



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

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

## **National Health Mission (NHM) Field Monitoring Report – Lunglei District**

**By  
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**April, 2025  
Gokhale Institute of Politics and Economic  
Pune – 411004**

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## Field Monitoring Format -District Hospital (DH)

**Date of Visit:** 03.03.2025

GENERAL INFORMATION	
Name of facility visited	Civil Hospital Aizawl
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: Private Hospital Distance: 6km

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9:00AM to 3:00PM Monday to Saturday	As reported/ Hospital Citizen Charter Board
2. Condition of infrastructure/ building	Comments: Good	Observation
Please comment on the condition and tick the appropriate box	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital Last major renovation done in (Year): April, 2024.	Observation
3. Number of functional in-patient beds	151 No of ICU Beds available: No	As reported/ Hospital Citizen Charter Board
4. List of Services available	24*7 emergency services, major and minor OT, ANC, PNC. Ambulance.	As reported/ Hospital Citizen Charter Board

## A. PHYSICAL INFRASTRUCTURE

Indicator	Response	Means of verification																																																																					
<ul style="list-style-type: none"> <li>Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	<table> <tr> <th>Sl.</th><th>Service</th><th>Y/N</th></tr> <tr><td>1</td><td>Medicine</td><td>Y</td></tr> <tr><td>2</td><td>O&amp;G</td><td>Y</td></tr> <tr><td>3</td><td>Pediatric</td><td>Y</td></tr> <tr><td>4</td><td>General Surgery</td><td>Y</td></tr> <tr><td>5</td><td>Anesthesiology</td><td>Y</td></tr> <tr><td>6</td><td>Ophthalmology</td><td>Y</td></tr> <tr><td>7</td><td>Dental</td><td>Y</td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td>Y</td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td>Y</td></tr> <tr><td>10</td><td>District Early Intervention Centre (DEIC)</td><td>Y</td></tr> <tr><td>11</td><td>Nutritional Rehabilitation Centre (NRC)</td><td>N</td></tr> <tr><td>12</td><td>SNCU/ Mother and Newborn Care Unit (MNCU)</td><td>Y</td></tr> <tr><td>13</td><td>Comprehensive Lactation Management Centre (CLMC)/ Lactation Management Unit (LMU)</td><td>N</td></tr> <tr><td>14</td><td>Neonatal Intensive Care Unit (NICU)</td><td>N</td></tr> <tr><td>15</td><td>Pediatric Intensive Care Unit (PICU)</td><td>Y</td></tr> <tr><td>16</td><td>Labour Room Complex</td><td>Y</td></tr> <tr><td>17</td><td>ICU</td><td>N</td></tr> <tr><td>18</td><td>Dialysis Unit</td><td>Y</td></tr> <tr><td>19</td><td>Emergency Care</td><td>Y</td></tr> <tr><td>20</td><td>Burn Unit</td><td>N</td></tr> <tr><td>21</td><td>Teaching block (medical, nursing, paramedical)</td><td>Y</td></tr> <tr><td>22</td><td>Skill Lab</td><td>Y</td></tr> </table>	Sl.	Service	Y/N	1	Medicine	Y	2	O&G	Y	3	Pediatric	Y	4	General Surgery	Y	5	Anesthesiology	Y	6	Ophthalmology	Y	7	Dental	Y	8	Imaging Services (X – ray)	Y	9	Imaging Services (USG)	Y	10	District Early Intervention Centre (DEIC)	Y	11	Nutritional Rehabilitation Centre (NRC)	N	12	SNCU/ Mother and Newborn Care Unit (MNCU)	Y	13	Comprehensive Lactation Management Centre (CLMC)/ Lactation Management Unit (LMU)	N	14	Neonatal Intensive Care Unit (NICU)	N	15	Pediatric Intensive Care Unit (PICU)	Y	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)	Y	22	Skill Lab	Y	As reported/ Hospital Citizen Charter Board
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22	Skill Lab	Y																																																																					
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported.																																																																					
6. Tele medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of Teleconsultation per day for the last month (Data source: Teleconsultation register/ e Sanjeevani Portal):	Tele-medicine records register.																																																																					
	If the facility is also functioning as 'Hub' to any of the																																																																						

## A. PHYSICAL INFRASTRUCTURE

Indicator	Response	Means of verification
	AAM (SHC/ PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, Tick the relevant <input type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input checked="" type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT <input checked="" type="checkbox"/> Emergency OT	Observation Ensure signage and protocol displays
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, number of units of blood currently available: 80 No. of blood transfusions done in last month: 240	Blood Bank records Register
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 Bank records Register
10. Biomedical waste management practices	Sharp pit: <input type="checkbox"/> Deep Burial pit: <input type="checkbox"/> Incinerator: <input type="checkbox"/>  Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)	No bio-medical waste management.
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: Fair	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)		-	6	-	-
	Specialist	Medicine	-	2	-	-
		Ob-Gyn	-	1	-	-
		Pediatrician	-	1	-	-
		Anesthetist	-	1	-	-
		Surgeon	-	1	-	-
		Ophthalmologist	-	1	-	-
		Orthopedic	-	1	-	-
		Radiologist	-	1	-	-
		Pathologist	-	1	-	-
	Others	-	9	-	8	
	Dentist		-	2	-	-
	Staff Nurses/ GNMs		-	31	-	-
	LTs		-	2	-	-
	Pharmacist		-	3	-	-
	Dental Technician/ Hygienist		0	0	0	0
	Hospital/ Facility Manager		0	0	0	0
	EmOC trained doctor		0	0	0	0
	LSAS trained doctor		0	0	0	0
	Others		-	-	-	-

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: <ul style="list-style-type: none"> <li>Facility score: 81.57</li> <li>Award received: Commendation</li> </ul>	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> <li>Assessment done:</li> <li>Facility score: 91</li> <li>Certification Status: Certified</li> </ul>	NQAS assessment report Verify certificate if awarded

15. LaQshya	<ul style="list-style-type: none"> <li>• Labour Room: <ul style="list-style-type: none"> <li>- LaQshya Certified - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>- If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> </li> <li>• Operation Theatre: <ul style="list-style-type: none"> <li>- LaQshya Certified - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>- If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No</li> </ul> </li> </ul>	LaQshya Assessment Report – check scored 92 % Verify certificate awarded										
<b>D. DRUGS &amp; DIAGNOSTICS</b>												
16. Availability of list of essential medicines (EML)/ drugs (EDL)  <a href="https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf">https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf</a>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  <ul style="list-style-type: none"> <li>• If yes, total number of drugs in EDL 95</li> <li>• EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</li> <li>• No. of drugs available on the day of visit (out of the EDL) 95</li> </ul>	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>Inj. Oxytocin</td></tr> <tr><td>2</td><td>Inj. Hydrocortisone</td></tr> <tr><td>3</td><td>Inj. Midazolam</td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1	Inj. Oxytocin	2	Inj. Hydrocortisone	3	Inj. Midazolam	4		5		As reported, check DVDMS, e-aushadhi, etc.
1	Inj. Oxytocin											
2	Inj. Hydrocortisone											
3	Inj. Midazolam											
4												
5												
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage : 2	As reported  Stock/Indent register										
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported										

❖ In-house tests	Timing: 9:00AM to 2:00PM  Total number of tests available against Essential Diagnostic tests list for DH 87  (Take the list of tests available at DH)	Obtain the complete list of diagnostic tests performed in-house
❖ Outsourced/ PPP	Timing: NA  Total number of tests provided by PPP provider: _____  Take the list of tests available from PPP Provider agency	NA
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: 2  Is the X-ray machine AERB certified? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. CT scan services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes: <input checked="" type="checkbox"/> In-house/ <input type="checkbox"/> PPP  Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): Rs. 1775	Observation   Reported
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 type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
25. Implementation of PM-National Dialysis programme	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	Observation, Records
	Total number of tests performed: -NA_	Observation



❖ Whether the services are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Observation, Records
❖ Number of patients provided dialysis service	○ Previous year - 933 ○ Current FY - 1219 <i>Approximate 4 patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment <a href="https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH-DH-IPHS-Guidelines-2022.pdf">https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH-DH-IPHS-Guidelines-2022.pdf</a> )	No	As reported
27. Average downtime of equipment (days)  Details of equipment are nonfunctional for more than 7 days	No	As reported
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
❖ 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: 34  No. of C-sections performed in last month: 17	Verify C-section records from Maternity OT registers
❖ 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	Observation
29. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Average delay in payment to beneficiaries: More than one year  (Average for how many days/beneficiary)	Verify from JSY status report

	Payment done till: Since 2023 no payment 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: The fund has not been received from the state side.	
30. Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided  <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input 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.
31. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 <sup>th</sup> for previous month:  If No, reasons thereof:	Register not maintained
32. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
33. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <input checked="" type="checkbox"/> Birth attendant allowed in Labour room <input checked="" type="checkbox"/> Obtaining Informed consent of the mother/ custodian <input checked="" type="checkbox"/> Safe care environment maintained	Observation, Patient review
34. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
35. Number of Maternal Death reported in the facility	Previous year: Nil  Current year: Nil	Maternal Deaths Records/ Review
36. Number of Child Death reported in the facility	Previous year: 12	Maternal Deaths Records/ Review

	Current year:12	
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	223	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	49	Verify BF records
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input checked="" 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	Observation
42. Number of sterilizations performed in last one month	5	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?	Counselor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	All available	As reported/observe FP registers/records if available

46. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software																		
47. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: Nurse counselor  Separate male and female counselors available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation, check AFHC register																		
48. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If No, is there any fixed day or days in a week for NCD care at the facility?  In OPD everyday (Mention number of days)	Check NCD register																		
49. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th><th>Screened</th><th>Confirmed</th></tr> </thead> <tbody> <tr> <td>Hypertension</td><td>5839</td><td>185</td></tr> <tr> <td>Diabetes</td><td>730</td><td>409</td></tr> <tr> <td>Oral Cancer</td><td>-</td><td>29</td></tr> <tr> <td>Breast Cancer</td><td>-</td><td>65</td></tr> <tr> <td>Cervical Cancer</td><td>-</td><td>74</td></tr> </tbody> </table>	NCD	Screened	Confirmed	Hypertension	5839	185	Diabetes	730	409	Oral Cancer	-	29	Breast Cancer	-	65	Cervical Cancer	-	74	Checked and verified
NCD	Screened	Confirmed																		
Hypertension	5839	185																		
Diabetes	730	409																		
Oral Cancer	-	29																		
Breast Cancer	-	65																		
Cervical Cancer	-	74																		
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) _____15%	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:	DBT/Nikshay																		

	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months_____100%	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: 90%	DBT/Nikshay Report					
<b>F. RECORDS, FINANCE, OTHERS</b>							
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 checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Respective records					
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 48,28,423 Fund utilized last year: 6,61,000	Fund received in previous financial year 2022-23					
	Fund in prev. FY <table border="1"> <thead> <tr> <th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>-</td><td>-</td><td>-</td></tr> </tbody> </table>	Received	Utilized	%	-	-	-
Received	Utilized	%					
-	-	-					
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Consumables of different dept., Wifi, printer ink, gas cylinders, diesel for generator, and stationery etc.	Reported						
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"> <li>• HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>• MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated</li> <li>• IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</li> <li>• HWC Portal: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated</li> <li>• Nikshay Portal: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated</li> </ul>	Checked and verified.
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Executive meeting once in 3 months. Last meeting 10 <sup>th</sup> feb 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 <input type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
❖ How many cases were referred here in the last month?	Number: 23 Types of cases referred in: ARDS, Accidental falls, gangrene, hypertension, shock, diarrhea, gunshot, pneumonia, obstructive labor, attended suicide, Acute abdomen injury, trauma, spontaneous abortion, COPD, malaria, animal bites, fever, RTA, alcoholic, chest pain etc.	Referral-in register
❖ How many cases were referred out last month?	Number: 31 Types of cases referred out: patient requested for ICU, ARDS, cellular lump, abdomen pain, post traumatic, head injury, drugs overdose, fracture, CVA, and if there is no vacant bed etc.	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Facility maintenance, human resource, ICU, machineries etc.	Irregular fund from the state

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

1. Lack of manpower.
2. Lack of machinery, they have reported this to the ministry. No MRI machinery.
3. Lack of a biomedical dump facility.
4. ANC register 303, but 1st trimester 40 only. This is because to avoid double entry, they do not keep a record of ANC services. Almost all patients took services from the Sub Centre- HWC
5. No rainwater harvesting because of the building structure.
6. The ANC register data is incomplete.
7. Suggestions given on how to record the data in the register on newborns and breastfeeding.
8. They provide service to the refugees, but do not maintain data on it.
9. No ICU ward
10. Data mismatch, suggestions given on how to maintain data properly.
11. Lack of data entering knowledge on the respective government portal.
12. They have been sending NCD data to HWC, but they do not keep a record of it.
13. Irregular JSY fund.
14. They reimbursed patients who opted for ambulance service.
15. Penta is not given in this facility.
16. Every Tuesday, ANC and geriatric patients' checkups are done here.
17. Lack of knowledge about live birth, stillbirth, macerated, and intra-partum.
18. Data mismatch.
19. In the child death review register, place of birth data is missing.
20. The DEIC register is not maintained properly.
21. In the DEIC, audiology room is in week condition. Lack of proper instruments.
22. The family planning register is not maintained properly.

## Community Health Centre (CHC)/ U-CHC- CHC-Tlabung

Urban/ Rural: **Rural**

Date of Visit: **04.03.2025**

General Information	
Name of facility visited	CHC-Tlabung
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC (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: Lunglei DH Distance: 98 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	Monday to Friday: 9:00am to 1:00pm Saturday: 9:00am to 12:00pm	As reported citizen charted board.
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	
3. Condition of infrastructure /building	Comments: Under construction	Observation
Please comment on the condition and tick the appropriate box	<input checked="" type="checkbox"/> 24*7 running water facility <input type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <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 checked="" type="checkbox"/> Part of the hospital	
4. Number of functional in-		



A. INFRASTRUCTURE		Means of verification																																	
Indicator	INFRASTRUCTURE																																		
patient beds	22 (Functional)																																		
5. List of Service available	Labor room, PMJAY healthcare, NCD, JSSK, Emergency, Ayush, Diet kitchen, OPD, JSY, Ambulance, various tests, PMSMA, NVBCP, Physiotherapy, MPCDCS.	As reported.																																	
<ul style="list-style-type: none"> <li>Specialized Services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services</li> </ul>	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Services</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td>N</td></tr> <tr><td>2</td><td>O&amp;G</td><td>N</td></tr> <tr><td>3</td><td>Pediatric</td><td>N</td></tr> <tr><td>4</td><td>General Surgery</td><td>N</td></tr> <tr><td>5</td><td>Anesthesiology</td><td>N</td></tr> <tr><td>6</td><td>Ophthalmology</td><td>N</td></tr> <tr><td>7</td><td>Dental</td><td>Y</td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td>N</td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td>N</td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td>N</td></tr> </tbody> </table>	Sl.	Services	Y/N	1	Medicine	N	2	O&G	N	3	Pediatric	N	4	General Surgery	N	5	Anesthesiology	N	6	Ophthalmology	N	7	Dental	Y	8	Imaging Services (X – ray)	N	9	Imaging Services (USG)	N	10	Newborn Stabilization Unit	N	As reported.
Sl.	Services	Y/N																																	
1	Medicine	N																																	
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6	Ophthalmology	N																																	
7	Dental	Y																																	
8	Imaging Services (X – ray)	N																																	
9	Imaging Services (USG)	N																																	
10	Newborn Stabilization Unit	N																																	
<ul style="list-style-type: none"> <li>If any of the specialists are available 24*7</li> </ul>	<input type="checkbox"/> Yes, available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available																																		
<ul style="list-style-type: none"> <li>If Yes, Mention the specialists available 24*7</li> </ul>	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist Others, specify:																																		
<ul style="list-style-type: none"> <li>Emergency</li> </ul>	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No																																		
6. Tele medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month	Register not maintained																																	

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
	<p>If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/ UPHC/ UAAM):</p> <p><input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	
7. Operation Theatre available	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes,</p> <p>Major OT <input type="checkbox"/></p> <p>Minor OT <input checked="" type="checkbox"/></p>	
8. Availability of functional Blood Storage Unit	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, number of units of blood currently available: 0</p> <p>No. of blood transfusions done in last month: 0</p>	Blood storage unit is in under construction
9. Whether blood is issued free, or user fee is being charged	<p><input type="checkbox"/> Free for BPL</p> <p><input type="checkbox"/> Free for elderly</p> <p><input type="checkbox"/> Free for JSSK beneficiaries</p> <p><input checked="" type="checkbox"/> Free for all</p>	
10. Biomedical waste management practices	<p>Sharp pit: <input checked="" type="checkbox"/></p> <p>Deep Burial pit: <input checked="" type="checkbox"/></p> <p>Incinerator: <input type="checkbox"/></p> <p>Using Common Bio Medical Treatment plant: <input type="checkbox"/></p> <p>Managed through outsourced agency: <input type="checkbox"/></p> <p>Other System, if any: (Specify)</p>	
11. IT Services infrastructure	<p>Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Quality/strength of internet connection: Good</p>	
Human Resources		As reported

A. INFRASTRUCTURE					Means of verification	
Indicator	INFRASTRUCTURE					
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		3	2	1	1
	Specialists	Medicine	-	-	-	-
		Ob-Gyn	-	-	-	-
		Pediatrician	-	-	-	-
		Anesthetist	-	-	-	-
	Dentist		-	-	-	-
	SNs/ GNMs		-	-	-	5
	LTs		-	-	-	-
	Pharmacist		-	-	1	1
	Dental Assistant/ Hygienist		-	-	1 1	1 1
	Hospital/ Facility Manager		-	-	-	-
	EmOC trained doctor		-	-	-	-
	LSAS trained doctor		-	-	-	-
	Others		-	-	-	-

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: Award received: Winner <input type="checkbox"/> Commendation <input checked="" type="checkbox"/>	As reported.
14. NQAS	Assessment done: Yes Internal/State Facility score: No Certification Status: Pending	As reported.
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	As reported.

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>131</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) : 42	As reported and verified.										
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____											
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td>Hydrocortisone inj.</td></tr> <tr><td>2</td><td>Morphine nj</td></tr> <tr><td>3</td><td>Insulin</td></tr> <tr><td>4</td><td>Xylometer20lino</td></tr> <tr><td>5</td><td>Barium sulfide</td></tr> </table>	1	Hydrocortisone inj.	2	Morphine nj	3	Insulin	4	Xylometer20lino	5	Barium sulfide	As reported
1	Hydrocortisone inj.											
2	Morphine nj											
3	Insulin											
4	Xylometer20lino											
5	Barium sulfide											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage											
	In last 6 months, how many times there was a shortage											
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed	As reported and verified.										
• In-house tests	Timing: 9.30am to 12:00pm Emergency Services  Total number of tests available against Essential Diagnostic tests list for CHC 35	As reported and verified.										
• Outsourced/ PPP	Timing: NA  Total number of tests Provided by PPP Provider _____											
21. X-ray services is available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  If Yes, type & no. of functional X-ray machine is available in the hospital: 1 (100A Mobil X-Ray)  Is the X-ray machine AERB certified <input type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported and verified.										
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly	As reported.										

	<input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported.
24. If there is any shortage of major instruments /equipment (Refer to Annexure 10 in the link for list of equipment ( <a href="https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf">https://nhsrindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf</a> )	No	
25. Average downtime of equipment (days).  Details of equipment are non-functional for more than 7 days	NIL	As reported
<b>E. KEY NATIONAL HEALTH PROGRAMMES</b>		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported and verified.
<ul style="list-style-type: none"> <li>If the facility is designated as FRU, whether C-sections are performed</li> </ul>	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No  Number of normal deliveries performed in last month: 23  No. of C-sections performed in last month:	Data not available.
<ul style="list-style-type: none"> <li>Comment on condition of:</li> </ul>	Labour room: <i>The Labour room is cleaned and all the necessary IEC are displayed.</i> OT: <i>Only minor operations are being conducted</i> Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
27. Status of JSY payments	Payment is up to date: <input checked="" type="checkbox"/> Yes/ <input 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"/>	As reported

	Last 6 Months <input type="checkbox"/>	
	Reasons for delay:	
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
29. PMSMA services provided on 9 <sup>th</sup> of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 <sup>th</sup> for previous month:  If No, reasons thereof:	As reported. Data not maintained.
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported. Data not available.
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	As reported
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
33. Number of Maternal Death reported in the facility	Previous year: Nil Current year: Nil	As reported and verified.
34. Number of Child Death reported in the facility	Previous year: 8 Current year: 2	As reported.
35. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported and verified.
36. 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 checked="" type="checkbox"/> No	Observation
37. Number of newborns immunized	December,2024: 25	As reported

with birth dose at the facility in last 3 months	January, 2025: 22 February, 2025: 23																			
38. Newborns breastfed within one hour of birth during last month	23	As reported and verified.																		
39. Number of sterilizations performed in last one month	Nil	As reported																		
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported																		
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input 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	Antara and OCPs	Observation and FP records.																		
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported and verified																		
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If yes, who provides counselling to adolescents: MO Separate male and female counselors available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported and observation																		
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No  If No, is there any fixed day or days in a week for NCD care at the facility? _____ days  (Mention number of days)	Observation																		
46. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No																			
47. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th><th>Screened</th><th>Confirmed</th></tr> </thead> <tbody> <tr> <td>a. Hypertension</td><td>1199</td><td>88</td></tr> <tr> <td>b. Diabetes</td><td>666</td><td>52</td></tr> <tr> <td>c. Oral Cancer</td><td>NA</td><td>NA</td></tr> <tr> <td>d. Breast Cancer</td><td>NA</td><td>NA</td></tr> <tr> <td>e. Cervical Cancer</td><td>NA</td><td>NA</td></tr> </tbody> </table>	NCD	Screened	Confirmed	a. Hypertension	1199	88	b. Diabetes	666	52	c. Oral Cancer	NA	NA	d. Breast Cancer	NA	NA	e. Cervical Cancer	NA	NA	As reported and verified
NCD	Screened	Confirmed																		
a. Hypertension	1199	88																		
b. Diabetes	666	52																		
c. Oral Cancer	NA	NA																		
d. Breast Cancer	NA	NA																		
e. Cervical Cancer	NA	NA																		
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported																		
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): 269																			

	<p>If anti-TB drugs available at the facility:  <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility:  <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months : 95.16%	
	<p>Is there a sample transport mechanism in place for:</p> <p>Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Investigations within public sector for other tests? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>	
	<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>	
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: -	Registered not maintained
50. Status on Leprosy eradication programme	<p>Nos. of new case detected by Field Worker in last 12 months: 0</p> <p>Out of those, how many are having Gr. II deformity: 0</p> <p>Frequency of Community Surveillance: Along with other program</p>	Registered not maintained
51. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases):  <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Palliative cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Cases related to Dengue and</p>	



	Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No																	
	Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No																	
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: 910431 Fund utilized last year: 895166																	
	<table border="1"> <thead> <tr> <th>Head</th><th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>RKS (RKS Fund &amp; Kayakalp)</td><td>-</td><td>137761 1</td><td>112.64%</td></tr> <tr> <td>PHC</td><td>-</td><td>-</td><td>-</td></tr> <tr> <td>User</td><td>-</td><td>-</td><td>-</td></tr> </tbody> </table>	Head	Received	Utilized	%	RKS (RKS Fund & Kayakalp)	-	137761 1	112.64%	PHC	-	-	-	User	-	-	-	
Head	Received	Utilized	%															
RKS (RKS Fund & Kayakalp)	-	137761 1	112.64%															
PHC	-	-	-															
User	-	-	-															
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:																	
	Reasons for underutilization of fund (if any)																	
	Comment (if any):																	
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated IHIP <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	As reported and verified																
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Quarterly	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: Nil Types of cases referred in:	As reported																
• How many cases from the CHC were referred to the DH last month?	Number: 5 Types of cases referred out: ANC	As reported																

	mothers and pregnancy cases	
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Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Blood storage unit	Building under construction
b) Mixed population consisting of mizo , chakma and bue which results in lack of awareness due to language barrier.	Tlabung is located at Bangladesh border which makes it susceptible to infiltration by foreigners
c) Poor transportation especially during rainy season.	Poor road condition connectivity to Lunglei.
d) Shortage of human resource.	This lead to decrease coverage of the population in the entire health programme.
e) Insufficient rooms	Construction of new hospital building on going but it will not be sufficient to accommodate all required rooms

Remarks & Observations (Write in Bullets within 100-300 words)
<ol style="list-style-type: none"> <li>1. This facility is around 80 km away from the District hospital Lunglei.</li> <li>2. Ramp is not there because of building is under construction.</li> <li>3. Kayakalp and NQAS data they maintained online therefore they do not have record of it.</li> <li>4. JSY payment is irregular.</li> <li>5. Child death causes between Jan to Dec are Pneumonia and malaria.</li> <li>6. Child death review record was not available.</li> <li>7. Temperature not maintained in the drug store room.</li> <li>8. 6 out of 35 tests are free. For remaining tests patient has to pay range between Rs. 50 to Rs. 500</li> <li>9. They do not maintain leprosy patients register.</li> <li>10. The patients are charged for the physiotherapy session, and money is collected in the section itself. No centralized system.</li> <li>11. Signage protocol not followed.</li> <li>12. Kitchen and minor OT is same due to insufficient space.</li> <li>13. Lack of proper light in the male ward.</li> <li>14. All wards wall made by wooden.</li> <li>15. Cook is not preparing food according to the menu.</li> <li>16. Blood storage is their but at the time of PIP monitoring there was no stock of blood.</li> <li>17. There are 7 miscarriage cases happen in the past one month.</li> <li>18. ASHA's not receiving ABHA id incentive.</li> </ol>

## Ayushman Arogya Mandir- UPHC-Hranchalakawn

**Urban /Rural:** Urban

**Date of Visit:** 24/03/ 2025

A. General Information	
1. State	Mizoram
2. District Name	Lunglei
3. Block/Taluka Name	Lunglei
4. Name of Facility	UPHC-Hranchalakawn
5. Type of Facility	<input type="checkbox"/> PHC- AAM <input checked="" type="checkbox"/> UPHC-AAM
6. NIN of the facility	8662377186
7. No. of days in a week facility is operational	6
8. OPD Timings	9:00am to 5:00pm
9. Month & Year of operationalization of AAM	2014
10. Details of co-location, if any (If any co-located SHC)	Yes
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	Lunglei Civil Hospital
13. Distance of next referral facility (in Km)	36 km
14. If UPHC functions as a Polyclinic (Yes/No)	No
15. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	2
2. No. of Households	2142
3. Total catchment Population	10782
4. Population who are 30 years of age and above	4783

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

16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input 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 checked="" type="checkbox"/> No

### **C. Human Resource Availability**

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

\*Desirable. # For PHC sub centre-Co-located

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>				
<b>Services</b>	<b>MO (MBBS) (Y/N)</b>	<b>Staff Nurse (Y/N)</b>	<b>MPW (F) / (M) (Y/N)</b>	<b>ASHA (Y/N)</b>
Maternal Health (ANC/PNC Care)	Yes	No	No	No
Child Health (New Born Care/ HBNC/HBYC)	Yes	No	No	No
Family Planning	Yes	No	No	No
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	No	No	No
NCD	Yes	No	No	No
Others (Specify)	Immunization, IHIP, Climate Change, Fire safety, STI, etc.	Human relationships, HIV/AIDS, Cold chain handler, Disaster management etc.	No	No

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

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

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



	F. Availability of Essential medicines		
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  (Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	163  (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	148	
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 checked="" type="checkbox"/> Antibiotics  <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycaemics  <input type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input 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
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		<input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
6	What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	(Total number of diagnostic tests at AAM PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	40
4	Number of tests Provided through In House Mode	40
5	Number of tests Provided through Hub & Spoke (Public Health System)	No
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	1-2 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Stool for ova and cyst	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	MP Slide method	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Malaria Rapid test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	RPR/VDRL test for syphilis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hepatitis B surface antigen test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Sputum for AFB # - Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Typhoid test (IgM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

	<input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	DM, Hypertension, Fever
Total teleconsultations in the last 01 month	
<b>I. Wellness Activities</b>	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>J. Governance</b>	
Constitution of Jan Arogya Samiti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>K. Reporting</b>	
<b>Online Platforms</b>	<b>Reporting</b>
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Specify others, if any:										
<b>L. Finance</b>										
<b>Remuneration &amp; Incentives</b>	<table border="1"> <tr> <th>Cadre</th><th>Timely disbursement</th><th>Complete disbursement as entitled</th></tr> <tr> <td>AAM-PHC Team (Salary)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
<b>Facility funds</b>	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Fund Source	Timely disbursement	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Fund utilization</b> 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>249000 (2023-2024)</td><td>213619</td><td>85%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	249000 (2023-2024)	213619	85%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
249000 (2023-2024)	213619	85%								
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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<b>Status of JSY Payments</b>	Payment done till (month/ year) – November, 2024.									

	<p>7 (From seed money), 1(From district)</p> <p>Average Delay in Payment (days):</p> <p>Reasons for delay, if any</p>
<b>Availability of JSSK entitlements</b>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	1760
2	No. of PW registered for ANC	10
3	No. of PW received 4 or more ANC check-ups	1
4	Total number of institutional deliveries	5
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0																								
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	0																								
9	Number of cases referred from UAAM to UPHC AAM or higher centre during last month	6																								
10	Number of cases referred back from higher centre to UAAM from UPHC AAM or higher centre for follow- up during last 3 months	0																								
11	<b>TB patients undergoing treatment Indicators (Current Year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	0 0 0																								
12	% of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above	Registered not maintained																								
13	<b>Community Based Screening for NCDs</b> <table><tr><th>NCDs (No. of individuals in Last 6 Months)</th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>1304</td><td>69</td><td>412</td></tr><tr><td>Diabetes</td><td>505</td><td>33</td><td>328</td></tr><tr><td>Oral Cancer*</td><td>1755</td><td>-</td><td>-</td></tr><tr><td>Breast Cancer*</td><td>1438</td><td>-</td><td>-</td></tr><tr><td>Cervical Cancer*</td><td>9</td><td>-</td><td>-</td></tr></table>	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up	Hypertension	1304	69	412	Diabetes	505	33	328	Oral Cancer*	1755	-	-	Breast Cancer*	1438	-	-	Cervical Cancer*	9	-	-	Registered not maintained
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Cervical Cancer*	9	-	-																							

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	Internal : 89.2 (2024-2025) Peer: 78 (2024-2025) External: 87.1 (2023-2024)
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
<b>O. IPHS Compliance</b>		

1	Date of assessment using ODK tool kit	21/102024
2	Facility aggregate score using ODK Took kit	25.04

Remarks & Observations	
<b>Infrastructure</b> UPHC-Hranchalakawn is having very good physical infrastructure. However, it is a difficult to reach this facility during the rain because the condition of the road is not good. This is not a disable and geriatric friendly facility as No ramp available in the facility.	
<b>HRH</b> Most of the posts are vacant which are hampering the service delivery.	
<b>IEC</b> Most of the protocol being followed.	
<b>Expanded Service Packages:</b> Most of the expanded services are being provided, however, wellness activities are not done due to religious beliefs and dogmas. <ul style="list-style-type: none"> <li>• No drugs for mental illness but they do counseling.</li> <li>• No TB positive cases in their area.</li> <li>• Tele consultation on NCD and Fever is done through e-sanjeevani.</li> </ul>	
<b>IT System:</b> All the required It items are available with good internet connectivity.	
<b>Any Other.</b> <ol style="list-style-type: none"> <li>1. There are 7 villages in peripheri, but UPHC cater only for 2 wards because the other villages come under other PHC.</li> <li>2. 4 IPD= 3 generals + 1 maternal</li> <li>3. No provision for an ambulance.</li> <li>4. No regular staff</li> <li>5. No training received from the government.</li> <li>6. UPHC staffs are not getting their salary on time.</li> <li>7. For infection control, they have conducted training.</li> <li>8. Low delivery because the district hospital is nearby.</li> <li>9. No racks in the drug room.</li> <li>10. NCD is high because of the lifestyle of people.</li> </ol>	

## Ayushman Arogya Mandir-Primary Health Centre- Lungsen-PHC

**Urban /Rural:** Rural

**Date of Visit:** 26 /03/ 2025

A. General Information	
16. State	Mizoram
17. District Name	Lunglei
18. Block/Taluka Name	Lungsen
19. Name of Facility	Lungsen-PHC
20. Type of Facility	<input checked="" type="checkbox"/> PHC- AAM <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	7227674822
22. No. of days in a week facility is operational	7
23. OPD Timings	10:00am to 4:00pm
24. Month & Year of operationalization of AAM	2020
25. Details of co-location, if any (If any co-located SHC)	Lungsen sub center
26. Accessible from nearest road head (Yes/No)	Yes
27. Next Referral Facility Name	Lunglei Civil Hospital
28. Distance of next referral facility (in Km)	50 km
29. If UPHC functions as a Polyclinic (Yes/No)	No
30. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	29
2. No. of Households	3670
3. Total catchment Population	18407
4. Population who are 30 years of age and above	7068

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 checked="" type="checkbox"/></td> </tr> <tr> <td>B</td> <td>Panchayat Bhawan</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>C</td> <td>Urban Local Body</td> <td><input checked="" 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 checked="" type="checkbox"/>	B	Panchayat Bhawan	<input checked="" type="checkbox"/>	C	Urban Local Body	<input checked="" type="checkbox"/>	D	Rented etc.	<input checked="" type="checkbox"/>
Sr. No.	Building	Mark															
A	Other Govt.	<input checked="" type="checkbox"/>															
B	Panchayat Bhawan	<input checked="" type="checkbox"/>															
C	Urban Local Body	<input checked="" type="checkbox"/>															
D	Rented etc.	<input checked="" 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	4															
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
8.	OPD room Examination table with privacy curtains/screen	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
13.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															

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

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

C. Human Resource Availability						
No	Staff	Required as per IPHS 2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	-	-	1	1
2.	AYUSH MO*	1	-	-	-	-
3.	Dentist*	1	-	-	-	-
4.	Staff Nurse	2	2	2	1	1
5.	Pharmacist	1	-	-	-	-
6.	Laboratory Technician	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	-	-	-	-
13.	Sanitation staff	1	-	-	-	-
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000- 2500 population in urban areas)	-	-	-	-	27
15.	ASHA Facilitator (If any, only for Rural areas)	-	-	-	-	2
16.	Others (Specify)	-	-	-	-	-
17.	Whether all essential HRH available as per IPHS 2022					

\*Desirable. # For PHC sub centre-Co-located

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>				
<b>Services</b>	<b>MO (MBBS) (Y/N)</b>	<b>Staff Nurse (Y/N)</b>	<b>MPW (F) / (M) (Y/N)</b>	<b>ASHA (Y/N)</b>
Maternal Health (ANC/PNC Care)	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)	Yes	No	No	No
NCD	Yes	No	No	No
Others (Specify)	-	-	No	No

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

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

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



F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  (Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	98  (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	80	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis  <input checked="" type="checkbox"/> Diabetes  <input checked="" type="checkbox"/> Hypertension  <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input type="checkbox"/> Anti-pyretic  <input type="checkbox"/> Anti-allergics  <input type="checkbox"/> Antidotes for poisoning  <input type="checkbox"/> Gastrointestinal meds  <input type="checkbox"/> Anti-filarial  <input type="checkbox"/> Antibiotics  <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input type="checkbox"/> Multi-vitamins  <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly  <input type="checkbox"/> Monthly  <input checked="" type="checkbox"/> Quarterly	

		<input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input 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	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)	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Average downtime of equipment	1-2days
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	Suction machine

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

17.	Bleeding time and clotting time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Visual Inspection Acetic Acid (VIA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	rK3 for Kala Azar ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
20.	Filariasis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
21.	Japanese encephalitis ( <b>endemic areas only</b> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
22.	Test for iodine in salt (used for food) – Iodine in salt testing kit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Total teleconsultations in the last 01 month	0		
<b>I. Wellness Activities</b>			
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J. Governance</b>			
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>K. Reporting</b>			
<b>Online Platforms</b>	<b>Reporting</b>		
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Specify others, if any:			
<b>L. Finance</b>			
<b>Remuneration &amp; Incentives</b>	<b>Cadre</b>	<b>Timely disbursement</b>	<b>Complete disbursement as</b>

	<table border="1"> <tr> <td></td><td></td><td><b>entitled</b></td></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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>			<b>entitled</b>	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<b>entitled</b>								
AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Facility funds</b>	<table border="1"> <tr> <td><b>Fund Source</b></td><td><b>Timely disbursement</b></td></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>	<b>Fund Source</b>	<b>Timely disbursement</b>	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Fund Source</b>	<b>Timely disbursement</b>									
Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Fund utilization</b>  <b>NHM Fund/untied funds utilized during last year:</b>	<table border="1"> <tr> <td>Funds received  (Amount in Rs.)</td><td>Expenditure (Amount in Rs.)</td><td>% Expenditure</td></tr> <tr> <td>1016302 (2023-2024)</td><td>1283955</td><td>126.33%</td></tr> </table>	Funds received  (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	1016302 (2023-2024)	1283955	126.33%			
Funds received  (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
1016302 (2023-2024)	1283955	126.33%								
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>									
<b>Status of JSY Payments</b>	<p>Payment done till (month/ year) – November, 2024.</p> <p>Average Delay in Payment (days): 90days</p> <p>Reasons for delay, if any: Fund allocation is not regular.</p>									
<b>Availability of JSSK</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No									

<b>entitlements</b>	<p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>
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<b>M. Service delivery Output Indicators (Data of previous quarter)</b>		
1	Total number of outpatient department visits	454
2	No. of PW registered for ANC	82
3	No. of PW received 4 or more ANC check-ups	24
4	Total number of institutional deliveries	7
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	83
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	76
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 UAAM to UPHC AAM or higher centre during last month	7
10	Number of cases referred back from higher centre to UAAM from UPHC	0

	AAM or higher centre for follow- up during last 3 months																									
11	<b>TB patients undergoing treatment Indicators (Current Year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	4 0 0																								
12	% of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above	4081  14.41%  31.14%																								
13	<b>Community Based Screening for NCDs</b> <table><tr><th>NCDs (No. of individuals in Last 6 Months)</th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>2718</td><td>19</td><td>182</td></tr><tr><td>Diabetes</td><td>2718</td><td>21</td><td>183</td></tr><tr><td>Oral Cancer*</td><td>2718</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>1463</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 (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up	Hypertension	2718	19	182	Diabetes	2718	21	183	Oral Cancer*	2718	0	0	Breast Cancer*	1463	0	0	Cervical Cancer*	57	0	0	
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																							
Hypertension	2718	19	182																							
Diabetes	2718	21	183																							
Oral Cancer*	2718	0	0																							
Breast Cancer*	1463	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 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	2023-2024: commendation 2024-2025: 2 <sup>nd</sup> place
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity Care being practiced <input type="checkbox"/> All services provided free of cost <input type="checkbox"/> Confidentiality assured for patient information



7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	26/07/2024
2	Facility aggregate score using ODK Tool kit	44.93

Remarks & Observations
<b>Infrastructure:</b> Very good
<b>HRH:</b> Insufficient.
<b>IEC</b> Most of the protocols are being followed.
<b>Expanded Service Packages</b> Insufficient
<b>IT System</b> Good
<b>Any Other</b> <ol style="list-style-type: none"> <li>1. Newly constructed building.</li> <li>2. No ambulance service.</li> <li>3. No pharmacists.</li> <li>4. Staff nurse have not received the training for RMNCH+A.</li> <li>5. Indented drugs always get delayed by state side.</li> <li>6. They are using IPA fund for purchasing medicine and stationery and to pay salaries</li> </ol>

## Ayushman Arogya Mandir-Primary Health Centre- Haulawng

**Urban /Rural:** Rural

**Date of Visit:** 27/03/2025

A. General Information	
31. State	Mizoram
32. District Name	Lunglei
33. Block/Taluka Name	Lunglei
34. Name of Facility	Haulawng PHC
35. Type of Facility	<input checked="" type="checkbox"/> PHC- AAM <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	1844244572
37. No. of days in a week facility is operational	7
38. OPD Timings	9:00am to 3:00pm
39. Month & Year of operationalization of AAM	2019
40. Details of co-location, if any (If any co-located SHC)	No
41. Accessible from nearest road head (Yes/No)	Yes
42. Next Referral Facility Name	Lunglei Civil Hospital
43. Distance of next referral facility (in Km)	36 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	11
2. No. of Households	1369
3. Total catchment Population	6541
4. Population who are 30 years of age and above	3116

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	8																
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 type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture:  <div style="text-align: right;">           Table            Chairs            Almirah/Shelf         </div>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
16.	Facilities for elderly and differently abled people (ramps	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																

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

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

\*Desirable. # For PHC sub centre-Co-located

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>				
<b>Services</b>	<b>MO (MBBS) (Y/N)</b>	<b>Staff Nurse (Y/N)</b>	<b>MPW (F) / (M) (Y/N)</b>	<b>ASHA (Y/N)</b>
Maternal Health (ANC/PNC Care)	Yes	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)	Immunization, IHIP, Climate Change, Fire safety, STI, etc.	Human relationships, HIV/AIDS, Cold chain handler, Disaster management etc.		

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

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

<b>E.2 Availability of Expanded Packages of Services</b>			
<b>Service Packages</b>	<b>Services Available</b>	<b>Drugs available</b>	<b>Diagnostics &amp; consumables available</b>
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input 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- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	80  (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	101 (NQAS+IPA+EDL=101)	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis  <input checked="" type="checkbox"/> Diabetes  <input checked="" type="checkbox"/> Hypertension  <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Oral Contraceptives  <input type="checkbox"/> Analgesics / NSAIDs)  <input type="checkbox"/> Anti-pyretic  <input type="checkbox"/> Anti-allergics  <input type="checkbox"/> Antidotes for poisoning  <input type="checkbox"/> Gastrointestinal meds  <input type="checkbox"/> Anti-filarial  <input type="checkbox"/> Antibiotics  <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis  <input type="checkbox"/> Anti-fungal  <input type="checkbox"/> Anti-malarial  <input type="checkbox"/> Anti-hypertensive  <input type="checkbox"/> Oral hypoglycaemics  <input type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input type="checkbox"/> Multi-vitamins  <input type="checkbox"/> Dermatological (cream)

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	63 (Total number of diagnostic tests at AAM PHC/UPHC as per National Essential Diagnostic list-63)
3	Number of tests available at AAM-PHC/UPHC	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 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	Not aware
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	-

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

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

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

	<input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Fever & APD
Total teleconsultations in the last 01 month	15
<b>I. Wellness Activities</b>	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>J. Governance</b>	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>K. Reporting</b>	
<b>Online Platforms</b>	<b>Reporting</b>
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Specify others, if any:										
<b>L. Finance</b>										
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>11,71,402.30</td><td>11,71,402.30</td><td>100%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	11,71,402.30	11,71,402.30	100%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
11,71,402.30	11,71,402.30	100%								
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify;  <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Status of JSY Payments</b>	Payment done till (month/ year) – November, 2024. 7 (From seed money), 1(From district)  Average Delay in Payment (days):  Reasons for delay, if any
<b>Availability of JSSK entitlements</b>	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided  <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)  <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables  <input checked="" type="checkbox"/> Free diagnostics  <input type="checkbox"/> Free blood services  <input checked="" type="checkbox"/> Free referral transport (home to facility)  <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)  <input checked="" type="checkbox"/> No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	720
2	No. of PW registered for ANC	52
3	No. of PW received 4 or more ANC check-ups	Registered not maintained
4	Total number of institutional deliveries	3
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	22
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	22

7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	21																								
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	3																								
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	8																								
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																								
11	<b>TB patients undergoing treatment Indicators (Current Year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	36 0 0																								
12	% of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above	Registered not maintained																								
13	<b>Community Based Screening for NCDs</b> <table><tr><th><b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i></th><th><b>Screened</b> <b>512</b></th><th><b>Treated</b> <b>156</b></th><th><b>Follow-up</b> <b>501</b></th></tr><tr><td>Hypertension</td><td>512</td><td>156</td><td>501</td></tr><tr><td>Diabetes</td><td>149</td><td>99</td><td>90</td></tr><tr><td>Oral Cancer*</td><td>512</td><td>1</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>275</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>275</td><td>0</td><td>0</td></tr></table>	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b> <b>512</b>	<b>Treated</b> <b>156</b>	<b>Follow-up</b> <b>501</b>	Hypertension	512	156	501	Diabetes	149	99	90	Oral Cancer*	512	1	0	Breast Cancer*	275	0	0	Cervical Cancer*	275	0	0	
<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b> <b>512</b>	<b>Treated</b> <b>156</b>	<b>Follow-up</b> <b>501</b>																							
Hypertension	512	156	501																							
Diabetes	149	99	90																							
Oral Cancer*	512	1	0																							
Breast Cancer*	275	0	0																							
Cervical Cancer*	275	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	2023-2024 = Kayakalp 2 <sup>nd</sup> Prize. NQAS National Certification on June 2024.



		Commendation award= 2024-2025
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	Registered not maintained
2	Facility aggregate score using ODK Tool kit	Registered not maintained

Remarks & Observations
<p><b>Infrastructure</b> The facility is having good physical Infrastructure.</p>
<p><b>HRH</b> All the required human resource is available at the facility.</p>
<p><b>IEC</b> All the Information, Education &amp; communication (IEC) material were available and displayed at the designated places.</p>
<p><b>Expanded Service Packages</b> Though the health facility provides most of the expanded services, but Diagnostics &amp; consumables available are not available is sufficient in stock.</p>
<p><b>IT System</b> Required IT system is available are the health facility, though internet connectivity is not good.</p>
<p><b>Any Other</b></p> <ol style="list-style-type: none"> <li>1. No leprosy drugs because it is provided by or referred out to district hospital.</li> <li>2. Less number of test because they do not have required equipment for it.</li> <li>3. The health facility faces problem to use NCD portal and internet connectivity issues are there.</li> <li>4. Irregular salaries.</li> <li>5. District hospital is close therefore number of deliveries is low</li> </ol>

## Ayushman Arogya Mandir-Primary Health Centre- Buarpui

**Urban /Rural:** Rural

**Date of Visit:** 27/03/2025

A. General Information	
46. State	Mizoram
47. District Name	Lunglei
48. Block/Taluka Name	Bunghmun
49. Name of Facility	Buarpui-PHC
50. Type of Facility	<input checked="" type="checkbox"/> PHC- AAM <input type="checkbox"/> UPHC-AAM
51. NIN of the facility	7227674822
52. No. of days in a week facility is operational	6
53. OPD Timings	10:00am to 3:00pm
54. Month & Year of operationalization of AAM	September, 2022
55. Details of co-location, if any (If any co-located SHC)	No
56. Accessible from nearest road head (Yes/No)	Yes
57. Next Referral Facility Name	CHC Thenzawal
58. Distance of next referral facility (in Km)	40 km
59. If UPHC functions as a Polyclinic (Yes/No)	No
60. If Yes, please take note of available specialist services at the Polyclinic	

A.1 Demographic Details	
1. Number of Villages/Wards	11
2. No. of Households	979
3. Total catchment Population	4623
4. Population who are 30 years of age and above	2317

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 checked="" 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 checked="" 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 checked="" 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	4																
6.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
7.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
8.	OPD room Examination table with privacy curtains/screen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
9.	Waiting area with sitting arrangements for patients/ attendants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
10.	Availability of furniture:  Table Chairs Almirah/Shelf	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
11.	Laboratory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
12.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
13.	Space/ room identified for Wellness activities including Yoga sessions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
14.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
15.	Availability of Running Water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																

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

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

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

<b>D.1 Training Details- RMNCHA+ Communicable &amp; Non- Communicable Diseases</b>				
<b>Services</b>	<b>MO (MBBS) (Y/N)</b>	<b>Staff Nurse (Y/N)</b>	<b>MPW (F) / (M) (Y/N)</b>	<b>ASHA (Y/N)</b>
Maternal Health (ANC/PNC Care)	Yes	No	No	No
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	No	Yes	No
NCD	Yes	No	Yes	No
Others (Specify)	-	-	-	-

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

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

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



	<b>F. Availability of Essential medicines</b>		
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL)  (Link for list of essential medicines for reference- <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	59  (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	154	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis  <input checked="" type="checkbox"/> Diabetes  <input checked="" type="checkbox"/> Hypertension  <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives  <input checked="" type="checkbox"/> Analgesics / NSAIDs)  <input checked="" type="checkbox"/> Anti-pyretic  <input checked="" type="checkbox"/> Anti-allergics  <input checked="" type="checkbox"/> Antidotes for poisoning  <input checked="" type="checkbox"/> Gastrointestinal meds  <input checked="" type="checkbox"/> Anti-filarial  <input checked="" type="checkbox"/> Antibiotics  <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis  <input checked="" type="checkbox"/> Anti-fungal  <input checked="" type="checkbox"/> Anti-malarial  <input checked="" type="checkbox"/> Anti-hypertensive  <input checked="" type="checkbox"/> Oral hypoglycaemics  <input type="checkbox"/> Hypolipidemic  <input type="checkbox"/> ORS  <input checked="" type="checkbox"/> Multi-vitamins  <input checked="" type="checkbox"/> Dermatological (cream)

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	10 (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	26
4	Number of tests Provided through In House Mode	26

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	-
11	Details of equipment which are non-functional for 7 Days ( <i>List of equipment is provided as annexure for reference</i> )	-

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

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

	<input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Diabetes, Hypertension, Fever, Headache.
Total teleconsultations in the last 01 month	0
<b>I. Wellness Activities</b>	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J. Governance</b>	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>K. Reporting</b>	
<b>Online Platforms</b>	<b>Reporting</b>
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Specify others, if any:										
<b>L. Finance</b>										
Remuneration & Incentives	<table border="1"> <thead> <tr> <th>Cadre</th><th>Timely disbursement</th><th>Complete disbursement as entitled</th></tr> </thead> <tbody> <tr> <td>AAM-PHC Team (Salary)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> <tr> <td>AAM-PHC Team (Team Based Incentives)</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </tbody> </table>	Cadre	Timely disbursement	Complete disbursement as entitled	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cadre	Timely disbursement	Complete disbursement as entitled								
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AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Facility funds	<table border="1"> <thead> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> </thead> <tbody> <tr> <td>Untied</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> </tbody> </table>	Fund Source	Timely disbursement	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Fund utilization  NHM Fund/untied funds utilized during last year:	<table border="1"> <thead> <tr> <th>Funds received (Amount in Rs.)</th><th>Expenditure (Amount in Rs.)</th><th>% Expenditure</th></tr> </thead> <tbody> <tr> <td>911189 (2023-2024)</td><td>1456201</td><td>160%</td></tr> </tbody> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	911189 (2023-2024)	1456201	160%			
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911189 (2023-2024)	1456201	160%								
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify;  <input type="checkbox"/> Electricity  <input type="checkbox"/> Drinking Water  <input type="checkbox"/> Internet  Regular purchase: <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Status of JSY Payments	Payment done till (month/ year) – 11900. Average Delay in Payment (days): No Reasons for delay, if any:
Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided <input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section) <input checked="" type="checkbox"/> Free diet <input checked="" type="checkbox"/> Free drugs and consumables <input checked="" type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	47
2	No. of PW registered for ANC	18
3	No. of PW received 4 or more ANC check-ups	13
4	Total number of institutional deliveries	19
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	14
7	Total no. of children under 24 months of age who received the third dose	13

	of the Pentavalent vaccine																									
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	0																								
9	Number of cases referred from UAAM to UPHC AAM or higher centre during last month	0																								
10	Number of cases referred back from higher centre to UAAM from UPHC AAM or higher centre for follow- up during last 3 months	0																								
11	<b>TB patients undergoing treatment Indicators (Current Year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	4 1 1																								
12	% of target population administered CBAC  % of target population with score below 4  % of target population with score 4 and above	4081  14.41%  31.14%																								
13	<b>Community Based Screening for NCDs</b> <table><tr><th><b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i></th><th><b>Screened</b></th><th><b>Treated</b></th><th><b>Follow-up</b></th></tr><tr><td>Hypertension</td><td>344</td><td>62</td><td>20</td></tr><tr><td>Diabetes</td><td>154</td><td>33</td><td>16</td></tr><tr><td>Oral Cancer*</td><td>498</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>253</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>0</td><td>0</td><td>0</td></tr></table>	<b>NCDs</b> <i>(No. of individuals in Last 6 Months)</i>	<b>Screened</b>	<b>Treated</b>	<b>Follow-up</b>	Hypertension	344	62	20	Diabetes	154	33	16	Oral Cancer*	498	0	0	Breast Cancer*	253	0	0	Cervical Cancer*	0	0	0	
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Cervical Cancer*	0	0	0																							

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	2023-24: Commendation
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter



		<input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	24 <sup>th</sup> July 2024
2	Facility aggregate score using ODK Took kit	66.11

Remarks & Observations
<b>Infrastructure</b> The physical Infrastructure of the health facility is very good
<b>HRH</b> All the required human resource posts are filled
<b>IEC</b> The IEC material were insufficient and insufficiently displayed.
<b>Expanded Service Packages</b> Though the health facility provides most of the expanded services, but drugs and Diagnostics & consumables are not available is sufficient in stock.
<b>IT System</b> The facility is having good IT system and internet connectivity.
<b>Any Other</b>

## Ayushman Arogya Mandir-Sub Health Centre (AAM SHC)- RAHTHAR

**Rural/Urban:** Rural

**Date of Visit:** 24/03/ 2025

A. General Information	
1. State	Mizoram
2. District Name	Lunglei
3. Block/Taluka Name	Lunglei
4. Name of Facility	RAHTHAR HWC
5. Type of Facility	SC-HWC
6. NIN of the facility	485785233
7. No. of days in a week facility is operational	5
8. OPD Timings	9:30 am to 3:00pm
9. Month & Year of AAM operationalization	2011
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	DH Lunglei
12. Distance of next referral facility (Km)	1km
A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	1304
3. Total catchment Population	6334
4. Population who are 30 years of age and above	2585

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	

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

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

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

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

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

<b>E. Service Delivery</b>	
Service provided	<b>Reproductive Maternal and Child Health</b> <input checked="" type="checkbox"/> ANC/ PNC <input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services  <b>Communicable diseases</b>

	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses  <b>Non-Communicable Diseases</b>  <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix
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E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>F. Essential medicines</b>
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Number of medicines at AAM SHC as per State Essential Medicines list  (Link for essential medicines for reference <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)  38	
Total number of medicines available at AAM-SHC	38	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



<b>G. Essential diagnostics</b>	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	(Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	9
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H. Information Technology &amp; Teleconsultation</b>	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Not Available <input checked="" 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"/> Not Available <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Hypertension, DM, Gastritis etc.
Total Teleconsultations in the last 01 month	1

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

Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	Anmol, PBI, E-sanjeevani

J. Finance								
<b>Remuneration &amp; Incentives</b>  Timely disbursement of incentives to ASHAs Timely disbursement of remuneration to CHOs Timely disbursement of remuneration to AAM-SC team (other than CHO)  Disbursement of performance-based incentives to CHO  Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Facility funds</b>  Timely disbursement of untied funds  Fund flow through other sources  Specify any other fund source: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Fund utilization</b> % NHM Fund utilized last year:	<table border="1"> <thead> <tr> <th>Funds received (Amt in Rs.)</th> <th>Expenditure (Amt in Rs.)</th> <th>% Expenditure</th> </tr> </thead> <tbody> <tr> <td>25000</td> <td>17340</td> <td>69%</td> </tr> </tbody> </table> <p>The Health facility did not receive the funds from the last two years</p>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	25000	17340	69%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure						
25000	17340	69%						
Is untied fund being spent on following activities  (For the regular payment of bills they are getting fund from the village council)	<b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity  <input checked="" type="checkbox"/> Drinking Water  <input checked="" type="checkbox"/> Internet  <b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify							

	<input type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment <b>Payment of support/cleaning Staff:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>K. Governance</b>	
<b>Community-based platforms</b>  Constitution of Jan Arogya Samiti  Periodic JAS meetings in the last 6 months (Once a month)  JAS meeting minutes available VHSNC Meeting held and minutes available  Periodic VHND sessions undertaken (Sessions held against planned)  Involvement of CHO in community-based platforms	<input 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
<b>L. Wellness Activities</b>	
Wellness sessions being held periodically  Availability of a trained instructor for wellness session  Health Days are celebrated as per the Wellness Activity Calendar  Number of Wellness sessions conducted in Last month	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  10 February
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	6

M. Service delivery Output Indicators (Data of previous quarter)																												
1	Total number of outpatient department visits			1441																								
2	No. of PW registered for ANC			17																								
3	No. of PW received 4 or more ANC check-ups			23																								
4	Total number of institutional deliveries			25																								
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified			3																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			31																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			23																								
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			4																								
9	<b>TB patients undergoing treatment Indicators (Current year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM			97 6 6																								
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			2565 1365 1200																								
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1	Has there been an internal assessment for NQAS?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
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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	Commendation 2023-2024. Commendation 2024-2025 (88.11%)
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
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10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	Nil
2	Facility aggregate score using ODK Took kit	Nil

Remarks & Observations
<p><b>Infrastructure</b> The physical Infrastructure of the health facility is good.</p>
<p><b>HRH</b> Currently the post of CHO is vacant which is hampering the health service delivery. ANM is managing the AAM-SHC</p>
<p><b>IEC</b> The IEC material was insufficient and insufficiently displayed. Information on grievance redressal and referral transport was not displayed.</p>
<p><b>Expanded service Packages</b> Though the health facility provides most of the expanded packages of services, drugs, diagnostics &amp; consumables are not available in sufficient stock.</p>
<p><b>IT System</b> Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available. Also, they don't have computer.</p>
<p><b>Any Other</b></p> <ol style="list-style-type: none"> <li>1. The AAM-SHC caters services to 2 wards of the periphery.</li> <li>2. No boundary walls surrounding the AAM-SHC. Since it is on the road it should be surrounded by boundary walls.</li> <li>3. ASHA do not get timely remuneration.</li> <li>4. Since it is a wooden wall facility, a leakage problem is encountered during the monsoon.</li> <li>5. They give Pentavalent to migrants or refugees, but do not maintain a record of it.</li> <li>6. No proper space for the battery, it is kept on the floor.</li> </ol>

## Ayushman Arogya Mandir-Sub Health Centre (AAM SHC)- Tuichawang

**Rural/Urban:** Rural

**Date of Visit:** 25 March, 2025

A. General Information	
1. State	Mizoram
2. District Name	Lunglei
3. Block/Taluka Name	Tlabung
4. Name of Facility	Tuichawang
5. Type of Facility	AAM-HWC
6. NIN of the facility	-
7. No. of days in a week facility is operational	6
8. OPD Timings	9:30 am to 3:00pm
9. Month & Year of AAM operationalization	2021
10. Accessible from nearest road head ( <b>Yes/No</b> )	Yes
11. Next Referral Facility	Tlabung SDH
12. Distance of next referral facility (Km)	19km
A.1 Demographic Details	
1. Number of Villages	5
2. No. of Households	998
3. Total catchment Population	4589
4. Population who are 30 years of age and above	1667

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	



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

21.	<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>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	-	1
2	ANM/MPW-F	2	2	1	-	-
3	MPW-M		-	1	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	7	-	-	-	5
4	Any other (If yes, specify)	-	1	-	1	-

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

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

<b>E. Service Delivery</b>	
Service provided	<b>Reproductive Maternal and Child Health</b>  <input checked="" type="checkbox"/> ANC/ PNC

	<input checked="" type="checkbox"/> Neonatal and infant healthcare services <input checked="" type="checkbox"/> Childhood and Adolescent healthcare services <input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services  <b>Communicable diseases</b>  <input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input checked="" type="checkbox"/> TB <input checked="" type="checkbox"/> Leprosy <input checked="" type="checkbox"/> Acute simple illnesses  <b>Non-Communicable Diseases</b>  <input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input checked="" type="checkbox"/> Screening of common cancers – cervix
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<b>E.2 Availability of Expanded Packages of Services</b>			
<b>Service Packages</b>	<b>Services Available</b>	<b>Drugs available</b>	<b>Diagnostics &amp; consumables available</b>
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input 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		
Number of medicines at AAM SHC as per State Essential Medicines list  (Link for essential medicines for reference <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)  <div>37</div>	
Total number of medicines available at AAM-SHC	21	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/ stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	13
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H. Information Technology &amp; Teleconsultation</b>	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Not Available <input checked="" 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"/> Not Available <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH

	<input checked="" type="checkbox"/> SDH <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	Hypertension, acute peptic, ulcer, loose stool, fever etc.
Total Teleconsultations in the last 01 month	25

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

J. Finance								
<b>Remuneration &amp; Incentives</b>  Timely disbursement of incentives to ASHAs Timely disbursement of remuneration to CHOs Timely disbursement of remuneration to AAM-SC team (other than CHO)  Disbursement of performance-based incentives to CHO  Disbursement of team-based incentives to AAM-SHC team	<input 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							
<b>Facility funds</b>  Timely disbursement of untied funds  Fund flow through other sources  Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Fund utilization</b> % NHM Fund utilized last year: 2023-2024	<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>13450</td> <td>36566</td> <td>272%</td> </tr> </tbody> </table>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	13450	36566	272%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure						
13450	36566	272%						
Is untied fund being spent on following activities  (For the regular payment of bills they are getting fund from the village council)	<b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity  <input checked="" type="checkbox"/> Drinking Water  <input checked="" type="checkbox"/> Internet  <b>Regular purchase:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify <input type="checkbox"/> Medicines  <input type="checkbox"/> Reagents/Consumables  <input type="checkbox"/> Equipment  <b>Payment of support/cleaning Staff:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							



K. Governance	
<b>Community-based platforms</b>  Constitution of Jan Arogya Samiti  Periodic JAS meetings in the last 6 months (Once a month)  JAS meeting minutes available VHSNC Meeting held and minutes available  Periodic VHND sessions undertaken (Sessions held against planned)  Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
L. Wellness Activities	
Wellness sessions being held periodically  Availability of a trained instructor for wellness session  Health Days are celebrated as per the Wellness Activity Calendar  Number of Wellness sessions conducted in Last month	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  13
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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	1108
2	No. of PW registered for ANC	21
3	No. of PW received 4 or more ANC check-ups	12
4	Total number of institutional deliveries	14

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	19																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	29																								
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	2																								
9	<b>TB patients undergoing treatment Indicators (Current year)</b>  No. of presumptive TB patients identified  No. of TB patients diagnosed out of the presumptive patients referred  No. of TB patients taking treatment in the AAM	12   0  0																								
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	1667 76 24																								
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<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>																										
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5	If yes, achievement under Kayakalp (Winner, commendation) and score	2022-23: 2 <sup>nd</sup> position 2023-24: 1 <sup>st</sup> runner-up. 2024-25: Commendation.																								

6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
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<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	Not aware
2	Facility aggregate score using ODK Took kit	Not aware

Remarks & Observations
<b>Infrastructure</b> The physical Infrastructure of the health facility is good.
<b>HRH</b> One ANM post and 2 ASHAs posts are vacant. Only one staff (ANM).
<b>IEC</b> The IEC materials were insufficiently displayed. Information on water, sanitation and hygiene, citizen charter, referral transport and nearest referral facility was not displayed.
<b>Expanded service Packages</b> Though the health facility provides most of the expanded packages of services, but drugs and Diagnostics & consumables are not available is sufficient in stock.
<b>IT System</b> Although the facility is equipped with an electronic tablet, the government-provided internet facility at the center is not available. Also, they don't have a computer.
<b>Any Other</b> <ol style="list-style-type: none"> <li>1. This is a difficult-to-reach facility due to its geographical location.</li> <li>2. The labour room is made of wood, and it does not have proper lighting in there.</li> <li>3. Labour room fumigation happens when it is required. Also, no NBCC corner due to hot climatic condition.</li> <li>4. ANM was not comfortable and aware of the tests conducted in the facility.</li> <li>5. This facility received the Kayakalp award, hence, their expenditure is higher than the funds received.</li> <li>6. Not keeping receipts of tests conducted here.</li> <li>7. JSY payment has been pending for the last six months.</li> <li>8. No provision for an ambulance. Patients bear all charges.</li> <li>9. No proper supply of medicine from SDH Tlabung and DH Lunglei.</li> <li>10. The receipt for the tests conducted is not provided.</li> </ol>

## Ayushman Arogya Mandir-Sub Health Centre (AAM SHC)- Nunsury I

**Rural/Urban:** Rural

**Date of Visit:** 25/03/ 2025

A. General Information	
1. State	Mizoram
2. District Name	Lunglei
3. Block/Taluka Name	Tlabung
4. Name of Facility	Nunsury I
5. Type of Facility	HWC
6. NIN of the facility	4715377869
7. No. of days in a week facility is operational	6
8. OPD Timings	9:00am to 2:00pm
9. Month & Year of AAM operationalization	2019
10. Accessible from nearest road head ( <b>Yes/No</b> )	Yes
11. Next Referral Facility	SDH Tlabung
12. Distance of next referral facility (Km)	4km
A.1 Demographic Details	
1. Number of Villages	8
2. No. of Households	1133
3. Total catchment Population	5630
4. Population who are 30 years of age and above	2071

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	

3.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins ( <i>used for segregation of biomedical waste</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	<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>B.1 Information, Education &amp; communication (IEC) material</b>		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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



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

F. Essential medicines	
Number of medicines at AAM SHC as per State Essential Medicines list (Link for essential medicines for reference <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)  26
Total number of medicines available at AAM-SHC	22
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes

	<input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>G. Essential diagnostics</b>		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	14 (Total diagnostics at AAM-SC as per national EDL is <b>14</b> )	
Total number of diagnostic tests available at AAM-SC	12	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer	

	<input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H. Information Technology &amp; Teleconsultation</b>	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Not Available <input checked="" 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"/> Not Available <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input checked="" type="checkbox"/> SDH <input type="checkbox"/> Medical College Any other, specify _____
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify) _____
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	Headache, vein pain etc.

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

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

<b>Fund utilization</b> % NHM Fund utilized last year: 2023-2024	<table border="1"> <tr> <td>Funds received (Amt in Rs.)</td> <td>Expenditure (Amt in Rs.)</td> <td>% Expenditure</td> </tr> <tr> <td>25000</td> <td>50430</td> <td></td> </tr> </table>			Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	25000	50430	
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure							
25000	50430								
Is untied fund being spent on following activities  (For the regular payment of bills they are getting fund from the village council)	<b>Regular payment of Bills:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity  <input type="checkbox"/> Drinking Water  <input checked="" type="checkbox"/> Internet  <b>Regular purchase:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, specify <input type="checkbox"/> Medicines  <input type="checkbox"/> Reagents/Consumables  <input type="checkbox"/> Equipment  <b>Payment of support/cleaning Staff:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
<b>K. Governance</b>									
<b>Community-based platforms</b>  Constitution of Jan Arogya Samiti  Periodic JAS meetings in the last 6 months (Once a month)  JAS meeting minutes available VHSNC Meeting held and minutes available  Periodic VHND sessions undertaken (Sessions held against planned)  Involvement of CHO in community-based platforms	<input 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								
<b>L. Wellness Activities</b>									
Wellness sessions being held periodically  Availability of a trained instructor for wellness session		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Health Days are celebrated as per the Wellness Activity Calendar	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of Wellness sessions conducted in Last month	10 February
<b>ASHA Functionality</b>	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	15

<b>M. Service delivery Output Indicators (Data of previous quarter)</b>				
1	Total number of outpatient department visits			453
2	No. of PW registered for ANC			26
3	No. of PW received 4 or more ANC check-ups			10
4	Total number of institutional deliveries			0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified			0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			0
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months			1
9	<b>TB patients undergoing treatment Indicators (Current year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM			18 0 0
10	<b>Community Based Screening for NCDs</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			92.6 34.7 57.9
11	<b>NCDs</b>	<b>Screened</b>	<b>Referred</b>	<b>Followed-</b>

	<table border="1"> <tr> <td>(No. of individuals in last 6 Months)</td><td></td><td></td><td><b>up</b></td></tr> <tr> <td>Hypertension</td><td>225</td><td>18</td><td>0</td></tr> <tr> <td>Diabetes</td><td>225</td><td>15</td><td>0</td></tr> <tr> <td>Oral Cancer</td><td>225</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>	(No. of individuals in last 6 Months)			<b>up</b>	Hypertension	225	18	0	Diabetes	225	15	0	Oral Cancer	225	0	0	Breast Cancer	0	0	0	Cervical Cancer	0	0	0	
(No. of individuals in last 6 Months)			<b>up</b>																							
Hypertension	225	18	0																							
Diabetes	225	15	0																							
Oral Cancer	225	0	0																							
Breast Cancer	0	0	0																							
Cervical Cancer	0	0	0																							
<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>																										
1	Has there been an internal assessment for NQAS?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
2	Is the facility certified at the State level for NQAS?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
3	Is the facility certified at the National level for NQAS?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
4	Is Facility participating in Kayakalp?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
5	If yes, achievement under Kayakalp (Winner, commendation) and score		61.70%																							
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input 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 type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/ consumables)																								
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection/sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection																								
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism																								
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms																								

		<input type="checkbox"/> Periodic reviews undertaken for quality assurance
<b>O. IPHS Compliance</b>		
1	Date of assessment using ODK tool kit	Not aware
2	Facility aggregate score using ODK Took kit	Not aware

<b>Remarks &amp; Observations</b>	
<b>Infrastructure</b> The physical Infrastructure of the health facility is good. It is situated on the other side of river bank, and approx. 6 km away from SDH Lungsan. Resident quarters are available but it at some distance from the facility. The delivery room in under construction. ANM did not received training for delivery hence no delivery at this facility yet	
<b>HRH</b> Human resource was available as per norms.	
<b>IEC</b> The IEC material were insufficiently displayed. IEC materials on BMW management, grievance redressal, referral transport and nearest referral facility was not displayed.	
<b>Expanded service Packages</b> All the expanded services are not being provided. Also, drugs and Diagnostics & consumables was not available at the facility. Also, health days are celebrated on their respective days.	
<b>IT System</b> Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available. Also, the facility does not have computer.	
<b>Any Other</b> <ol style="list-style-type: none"> <li>1. The medicine stock register is not maintained properly. Also, a buffer stock of medicines is not maintained.</li> <li>2. Visual inspection with ascetic test is not in practice here due to the local people's hesitation.</li> <li>3. The teleconsultation schedule was not shown.</li> <li>4. CHO is not getting salary on time.</li> <li>5. Local people do not accept wellness activities.</li> <li>6. Lack of awareness about the contraceptive (Condom) among villagers.</li> <li>7. The Integrated RCH register is not properly maintained.</li> <li>8. No TB patient in the 8 villages. Further, community people are reluctant to STD and cervical cancer checkups. No complain box was available for grievances.</li> </ol>	



## Ayushman Arogya Mandir-Sub Health Centre (AAM SHC)- Lungrang HWC

**Rural/Urban:** Rural

**Date of Visit:** 26/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Lunglei
3. Block/Taluka Name	Lungsen
4. Name of Facility	Lungrang HWC
5. Type of Facility	HWC
6. NIN of the facility	-
7. No. of days in a week facility is operational	6
8. OPD Timings	10:00am to 1:00pm
9. Month & Year of AAM operationalization	14 <sup>th</sup> March, 2022
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Lunglei
12. Distance of next referral facility (Km)	
A.1 Demographic Details	
1. Number of Villages	5
2. No. of Households	-
3. Total catchment Population	2429
4. Population who are 30 years of age and above	838

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Pharmacy /Drug store	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Space/ room identified for Wellness activities including Yoga sessions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	Separate functional toilets for males and females	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	Availability of Running water in the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input 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 ( <i>used for segregation of biomedical waste</i> )	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place ( <i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CHO <input checked="" type="checkbox"/> ANM

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

<b>C. Human Resource Availability</b>						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	1	1
2	ANM/MPW-F	2	-	-	1	1
3	MPW-M		-	-	-	-
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	-	5
4	Any other (If yes, specify)	-	-	-	-	-

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

Maternal Health (ANC/PNC Care)	-	No	Yes
Child Health (New Born Care/ HBNC/HBYC)	-	No	Yes
Family Planning	-	No	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis )	Yes	Yes	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	-	-	-
MPW (M)	-	-	-	-	-	-
ASHA	Yes	Yes	Yes	-	-	-

## E. Service Delivery

Service provided	<p><b>Reproductive Maternal and Child Health</b></p> <p><input checked="" type="checkbox"/> ANC/ PNC</p> <p><input checked="" type="checkbox"/> Neonatal and infant healthcare services</p> <p><input checked="" type="checkbox"/> Childhood and Adolescent healthcare services</p> <p><input checked="" type="checkbox"/> Family planning, contraceptive and other reproductive healthcare services</p> <p><b>Communicable diseases</b></p> <p><input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> <p><input type="checkbox"/> TB</p> <p><input type="checkbox"/> Leprosy</p> <p><input checked="" type="checkbox"/> Acute simple illnesses</p> <p><b>Non-Communicable Diseases</b></p> <p><input checked="" type="checkbox"/> Screening and management of common NCDs</p>
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		(DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input checked="" type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix	
<b>E.2 Availability of Expanded Packages of Services</b>			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Elderly and palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screening & management of mental health ailments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Emergency Medical Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>F. Essential medicines</b>			
Number of medicines at AAM SHC as per State Essential Medicines list  (Link for essential medicines for reference <a href="https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc">https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc</a> )	(Total medicines at AAM-SHC as per national EML is 105)  <div style="text-align: right;">23</div>		
Total number of medicines available at AAM-SHC	23		
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever		
Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs)	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive	

	<input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>G. Essential diagnostics</b>		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	11 (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 type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer	

	<input checked="" type="checkbox"/> Urine dipstick <input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H <sub>2</sub> S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H. Information Technology &amp; Teleconsultation</b>	
Infrastructure (Availability)	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Not Available <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Not Available <input type="checkbox"/> Internet connectivity (government funded other, specify)
Arrangements for <b>teleconsultation</b> made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Conditions for which teleconsultation being done	NCD
Total Teleconsultations in the last 01 month	NA

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 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								
<b>Remuneration &amp; Incentives</b>  Timely disbursement of incentives to ASHAs Timely disbursement of remuneration to CHOs Timely disbursement of remuneration to AAM-SC team (other than CHO)  Disbursement of performance-based incentives to CHO  Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Facility funds</b> Timely disbursement of untied funds Fund flow through other sources Specify any other fund source: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Fund utilization</b> % NHM Fund utilized last year:	<table border="1"> <thead> <tr> <th>Funds received (Amt in Rs.)</th> <th>Expenditure (Amt in Rs.)</th> <th>% Expenditure</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>They did not receive the funds from the last two years</b></p>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure			
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure						



<p>Is untied fund being spent on following activities</p> <p>(For the regular payment of bills they are getting fund from the village council)</p>	<p><b>Regular payment of Bills:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p><b>Regular purchase:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p><b>Payment of support/cleaning Staff:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center"><b>K. Governance</b></p>	
<p><b>Community-based platforms</b></p> <p>Constitution of Jan Arogya Samiti</p> <p>Periodic JAS meetings in the last 6 months (Once a month)</p> <p>JAS meeting minutes available</p> <p>VHSNC Meeting held and minutes available</p> <p>Periodic VHND sessions undertaken (Sessions held against planned)</p> <p>Involvement of CHO in community-based platforms</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center"><b>L. Wellness Activities</b></p>	
<p>Wellness sessions being held periodically</p> <p>Availability of a trained instructor for wellness session</p> <p>Health Days are celebrated as per the Wellness Activity Calendar</p> <p>Number of Wellness sessions conducted in Last month</p>	<p><input checked="" type="checkbox"/> Yes <input 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 align="center"><b>ASHA Functionality</b></p>	
<p>Status of availability of Functional HBNC Kits (weighing scale/ digital</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial</p>

thermometer/ blanket or warm bag)																						
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial																				
Number of Village Health & Sanitation days conducted in last 6 months		Data/register not maintained																				
<b>M. Service delivery Output Indicators (Data of previous quarter)</b>																						
1	Total number of outpatient department visits	Data/register not maintained																				
2	No. of PW registered for ANC	Data/register not maintained																				
3	No. of PW received 4 or more ANC check-ups	Data/register not maintained																				
4	Total number of institutional deliveries	Data/register not maintained																				
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	Data/register not maintained																				
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	Data/register not maintained																				
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	Data/register not maintained																				
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	Data/register not maintained																				
9	<b>TB patients undergoing treatment Indicators (Current year)</b> No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	Data/register not maintained																				
10	<b>Community Based Screening for NCDs:</b> % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	Data/register not maintained																				
11	<table border="1"> <thead> <tr> <th>NCDs</th> <th>Screened</th> <th>Referred</th> <th>Followed-up</th> </tr> </thead> <tbody> <tr> <td>(No. of individuals in last 6 Months)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hypertension</td> <td>Data maintained</td> <td>Data maintained</td> <td>Data maintained</td> </tr> <tr> <td>Diabetes</td> <td>Data maintained</td> <td>Data maintained</td> <td>Data maintained</td> </tr> <tr> <td>Oral Cancer</td> <td>Data maintained</td> <td>Data maintained</td> <td>Data maintained</td> </tr> </tbody> </table>	NCDs	Screened	Referred	Followed-up	(No. of individuals in last 6 Months)				Hypertension	Data maintained	Data maintained	Data maintained	Diabetes	Data maintained	Data maintained	Data maintained	Oral Cancer	Data maintained	Data maintained	Data maintained	Data/register not maintained
NCDs	Screened	Referred	Followed-up																			
(No. of individuals in last 6 Months)																						
Hypertension	Data maintained	Data maintained	Data maintained																			
Diabetes	Data maintained	Data maintained	Data maintained																			
Oral Cancer	Data maintained	Data maintained	Data maintained																			

	<table border="1"> <tr> <td>Breast Cancer</td><td>Data maintained</td><td>Data maintained</td><td>Data maintained</td></tr> <tr> <td>Cervical Cancer</td><td>Data maintained</td><td>Data maintained</td><td>Data maintained</td></tr> </table>	Breast Cancer	Data maintained	Data maintained	Data maintained	Cervical Cancer	Data maintained	Data maintained	Data maintained	
Breast Cancer	Data maintained	Data maintained	Data maintained							
Cervical Cancer	Data maintained	Data maintained	Data maintained							
<b>N. Implementation of NQAS Quality Assurance and Patient Safety</b>										
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
2	Is the facility certified at the State level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
4	Is Facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
5	If yes, achievement under Kayakalp (Winner, commendation) and score	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input 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 type="checkbox"/> Confidentiality assured for patient information								
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input type="checkbox"/> Maintenance of clinical records <input type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)								
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input type="checkbox"/> Adherence to SOPs for personal protection								
9	Clinical care	<input 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								
<b>O. IPHS Compliance</b>										
1	Date of assessment using ODK tool kit	Register not maintained								

2	Facility aggregate score using ODK Took kit	Register not maintained
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Remarks & Observations	
<b>Infrastructure</b>	The physical Infrastructure of the health facility is not good. No boundary wall is available. This is not an elderly and differently abled people friendly facility.
<b>HRH</b>	Human resource was available as per norms
<b>IEC</b>	The IEC material were insufficiently displayed. IEC materials on BMW management, grievance redressal, referral transport and nearest referral facility was not displayed.
<b>Expanded Service Packages</b>	All the expanded services are not being provided. Also, drugs and Diagnostics & consumables was not available at the facility. Only oral health care, elderly and palliative care services and emergency medical services are provided.
<b>IT System</b>	The facility have not provided with the IT support.
<b>Any Other</b>	

## Glimpse of the field visit







