regarding the adequacy- can't say</p>	
<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p>	<p>Probe</p>	<ul style="list-style-type: none"> • Out of 106 state essential medicine list 	

<i>If not, reasons thereof.</i>	<i>If there had been instances of non-availability of medicines, what do you do?</i>	only 20 medicines are available at the facility.
<p><i>Is the facility providing all the lab-tests/diagnostic tests prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p>Probe</p> <p><i>If there had been instances of non-availability of lab/ diagnostic tests, what do you do?</i></p>	<ul style="list-style-type: none"> Out of 14 essential diagnostic tests only 8 are being done at the facility. Dengue, Hep. B and Scrub Typhus test are not being done at the facility.
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	They are skilled
<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p>Innovative may include painless, time-saving or cost saving methods or technology</p> <p>Alternate phrasing: Do you face any difficulty when the hospital staff use a method or device or instrument on you for diagnosis or treatment? <u>This may include social, psychological, physical or financial distress.</u></p>	Cant say
Topic: Appropriateness of primary healthcare services delivered through AAM		

<i>What are the main healthcare concerns that exist or emerge in your community?</i>	<i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i>	Dengue, Typhus
<i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i>	<i>Probe: To share some insights</i>	No
<i>Are those services economical in terms of time and money?</i>		
Topic: Community's involvement / participation		
<i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i>	<i>Probes</i> <i>Setting health-related priorities</i>	No
<i>How is the local community helping the AAM to function better?</i>	<i>Engagement with the Community Health Workers (ASHA/ equivalents)</i>	There is a committee in the village which help them
<i>Please mention the activity and your contribution</i>	<i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i>	JAS
Topic: Unmet Needs		
<i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i>		We want all the tests should be done at the facility

<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>Topic: Quality of Care provided through the primary healthcare facility</p>		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>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 long waiting, premises is clean, no provision of grievances redressal, many of the tests are not being done here, medicine is always shortage</p>

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

Date of Visit: 04/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Kolasib
3. Block/Taluka Name	Bilkhawthlir
4. Name of Facility	Bilkhawthlir SHC
5. Type of Facility	SHC
6. NIN of the facility	4132876774
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:00 am – 3:00 pm
9. Month & Year of AAM operationalization	Not applicable
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Bilkhawthlir PHC
12. Distance of next referral facility (Km)	2 kms
A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	993
3. Total catchment Population	5213

4. Population who are 30 years of age and above	1971
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B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Availability of furniture: Table Chairs Almirah/Rack	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	Laboratory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Pharmacy /Drug store	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Separate functional toilets for males and females	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

15.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Availability of Safe drinking Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CHO <input type="checkbox"/> ANM

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

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

C. Human Resource Availability

	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available

1	CHO/MLHP	1	-	-	-	1
2	ANM/MPW-F	2	-	1	-	1
3	MPW-M		-	1	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	-	4
4	Grade IV		-	1	-	-
5	Any other (If yes, specify)		-	-	-	-

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

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

ANM/ MPW (F)	-	-	Yes	No	Yes	No
MPW (M)			Yes	No	Yes	No
ASHA			Yes	No	Yes	No

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 Sputum collection</p> <p><input checked="" type="checkbox"/> Leprosy Screening</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 type="checkbox"/> Screening of common cancers – cervix</p>
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E.2 Availability of Expanded Packages of Services

Service Packages	Services Available	Drugs available	Diagnostics & consumables available
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

F. Essential medicines		
<p>Number of medicines at AAM SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105) No such list is available at the facility. On the day of visit 11 types medicine were available.</p>	
Total number of medicines available at AAM-SHC	11	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic	<input checked="" type="checkbox"/> Anti-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"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G. Essential diagnostics		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	Don't know (Total diagnostics at AAM-SC as per national EDL is 14)	
Total number of diagnostic tests available at AAM-SC	4	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	

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

Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Nil
Total Teleconsultations in the last 01 month	Nil

I. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input type="checkbox"/> Yes <input checked="" 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	<div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable </div> <p>As the facility is not converted into AAM</p>						
Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:	<div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>						
Fund utilization % NHM Fund utilized last year: United Fund 25000/- Kayakalp Price 50000/-	<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>10000</td> <td>9231</td> <td>92.31</td> </tr> </tbody> </table>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	10000	9231	92.31
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure					
10000	9231	92.31					
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 checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

	<p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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	Yes

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	60
2	No. of PW registered for ANC	18
3	No. of PW received 4 or more ANC check-ups	22
4	Total number of institutional deliveries	Nil
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	Nil
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	20
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	20
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	9
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	7 3 3
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	998 Not given Not given

11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	
	Hypertension	183	8	8	
	Diabetes	183	8	8	
	Oral Cancer	0	0	0	
	Breast Cancer	0	0	0	
	Cervical Cancer	0	0	0	
N. Implementation of NQAS Quality Assurance and Patient Safety					
1	Has there been an internal assessment for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State level for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information			
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input 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 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	20/08/2024
2	Facility aggregate score using ODK Took kit	24.26

Remarks & Observations
Infrastructure 5. The building of the SHC is new too small and small. Facility is not converted into HWC/AAM. New building is required for the facility. 6. CHO is not appointed there as it is not converted into AAM. 7. No quarter is available for the staff. 8. There are two staff quarters at the facility one for the CHO (in Mizoram state it is designated as Health and Wellness officer) and one for ANM.
HRH 3. According to the staff of the facility they are not aware about the sanction position's for the facility. But they feel one more ANM and one grade IV is required.
IEC Very few IEC materials are displayed.
Expanded service Packages As the facility is not converted into AAM, they don't know about the expanded package.
IT System ANM is using her smartphone for online reporting.

Any Other

- There is no dedicated transport service is available for JSSK beneficiaries.
- Irregular payment of ASHA's incentive, there is delay by 6 months to one year. Last payment was received in October 2024.
- No deliveries are being conducted in the facility.

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	04.03.2025
Name of Village/ Slum visited	Bilkhawthlir
Details of nearest public health facility (from residence)	<i>Facility name:</i> Bilkhawthlir <i>Facility type:</i> SHC <i>Distance:</i>
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input type="checkbox"/> Yes/ <input checked="" 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:</i> Self (home remedies), Informal / traditional healers, private practitioners, private hospitals, public/ government primary hospitals (AAM SHC/ PHC/ UPHC/ UAAM), secondary/ tertiary public hospitals (CHC/SDH/ DH/ MCH), AYUSH practitioners.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">√</td> <td rowspan="7" style="vertical-align: top;"> 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> </td> </tr> <tr> <td><i>Self (home remedies)</i></td> <td></td> </tr> <tr> <td><i>Informal healers</i></td> <td></td> </tr> <tr> <td><i>private practitioners/ hospitals,</i></td> <td style="text-align: center;">√</td> </tr> <tr> <td><i>public/government primary hospitals (AAM-SHC/ PHC/ UPHC/ UAAM),</i></td> <td style="text-align: center;">√</td> </tr> <tr> <td><i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i></td> <td></td> </tr> <tr> <td><i>AYUSH practitioners.</i></td> <td></td> </tr> <tr> <td><i>Self (home remedies)</i></td> <td></td> <td></td> </tr> </table>		√	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>		
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<i>secondary/ tertiary public hospitals (CHC/ SDH/DH/ MCH)</i>																				
<i>AYUSH practitioners.</i>																				
<i>Self (home remedies)</i>																				

<p><i>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i></p>	<p><i>Reasons probes: Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<ul style="list-style-type: none"> • <i>Convenience</i> • <i>Economical</i> • <i>Trust/Faith</i>
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Topic: Community's Awareness of AAM-SC/ PHC/ UPHC		
<p><i>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</i></p>	<p><i>May use local terms as recognized by the community</i></p>	<ul style="list-style-type: none"> • They are sharing their feedback with the facility. As many of the tests are not being done at the facility i.e. • For most of the services they are visiting PHC as tests are not being done at the SHC. • Facility is there for long time • Extended package services are not being provided as it is not converted into AAM. • Shortage of medicine
<p><i>How long has it been there?</i></p>	<p><i>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</i></p>	
<p><i>What are the health services</i></p>	<p><i>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</i></p>	

<i>being provided there?</i>	<i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i>		
Topic: Accessibility to primary healthcare services			
<i>How do you access the facility from your residence?</i>	<i>Probes: Walk to the facility Use public transport Use personal transport</i>	Coming by walk or auto rickshaw	
<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"> • <i>Geographical barriers</i> • <i>Structural barriers within the facility or its premises</i> • <i>Financial barriers</i> • <i>Socio-cultural barriers</i> • <i>Others,(please specify):No such barrier's</i> 	
<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>		Staff is visiting in the community for home visits and various surveys. No camps are being organised.	
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"> ▪ <i>Condition of the building</i> ▪ <i>Maintenance</i> ▪ <i>Dedicated space for waiting and examination</i> ▪ <i>Adequate seating</i> 	Infrastructure and services	Response
		<i>Condition of the building</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither

<p><i>What more needs to be added to improve the treatment seeking experience in this place?</i></p>	<i>arrangement</i> <ul style="list-style-type: none"> ▪ <i>Functional toilet</i> ▪ <i>Potable and drinking water</i> ▪ <i>Power supply</i> 		good no r bad <input checked="" type="checkbox"/> <input type="checkbox"/> Bad
		<i>Maintenance</i>	<input type="checkbox"/> Good <input type="checkbox"/> Neither good no r bad <input checked="" type="checkbox"/> Bad
		<i>Dedicated space for waiting and examination</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<i>Adequate seating arrangement</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<i>Functional toilet</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No
		<i>Potable/ drinking water</i>	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>Power supply</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>When you visit the facility, are the staff available to provide services?</i></p> <p><i>Do you feel that the staff available are adequate at the facility?</i></p>	<p>Staff may include: <i>Medical officers(AAM PHC/ UPHC/ UAAM),Community health officer (AAM-SHC), ANMs, Staff Nurses, Lab technicians, pharmacists, Multipurpose worker, health workers, any other.</i></p>	<p>Whenever we are visiting staff is available in the facility. Regarding the adequacy- can't say</p>	

<p><i>Is the facility providing all the medicines prescribed for your condition?</i></p> <p><i>If not, reasons thereof.</i></p>	<p><i>Probe</i></p> <p><i>If there had been instances of non-availability of medicines, what do you do?</i></p>	<ul style="list-style-type: none"> Always shortage of medicines, visiting PHC for medicines.
<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>	<ul style="list-style-type: none"> Only BP measuring is done. Hence, for most of the testing are done at PHC
Topic: Acceptability of healthcare services		
<p><i>Do you feel that the staff at the facility is capable to provide health care?</i></p>	<p><i>Probe:</i> Adequate skills and knowledge</p>	<p>They are skilled</p>
<p><i>Do you feel that the primary healthcare facility uses <u>innovative</u> methods or technology for delivering healthcare?</i></p> <p><i>Do you find the current methods/technology acceptable when administered on you or your family?</i></p> <p><i>Are you mobilized to use any services that would cost you, due to which you tend to avoid those services?</i></p>	<p><i>Innovative may include</i> painless, time-saving or cost saving methods or technology</p> <p><i>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? <u>This may include social, psychological, physical or financial distress.</u></p>	<p>Cant say</p>
Topic: Appropriateness of primary healthcare services delivered through AAM		

<i>What are the main healthcare concerns that exist or emerge in your community?</i>	<i>Probe: To name out the diseases/ healthcare emergencies frequented by the community members</i>	Can't say
<i>In the event of its occurrence, is the AAM providing relevant healthcare services?</i>	<i>Probe: To share some insights</i>	No
<i>Are those services economical in terms of time and money?</i>		
Topic: Community's involvement / participation		
<i>Can you share about any activity/ initiative in which you or your family participate to improve your personal/ collective health of the community?</i>	<i>Probes</i> <i>Setting health-related priorities</i>	Don't know
<i>How is the local community helping the AAM to function better?</i>	<i>Engagement with the Community Health Workers (ASHA/ equivalents)</i>	
<i>Please mention the activity and your contribution</i>	<i>Engagement with Community-based platforms - VHSNC/ JAS/ MAS</i>	
Topic: Unmet Needs		
<i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i>		We want all the tests should be done at the facility

<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>Topic: Quality of Care provided through the primary healthcare facility</p>		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>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>Except staff behavior nothing is good. Facility is too small. No services. Tests are not being done here, medicine is always shortage</p>

Glimpses of the Kolasib district, Mizoram Field monitoring visit 2-7 March,2025

DH Kolasib



PHC Bairabi



CHC Vairengte



Labor Room DH Kolasib



OT, DH Kolasib



Bualpui AAM SHC



Community Interaction Pangbalkawn HWC



Vengthar UPHC



Community Interaction Bilkhawthlir SHC

