



Population Research Centre (PRC) Pune

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

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

**By
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Mr. Rajendra S Pol**

March 2025

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

Table of Content

Sr. No.	Name of Facility	Type of Facility	Page No
1	Civil Hospital Mamit	District Hospital	1
2	CHC Kawrthah	Community Health Centre	16
3	PHC Rawpuichhip	AAM-PHC	27
4	PHC West Phaileng	AAM - PHC	46
5	PHC Kawrttethaw Veng	AAM - PHC	64
6	UPHC Hmar Veng	AAM - UPHC	83
7	HWC Mamit	UAAM – SHC	100
8	HWC Kawarthah	AAM – SHC	116
9	HWC Rawpuichhip	AAM - SHC	131
10	HWC Lallen	AAM - SHC	146
11	Glimpses of field visit		168

Field Monitoring Format -District Hospital (DH)

Date of Visit: 010.03.2025

GENERAL INFORMATION	
Name of facility visited	Civil Hospital Mamit
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: Medical collage Aizawl Distance: 100 Km

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	Monday –Friday 9 am- 3 PM Saturday 9 Am- 1 PM	As reported/ Hospital Citizen Charter Board
2. Condition of infrastructure/ building	Comments: old building	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.) Partially <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital Last major renovation done in (Year): _____ No	RO available OPD Small area 3 Generator Available

A. PHYSICAL INFRASTRUCTURE			
Indicator	Response		Means of verification
3. Number of functional in-patient beds	30 – Male -6- Female-6, OBS Gyn3+3 NBSU 2, Peptic -6. Isolation 4 Extra 5 Eye Beds No of ICU Beds available: No		As reported/ Hospital Citizen Charter Board
4. List of Services available	Emergency Services, OPD services, Ayush, Dental, delivery services, Laqshya, Ambulances services, ART, ICTC. SIT, OST, Blood Bank, NTCP, NPPC, Mental health all National programs		As reported/ Hospital Citizen Charter Board
<ul style="list-style-type: none"> Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	Sl.	Service	Y/N
	1	Medicine	Yes
	2	O&G	Yes
	3	Pediatric	Yes
	4	General Surgery	Yes
	5	Anesthesiology	Yes
	6	Ophthalmology	Yes
	7	Dental	Yes
	8	Imaging Services (X – ray)	Yes
	9	Imaging Services (USG)	Yes
	10	District Early Intervention Centre (DEIC)	No
	11	Nutritional Rehabilitation Centre (NRC)	No
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	NBSU Available
	13	Comprehensive Lactation Management Centre (CLMC)/ Lactation Management Unit (LMU)	NO
	14	Neonatal Intensive Care Unit (NICU)	No
			As reported/ Hospital Citizen Charter Board

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
	15	Pediatric Intensive Care Unit (PICU)	No	
	16	Labour Room Complex	No	
	17	ICU	No	
	18	Dialysis Unit	No	
	19	Emergency Care	Yes	
	20	Burn Unit	No	
	21	Teaching block (medical, nursing, paramedical)	No	
	22	Skill Lab	No	
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/ Hospital Citizen Charter Board
6. Tele medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e Sanjeevani Portal): 8-10			Tele-medicine records register/ e-sanjeevani portal
	If the facility is also functioning as 'Hub' to any of the AAM (SHC/ PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input checked="" type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input checked="" type="checkbox"/> Obstetrics & Gynecology OT <input checked="" type="checkbox"/> Ophthalmology/ENT OT			Observation Ensure signage and protocol displays YES

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
	<input type="checkbox"/> Emergency OT	
8. Availability of functional Blood Bank	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, number of units of blood currently available: <u>14</u> No. of blood transfusions done in last month: <u>29</u>	Blood Bank Records Register Yes
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 checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency <input type="checkbox"/> Other System, if any: (Specify)	Observation 3 Systems are Available
11. IT Services	Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: <u>Good</u>	As reported

B. Human Resources					Means of verification- As reported	
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)					
	Specialist	Medicine		1		
		Ob-Gyn		1		
		Pediatrician		1		
		Anesthetist		1		
		Surgeon		1		
		Ophthalmologist		1		
		Orthopedic		--		
		Radiologist		---		
		Pathologist		--		
		Others				
	Dentist			1		
	Staff Nurses/ GNMs			18		
	LTs			5		
	Pharmacist			---		
	Dental Technician/ Hygienist			-----		
	Hospital/ Facility Manager					1MSSP
	EmOC trained doctor			---		
	LSAS trained doctor			1		
	Others					

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: 2024-2025 <ul style="list-style-type: none"> Facility score: 73.6% Award received: Commendation 	Kayakalp Assessment report Verify certificate if awarded
14. NQAS	<ul style="list-style-type: none"> Assessment done: Internal/ State Facility score: 83% Certification Status: State certified 	NQAS assessment report Verify certificate if awarded
15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> LaQshya Certified - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No ---93% If No, Assessment Done - 	LaQshya Assessment Report - check score

	<input type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> Operation Theatre: <ul style="list-style-type: none"> LaQshya Certified - <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 84% If No, Assessment Done - <input type="checkbox"/> Yes/ <input type="checkbox"/> No 	Verify certificate if awarded										
D. DRUGS & DIAGNOSTICS												
16. Availability of list of essential medicines (EML)/ drugs (EDL) https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No <ul style="list-style-type: none"> If yes, total number of drugs in EDL__239_____ 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) __91_____ 	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>Lignwcarnl</td></tr> <tr><td>2</td><td>Inj. Adrenaline</td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> </table>	1	Lignwcarnl	2	Inj. Adrenaline	3		4		5		As reported, check DVDMS, e-aushadhi, etc. Only 2 Are Shortage
1	Lignwcarnl											
2	Inj. Adrenaline											
3												
4												
5												
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage –No Govt. Supply <input type="checkbox"/> Acute shortage In last 6 months how many times there was shortage__2 weeks_____	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										
<ul style="list-style-type: none"> In-house tests 	Timing: 9am – 3 pm Total number of tests available against Essential Diagnostic tests	Obtain the complete list of diagnostic tests performed in-house										

	list for DH ____60_____ (Take the list of tests available at DH)	
<ul style="list-style-type: none"> Outsourced/ PPP -----No 	Timing: Total number of tests provided by PPP provider: _____ Take the list of tests available from PPP Provider agency	Obtain the complete list of diagnostic tests outsourced to PPP provider agency
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X- ray machine is available in the hospital: 1 Is the X-ray machine AERB certified? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
22. CT scan services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> In-house/ <input type="checkbox"/> PPP Out of Pocket expenditures associated with CT Scan services (if any, approx. amount per scan): <u>No patient available at the time of visit.</u>	Observation Patient interviews
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported RKS/PMJY procument locally blood bank state supply.

E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	Observation, Records
	Total number of tests performed: - _____	
• 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 _____ ○ Current FY _____ <i>*Calculate the approximate no. of patients provided dialysis per day</i>	Records
26. If there is any shortage of major instruments/ equipment (Refer to Annexure 10 in the link for list of equipment https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised_guidelines-2022/01-SDH_DH_IPHS_Guidelines_2022.pdf)	No	As reported
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	1-2 days	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: _16 Feb 2025 _____ No. of C-sections performed in last month: ____0__ eb 2025 _____	Verify C-section records from Maternity OT registers

<ul style="list-style-type: none"> Comment on the condition of: 	<p>Labour room: Good</p> <p>OT: Good</p> <p>Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	<p>Observation</p>
<p>29. Status of JSY payments</p>	<p>Payment is up to date: <input type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Average delay in payment to beneficiaries:</p> <p>(Average for how many days/beneficiary)</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input type="checkbox"/></p> <p>Reasons for delay:</p>	<p>Verify from JSY status report</p> <p>This data with CMO Office.</p> <p>No data available in This facility.</p>
<p>30. Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>	<p>As reported/As Displayed in Maternity Ward</p>
<p>31. PMSMA services provided on 9th of every month</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month</p> <p>If No, reasons thereof:</p>	<p>PMSMA Register /High Risk Pregnancy Register, Staff review</p>

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: NIL Current year :Nil	Maternal Deaths Records/ Review
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
38. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review Sub center level
39. Number of newborns immunized with birth dose at the facility in last 3 months	68	Immunisation Register
40. Number of Newborns breastfed within one hour of birth during last month.	16	Verify BF records
41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input type="checkbox"/> Not functional/ All posts vacant	Observation DEIC is not available in the facility.

42. Number of sterilizations performed in last one month	2 Tubutomy	FP Sterilizations register Verify if fixed days of sterilization exist						
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received						
44. Who counsels on FP services?	Counsellor <input checked="" type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input type="checkbox"/> Others (Specify)_____	As reported						
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	OPD	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: ___RMNCH counselor _ (Maternity leave) _____ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" 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? _____ days (Mention number of days)	Check NCD register						
49. Are service providers trained in cancer services?	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported						
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th> <th>Screened</th> <th>Confirmed</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>4392</td> <td>100</td> </tr> </tbody> </table>	NCD	Screened	Confirmed	Hypertension	4392	100	NCD Register
NCD	Screened	Confirmed						
Hypertension	4392	100						

	<table border="1"> <tr> <td>Diabetes</td><td>258</td><td>98</td><td></td></tr> <tr> <td>Oral Cancer</td><td>NA</td><td>NA</td><td></td></tr> <tr> <td>Breast Cancer</td><td>NA</td><td>NA</td><td></td></tr> <tr> <td>Cervical Cancer</td><td>165</td><td>NIL</td><td></td></tr> </table>	Diabetes	258	98		Oral Cancer	NA	NA		Breast Cancer	NA	NA		Cervical Cancer	165	NIL		
Diabetes	258	98																
Oral Cancer	NA	NA																
Breast Cancer	NA	NA																
Cervical Cancer	165	NIL																
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 (This TB data is not Available due office was closed)	Facility is designated as Designated Microscopy Centre (DMC): <input 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) _____	DBT/Nikshay Report																
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	DBT/Nikshay Report																
	Availability of CBNAAT/ TruNat: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months_____	DBT/Nikshay Report																
	Are all TB patients tested for HIV: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Are all TB patients tested for Diabetes Mellitus: <input 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:	DBT/Nikshay Report																
F. RECORDS, FINANCE, OTHERS																		
53. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases):	Respective records																

This TB data is not Available due office was closed	<input type="checkbox"/> Yes/ <input type="checkbox"/> No TB Notification Registers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input type="checkbox"/> No Leprosy cases: <input type="checkbox"/> Yes/ <input type="checkbox"/> No							
54. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Fund utilized last year:	Facility FMR						
	Fund in prev. FY 2024-2025 <table border="1" data-bbox="764 814 1305 886"> <thead> <tr> <th>Received</th> <th>Utilized</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>500,000</td> <td>7,26,677</td> <td>145.3%</td> </tr> </tbody> </table>	Received	Utilized	%	500,000	7,26,677	145.3%	
	Received	Utilized	%					
	500,000	7,26,677	145.3%					
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: One time grand from NHM.	RKS Register One time grand from NHM.							
Reasons for underutilization of fund (if any)	Staff review							
55. Status of data entry in (match with physical records)	<ul style="list-style-type: none"> • HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated • IHIP: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated • HWC Portal: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated • Nikshay Portal: <input type="checkbox"/> Updated/ <input type="checkbox"/> Not updated 	Check respective portals at the facility wrt last entries						
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	1 time 2024-2025 10 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 checked="" type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported						

	<p>Comment (if any): 7% referral to higher facility per month there is no regular driver available only one driver is available from NHM.</p>	
<ul style="list-style-type: none"> How many cases were referred here in the last month? 	<p>Number: 1</p> <p>Types of cases referred in: Total movement lost</p>	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	<p>Number: 4 General IPD Labour Nil</p> <p>Types of cases referred out:</p>	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Poor Supply Of Drugs and Diagnostic	FDSI budget is inadequate
b) Ambulances are not in Good condition	Only one Driver is available in the District Hospital
c) New Hospital Building is Completed but not hand over to the District hospital.	Final inspection pending
d) Funds are received very late	JSY/PMSMA/ RKS fund 10Lakh only once in last 5 year.
e) Manpower shortage Nurses and Group D	

Remarks & Observations

- The facility is situated at the center of the city and providing necessary health services to all the population of the district. Since, it is in the hilly areas, facilities for the parking is very congested.
- The facility provides the ANC and PNC services, Delivery and other services
- PPP mode Pharmacy store is available in the District hospital premises.
- Blood storage Unit, lab services eye services are available in the facility.
- Pharmacist is newly join she don't know about the drug supply and chin.

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

Urban/ Rural: Rural

Date of Visit: 08.03.2025

General Information	
Name of facility visited	CHC Kawrthah – Lawlnllam
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: District Hospital Mamit Distance: 41 KM

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

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	As reported/Hospital Citizen Charter Board 9.30 AM to 3.30 PM	As reported/ Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation
3. Condition of infrastructure /building	Comments: good partially New building	Observation
Please comment on the condition and tick the appropriate box	<input checked="" type="checkbox"/> 24*7 running water facility	Observation
	<input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)	
	<input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female)	
	<input checked="" type="checkbox"/> Drinking water facility available	
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement	
	<input type="checkbox"/> ASHA rest room is available	
	<input checked="" type="checkbox"/> Drug storeroom with rack is available	

A. INFRASTRUCTURE		Means of verification																																	
Indicator	INFRASTRUCTURE																																		
	Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital																																		
4. Number of functional in-patient beds	25 (Sanctioned Beds are 30)	As reported/ Hospital Citizen Charter Board																																	
5. List of Service available	OPD services, Emergency Services 24*7, Labour services, Minor Operation, Laboratory, Zero/ Birth dose and X-Ray services, Dental	As reported/ Hospital Citizen Charter Board																																	
<ul style="list-style-type: none"> Specialized Services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services 	<table border="1"> <thead> <tr> <th>Sl.</th> <th>Services</th> <th>Y/N</th> </tr> </thead> <tbody> <tr><td>1</td><td>Medicine</td><td>No</td></tr> <tr><td>2</td><td>O&G</td><td>No</td></tr> <tr><td>3</td><td>Pediatric</td><td>No</td></tr> <tr><td>4</td><td>General Surgery</td><td>No</td></tr> <tr><td>5</td><td>Anesthesiology</td><td>No</td></tr> <tr><td>6</td><td>Ophthalmology</td><td>No</td></tr> <tr><td>7</td><td>Dental</td><td>Yes</td></tr> <tr><td>8</td><td>Imaging Services (X – ray)</td><td>Yes</td></tr> <tr><td>9</td><td>Imaging Services (USG)</td><td>No</td></tr> <tr><td>10</td><td>Newborn Stabilization Unit</td><td>YES</td></tr> </tbody> </table>	Sl.	Services	Y/N	1	Medicine	No	2	O&G	No	3	Pediatric	No	4	General Surgery	No	5	Anesthesiology	No	6	Ophthalmology	No	7	Dental	Yes	8	Imaging Services (X – ray)	Yes	9	Imaging Services (USG)	No	10	Newborn Stabilization Unit	YES	As reported/ Hospital Citizen Charter Board
Sl.	Services	Y/N																																	
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8	Imaging Services (X – ray)	Yes																																	
9	Imaging Services (USG)	No																																	
10	Newborn Stabilization Unit	YES																																	
<ul style="list-style-type: none"> If any of the specialists are available 24*7 	<input type="checkbox"/> Yes, available <input type="checkbox"/> Yes, available only on-call <input checked="" type="checkbox"/> Not available	As reported																																	
<ul style="list-style-type: none"> If Yes, Mention the specialists available 24*7 	<input type="checkbox"/> Medicine <input type="checkbox"/> Pediatrician <input type="checkbox"/> Ob-Gyn <input type="checkbox"/> Anesthetist <input checked="" type="checkbox"/> Others, specify: Dentist	As reported																																	
<ul style="list-style-type: none"> 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	Observation: Verify if triage area is marked																																	

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
	3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Tele medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultations per day for the last month: If the facility is also functioning as 'Hub' to any of the AAM (SHC/PHC/ UPHC/ UAAM): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Tele-medicine records register/ e-Sanjeevani Portal
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Major OT <input type="checkbox"/> Minor OT <input checked="" type="checkbox"/>	Observation Ensure signage and protocol displays
8. Availability of functional Blood Storage Unit	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, number of units of blood currently available: <u>Nil</u> No. of blood transfusions done in last month: <u>Nil</u>	Blood Storage Unit records, Register
9. Whether blood is issued free, or user fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Blood Storage Unit records, Register
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input type="checkbox"/> Using Common Bio Medical Treatment plant: <input type="checkbox"/> Managed through outsourced agency: <input type="checkbox"/> Other System, if any: (Specify)	Observation
11. IT Services infrastructure	Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: NOT <u>Good</u>	As reported

B. Human Resources				As reported		
12. Details of HR available in the facility (Sanctioned and In-place)	HR		Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
	MO (MBBS)		0		0	2
	Specialists	Medicine	0	0	0	0
		Ob-Gyn	0	0	0	0
		Pediatrician	0	0	0	0
		Anesthetist	0	0	0	0
	Dentist		0	0	0	1
	SNs/ GNMs		3	3	0	2
	LTs		0	0	0	2
	Pharmacist		0	0	0	1
	Dental Assistant/ Hygienist		0	0	0	1
	Hospital/ Facility Manager		0	0	0	0
	EmOC trained doctor		0	0	0	0
	LSAS trained doctor		0	0	0	0
	Others		3	3	0	9
C. QUALITY PROGRAMMES				Means of verification		
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: 71% Award received: Nil Winner <input type="checkbox"/> Commendation <input type="checkbox"/>			Kayakalp Assessment report Verify certificate if awarded		
14. NQAS	Assessment done: Yes Internal/State Facility score: 66.8% Certification Status: No certified			NQAS assessment report Verify certificate if awarded		
15. LaQshya	Labour Room: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre: LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			LaQshya Assessment Report check score Verify certificate if awarded		

D. DRUGS AND DIAGNOSTICS				
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No		Verify EDL Displayed	
	If yes, total number of drugs in EDL <u>134</u> EDL displayed in OPD Area: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No No. of drugs available on the day of visit (out of the EDL) <u>75</u>			
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one _____		Observation, Check software	
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1	Pantoprazole DSR	As reported,	Check DVDMS, E-aushadhi, etc.
	2	Methylcobalamin		
	3			
	4			
	5			
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input checked="" type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage		As reported	
	In last 6 months, how many times there was a shortage: <u>1 time</u>		Stock/Indent register	
20. Availability of essential diagnostics	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP <input type="checkbox"/> Both/ Mixed		As reported;	
• In-house tests	Timing: 10:00 am- 4:00 pm Total number of tests available against Essential Diagnostic tests list for CHC: <u>17</u>		Obtain the complete list of diagnostic tests performed in house	
• Outsourced/ PPP	Timing: Total number of tests Provided by PPP Provider: <u>NIL</u>		Obtain the complete list of diagnostic tests outsourced/ done in PPP mode	
21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & no. of functional X-ray machine is available in the hospital: 1 Is the X-ray machine AERB certified <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		Observation	
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input checked="" type="checkbox"/> Free for elderly		As reported	

	<input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage	As reported
24. If there is any shortage of major instruments /equipment (Refer to Annexure 10 in the link for list of equipment (https://nhsrcindia.org/sites/default/files/CHC%20IPHS%202022%20Guidelines%20pdf.pdf)	NO	As reported
25. Average downtime of equipment (days). Details of equipment are non-functional for more than 7 days	NIL	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
26. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported
<ul style="list-style-type: none"> If the facility is designated as FRU, whether C-sections are performed 	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Number of normal deliveries performed in last month: <u>0</u> No. of C-sections performed in last month: <u>0</u>	Verify C-section records from Maternity OT registers
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: The Labour room is cleaned and all the necessary IEC are displayed. OT: Only minor operations are being conducted Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
27. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Average delay: (Average for how many days/patients) Payment done till: Payment done till: Current month <input type="checkbox"/> Last month <input checked="" type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input type="checkbox"/>	Verify from JSY status report From March 2024 to Jan 2025 No Payment Paid Due to No funds available

	Reasons for delay: From March 2024 to Jan 2025 No Payment Paid Due to No funds available	
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 type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	As reported/ As Displayed in Maternity Ward This facility is not Providing the JSSK Pickup and Drop back facility
29. PMSMA services provided on 9 th of every month	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, how many high risks pregnancies are identified on 9 th for previous month: 1 If No, reasons thereof:	PMSMA Register/ High Risk Pregnancy Register, Staff review
30. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Verify Register availability
31. Practice related to Respectful Maternity Care	<input checked="" type="checkbox"/> Privacy maintained during examination ensured <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
32. Whether facility have registers for entering births and deaths	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Birth Register, Death Records
33. Number of Maternal Death reported in the facility	Previous year: NIL Current year: NIL	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	Previous year: NIL Current year: NIL	Maternal Deaths Records/Review
35. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register
36. Availability of vaccines and hub cutter	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation Staff review

	Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No													
37. Number of newborns immunized with birth dose at the facility in last 3 months	13	Immunisation Register												
38. Newborns breastfed within one hour of birth during last month	13	Verify BF records												
39. Number of sterilizations performed in last one month	NIL	FP Sterilizations register Verify if fixed days of sterilization exist												
40. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No One	As reported, Verify training received												
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported												
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Yes Using the FP	Observation/ FP records and registers												
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software												
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides (Counsellor) counselling to adolescents: <u>RKSK</u> <u>Counsellor -153</u> Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC Register RKSK Counsellor												
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)	Check NCD Register RKSK Counsellor												
46. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No													
47. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th><th>Screened</th><th>Confirmed</th></tr> </thead> <tbody> <tr> <td>a. Hypertension</td><td></td><td></td></tr> <tr> <td>b. Diabetes</td><td></td><td></td></tr> <tr> <td>c. Oral Cancer</td><td></td><td></td></tr> </tbody> </table>	NCD	Screened	Confirmed	a. Hypertension			b. Diabetes			c. Oral Cancer			NCD Register at Sub center level So Data is not available
NCD	Screened	Confirmed												
a. Hypertension														
b. Diabetes														
c. Oral Cancer														

	d. Breast Cancer e. Cervical Cancer			
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records
49. Status of TB elimination programme	Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported, Observation
	If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average): 24			DBT/Nikshay Report
	If anti-TB drugs available at the facility: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, are there any patients currently taking anti-TB drugs from the facility: <input type="checkbox"/> Yes/ <input type="checkbox"/> No			DBT/Nikshay Report
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months Nil			DBT/Nikshay Report
	Is there a sample transport mechanism in place for: Investigations within public sector for TB testing? <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Investigations within public sector for other tests? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Outsourced testing? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			As reported
	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:			DBT/Nikshay Report
	50. Status on Leprosy eradication programme	Nos. of new case detected by Field Worker in last 12 months: NIL Out of those, how many are having Gr. II deformity: Frequency of Community Surveillance:		
F. RECORDS, FINANCE, OTHERS				
51. Maintenance of records on	TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Respective Records

	<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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Cases related to Dengue and Chikungunya: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Leprosy cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p>							
52. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: 2024-2025-25 lakh</p> <p>Fund utilized last year:</p> <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> <p>List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Not Regular</p> <p>Reasons for underutilization of fund (if any)</p> <p>Comment (if any):</p>	Received	Utilized	%				<p>Facility FMR</p> <p>Record is Not available Due to A/c is not available</p> <p>Staff review</p>
Received	Utilized	%						
53. Status of data entry in (match with physical records)	<p>HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated</p> <p>IHIP <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated</p> <p>HWC Portal: <input type="checkbox"/> Updated /<input checked="" type="checkbox"/> Not updated</p> <p>Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated/</p>	<p>Check respective portals at the facility wrt last entries</p>						
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	<p>18/12/2024</p>	<p>RKS Register</p>						
55. Availability of ambulance services in the area	<p><input checked="" type="checkbox"/> CHC own ambulance available</p> <p><input type="checkbox"/> CHC has contracted out ambulance services</p> <p><input type="checkbox"/> Ambulances services with Centralized call center</p> <p><input type="checkbox"/> Government ambulance services are not available</p>	<p>As reported</p>						

• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 0 Types of cases referred in: NIL	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 2 Types of cases referred out: Hypertension, FB left wrist .	Referral Out register

Key challenges observed in the facility and the root causes	
observations	
➤ Regular post filled for In charge Medical officer .	Two medical officer are available but they don't have known all National Programs.
b) Provide the regular funds for CHCs	Hospital Building is Partially Renovated.
c) POL fund are not sufficient for ambulance.	Sonography Machine is available but Radiologist or Technician is not available in the CHC.
d) Shortage of IEC in the facility.	

Observations:

- Regular post filled for in charge Medical officer.
- Two medical officer are available but they don't have known all National Programs.
- provide the regular funds for CHCs
- Hospital Building is Partially Renovated.
- POL fund are not sufficient for ambulance.
- Sonography Machine is available but Radiologist or Technician is not available in the CHC.
- Shortage of IEC in the facility.

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

Urban /Rural: Rural

Date of Visit: 12/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Mamit
3. Block/Taluka Name	REIEK
4. Name of Facility	Rawpuichhip PHC
5. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
6. NIN of the facility	5747833530
7. No. of days in a week facility is operational	6 Days
8. OPD Timings	10.00 AM – 4.00 PM
9. Month & Year of operationalization of AAM	2019
10. Details of co-location, if any (If any co-located SHC)	Rawpuichhip Sub Centre
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	State Referral Hospital District Hospital Aizawl
13. Distance of next referral facility (in Km)	43 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	6 villages
2. No. of Households	926
3. Total catchment Population	4790
4. Population who are 30 years of age and above	1772

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

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

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

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

	HRH available as per IPHS 2022	
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*Desirable (Total 6 Regular Posts Available and 15 NHM posts are available in Facility total 21)

For PHC sub centre-Co-located

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

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

MPW- M	No	No	No	No	No	No
ASHA	No	No	No	No	No	No

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172) 82	
2	Total number of medicines available at AAM-PHC/UPHC	74	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)

5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input 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	(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	22
4	Number of tests Provided through In House Mode	22

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

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

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

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

Infrastructure: Functionality	<input checked="" type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Hypertension, Fever
Total teleconsultations in the last 01 month	25
I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input 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
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 11 sep2024

Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
K. Reporting										
Online Platforms	Reporting									
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Specify others, if any:	PLP									
L. Finance										
Remuneration & Incentives	<table border="1"> <tr> <th>Cadre</th> <th>Timely disbursement</th> <th>Complete disbursement as entitled</th> </tr> <tr> <td>AAM-PHC Team (Salary)</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>AAM-PHC Team (Team Based Incentives)</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	Cadre	Timely disbursement	Complete disbursement as entitled	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cadre	Timely disbursement	Complete disbursement as entitled								
AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Facility funds	<table border="1"> <tr> <th>Fund Source</th> <th>Timely disbursement</th> </tr> <tr> <td>Untied</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Other Sources</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Fund Source	Timely disbursement	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

Fund utilization NHM Fund/untied funds utilized during last year:	<table border="1"> <tr> <th data-bbox="776 178 987 346">Funds received (Amount in Rs.)</th> <th data-bbox="987 178 1201 346">Expenditure (Amount in Rs.)</th> <th data-bbox="1201 178 1412 346">% Expenditure</th> </tr> <tr> <td data-bbox="776 346 987 409">648856</td> <td data-bbox="987 346 1201 409">614651</td> <td data-bbox="1201 346 1412 409">94.73</td> </tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	648856	614651	94.73
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure					
648856	614651	94.73					
Is untied fund being spent on following activities?	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify; <input checked="" type="checkbox"/> Electricity <input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Medicines <input checked="" type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Status of JSY Payments	Payment done till (month/ year) - Yes Average Delay in Payment (days): Nil 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 type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1165
2	No. of PW registered for ANC	18
3	No. of PW received 4 or more ANC check-ups	17
4	Total number of institutional deliveries	1
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	19
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	10
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	1
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	-
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0

10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																								
11	TB patients undergoing treatment Indicators (Current Year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	0 1 DTC Mamit 1																								
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	100% 70% 30%																								
13	Community Based Screening for NCDs <table><tr><th>NCDs (No. of individuals in Last 6 Months)</th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>210</td><td>90</td><td>----</td></tr><tr><td>Diabetes</td><td>185</td><td>60</td><td>----</td></tr><tr><td>Oral Cancer*</td><td>25</td><td>---</td><td>---</td></tr><tr><td>Breast Cancer*</td><td>17</td><td>----</td><td>----</td></tr><tr><td>Cervical Cancer*</td><td>---</td><td>---</td><td>-----</td></tr></table>	NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up	Hypertension	210	90	----	Diabetes	185	60	----	Oral Cancer*	25	---	---	Breast Cancer*	17	----	----	Cervical Cancer*	---	---	-----	
NCDs (No. of individuals in Last 6 Months)	Screened	Treated	Follow-up																							
Hypertension	210	90	----																							
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Oral Cancer*	25	---	---																							
Breast Cancer*	17	----	----																							
Cervical Cancer*	---	---	-----																							

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	Yes 75%

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

O. IPHS Compliance		
1	Date of assessment using ODK tool kit	15.6.2024
2	Facility aggregate score using ODK Took kit	51.07

Remarks & Observations
Infrastructure Building condition is good, Maintained in good manner.
HRH There is a manpower shortage in the facility. It needs one Pharmacist, one group D, and one lab technician.
IEC Sufficient IEC marital
Expanded service Packages Funds are not Sufficient for the maintenance of the hospital. Regularly disburse the funds to the facility.
IT System Good
Any Other

Annexure- List of equipment

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

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

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

Urban /Rural: Rural

Date of Visit: 11/03/2025

A. General Information	
16. State	Mizoram
17. District Name	Mamit
18. Block/Taluka Name	West Phaileng
19. Name of Facility	West Phaileng PHC
20. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
21. NIN of the facility	7726814671
22. No. of days in a week facility is operational	24 X 7
23. OPD Timings	9 AM – 3 PM
24. Month & Year of operationalization of AAM	July 2024
25. Details of co-location, if any (If any co-located SHC)	No
26. Accessible from nearest road head (Yes/No)	Yes
27. Next Referral Facility Name	District Hospital Mamit
28. Distance of next referral facility (in Km)	40 km
29. If UPHC functions as a Polyclinic (Yes/No)	No
30. If Yes, please take note of available specialist services at the Polyclinic	Not applicable
A.1 Demographic Details	
1. Number of Villages/Wards	15 villages
2. No. of Households	4558
3. Total catchment Population	22782
4. Population who are 30 years of age and above	8928

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

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

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

C. Human Resource Availability						
No	Staff	Required as per IPHS 2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	Don't Know	1	DK	0
2.	AYUSH MO*	1	DK	0	DK	0
3.	Dentist*	1	DK	0	DK	0
4.	Staff Nurse	2	DK	5	DK	1
5.	Pharmacist	1	DK	1	DK	0
6.	Laboratory Technician	1	DK	2	DK	0
7.	ANM/MPW (F)#	1	DK	0	DK	0
8.	MPW (M)	1	DK	0	DK	0
9.	Lady Health Visitor	1	DK	0	DK	0
10.	Dresser	1	DK	0	DK	0
11.	Accountant	1	DK	0	DK	1
12.	Data entry operator	1	DK	0	DK	1
13.	Sanitation staff	1	DK	2	DK	0
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		DK	0	DK	12

15.	ASHA Facilitator (If any, only for Rural areas)		DK	0	DK	1
16.	Others (Specify)		DK	0	DK	0
17.	Whether all essential HRH available as per IPHS 2022	No				

*Desirable

For PHC sub centre-Co-located

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172) 95	
2	Total number of medicines available at AAM-PHC/UPHC	175	
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"/>	<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

		Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks If indent from DH I week, If from state 2 weeks. Again depends on availability at them.	
7	Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8	DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	19

		(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	19
4	Number of tests Provided through In House Mode	19
5	Number of tests Provided through Hub & Spoke (Public Health System)	No
6	Number of tests Provided through Hub & Spoke-PPP Model	No
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Partially charging
10	Average downtime of equipment	7 days
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	N/A

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

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop- 2 Desk top -2 <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Common conditions for teleconsultation	Common illness, NCD, Hypertension, RTI
Total teleconsultations in the last 01 month	25
I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input 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
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Specify others, if any:										
L. Finance										
Remuneration & Incentives	<table border="1"> <tr> <th>Cadre</th><th>Timely disbursement</th><th>Complete disbursement as entitled</th></tr> <tr> <td>AAM-PHC Team (Salary)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>AAM-PHC Team (Team Based Incentives)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Cadre	Timely disbursement	Complete disbursement as entitled	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cadre	Timely disbursement	Complete disbursement as entitled								
AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Facility funds	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Fund Source	Timely disbursement	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Fund utilization NHM Fund/untied funds utilized during last year: Total funds including funds received under MSHSSP as Internal Performance Agreement	<table border="1"> <tr> <th>Funds received (Amount in Rs.)</th><th>Expenditure (Amount in Rs.)</th><th>% Expenditure</th></tr> <tr> <td>1240637</td><td>1061226</td><td>85.53</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	1240637	1061226	85.53			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
1240637	1061226	85.53								
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									

Status of JSY Payments	<p>Payment done till (month/ year) – November 2024</p> <p>Average Delay in Payment (days): 4 month</p> <p>Reasons for delay, if any- Delay from state</p>
Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input checked="" type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	984
2	No. of PW registered for ANC	72 registration from 4 SCs
3	No. of PW received 4 or more ANC check-ups	0
4	Total number of institutional deliveries	39

5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	99 SCs																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	63 SCs																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	9																								
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	0																								
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	7																								
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																								
11	TB patients undergoing treatment Indicators (Current Year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	38 0 4																								
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	Not Applicable to them SCs are conducting. Data available with respective SCs																								
13	Community Based Screening for NCDs <table><tr><td>NCDs <i>(No. of individuals in Last 6 Months)</i></td><td>Screened</td><td>Treated</td><td>Follow-up</td></tr><tr><td>Hypertension</td><td>760</td><td>14</td><td>14</td></tr><tr><td>Diabetes</td><td>760</td><td>6</td><td>6</td></tr><tr><td>Oral Cancer*</td><td>760</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>443</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>443</td><td>0</td><td>0</td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	760	14	14	Diabetes	760	6	6	Oral Cancer*	760	0	0	Breast Cancer*	443	0	0	Cervical Cancer*	443	0	0	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	760	14	14																							
Diabetes	760	6	6																							
Oral Cancer*	760	0	0																							
Breast Cancer*	443	0	0																							
Cervical Cancer*	443	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	86.1 First runner up
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms

		<input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	June 27,2024
2	Facility aggregate score using ODK Took kit	56.3

Remarks & Observations	
Infrastructure <ul style="list-style-type: none"> • Building of the PHC is in good condition, • Required some space for wellness activities • Providing all health care services 	
HRH <ul style="list-style-type: none"> • As X-Ray machine is installed in 2016, since then X-ray technician is not posted. Hence it is nonfunctional. • Dental chair was there. But long time dental surgeon was not posted. Hence dental chair is shifted to the DH, Mamit • Ophthalmic assistant is required as the service is introduced under expanded package. 	
IEC IEC material is required for JE, JSY and JSSK	
Expanded service Packages <ul style="list-style-type: none"> • Though the expanded services are introduced in the facility but accordingly HR is not posted • X-Ray, Ophthalmic and Dental services are provided under expanded services. But Dental chair and instruments for ophthalmic services is not available. 	
IT System <ul style="list-style-type: none"> • Required one more desk top. 	
Any Other <ul style="list-style-type: none"> • Irregular supplies of the medicine • Irregular funds- irregular payment of NHM staff • Mobility support should be there to visit remote/hard to reach villages • Frequent refresher of the staff is required 	

Annexure- List of equipment

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

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

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

Urban /Rural: Rural

Date of Visit: 08/03/2025

A. General Information	
31. State	Mizoram
32. District Name	Mamit
33. Block/Taluka Name	ZAWLNUAM
34. Name of Facility	Kawrttethaw Veng
35. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	1517888853
37. No. of days in a week facility is operational	Monday- Saturday
38. OPD Timings	10 AM – 4 PM
39. Month & Year of operationalization of AAM	
40. Details of co-location, if any (If any co-located SHC)	SHC KAWRTTETHAWVENG
41. Accessible from nearest road head (Yes/No)	Yes
42. Next Referral Facility Name	CHC KAWRTTETHAWVENG
43. Distance of next referral facility (in Km)	20 km
44. If UPHC functions as a Polyclinic (Yes/No)	No
45. If Yes, please take note of available specialist services at the Polyclinic	Not applicable
A.1 Demographic Details	
1. Number of Villages/Wards	9 villages
2. No. of Households	2011
3. Total catchment Population	10079
4. Population who are 30 years of age and above	4482

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

16.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Safe drinking Water for staff and patients	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22.	Colour coded waste bins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	Bio-medical waste disposal mechanism in place	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MO-1, Nurse-1, Pharmacist-1, Group D-2

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

C. Human Resource Availability						
No	Staff	Required as per IPHS 2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	Don't Know	1	DK	0
2.	AYUSH MO*	1	DK	0	DK	0
3.	Dentist*	1	DK	0	DK	0
4.	Staff Nurse	2	DK	1	DK	2
5.	Pharmacist	1	DK	0	DK	1
6.	Laboratory Technician	1	DK	0	DK	1
7.	ANM/MPW (F)#	1	DK	0	DK	1
8.	MPW (M)	1	DK	1	DK	0
9.	Lady Health Visitor	1	DK	0	DK	0
10.	Dresser	1	DK	0	DK	0
11.	Accountant	1	DK	0	DK	1
12.	Data entry operator	1	DK	0	DK	1
13.	Sanitation staff	1	DK	0	DK	1
14.	ASHA (Population Norms - 1 ASHA per 1000 population in Rural & 2000- 2500 population in urban areas)		DK	0	DK	6
15.	ASHA Facilitator (If any, only for Rural areas)		DK	0	DK	1
16.	Others (Specify)		DK	0	DK	0

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

For PHC sub centre-Co-located

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

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172) 98	
2	Total number of medicines available at AAM-PHC/UPHC	164	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycaemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)

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

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	64 (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	43

4	Number of tests Provided through In House Mode	43
5	Number of tests Provided through Hub & Spoke (Public Health System)	No
6	Number of tests Provided through Hub & Spoke-PPP Model	No
7	Availability of X-ray services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Availability of Sample transportation mechanism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Partially charging
10	Average downtime of equipment	7 days
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	N/A

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

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop- 2 Desk top -1 <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop -2 Desk top -1 <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 Last six months not done due to problem of onectivity
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input checked="" type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Common illness, NCD, Hypertension, RTI
Total teleconsultations in the last 01 month	0
I. Wellness Activities	
Wellness sessions being held periodically	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input 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
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Specify others, if any:	U-Win									
L. Finance										
Remuneration & Incentives	<table border="1"> <tr> <th>Cadre</th><th>Timely disbursement</th><th>Complete disbursement as entitled</th></tr> <tr> <td>AAM-PHC Team (Salary)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>AAM-PHC Team (Team Based Incentives)</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Cadre	Timely disbursement	Complete disbursement as entitled	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cadre	Timely disbursement	Complete disbursement as entitled								
AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Facility funds	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Fund Source	Timely disbursement	Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Other Sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Fund utilization NHM Fund/untied funds utilized during last year: Total funds including funds received under MSHSSP	<table border="1"> <tr> <th>Funds received (Amount in Rs.)</th><th>Expenditure (Amount in Rs.)</th><th>% Expenditure</th></tr> <tr> <td>87500</td><td>68160</td><td>77.89</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	87500	68160	77.89			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
87500	68160	77.89								
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p>									

	<p>Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
Status of JSY Payments	<p>Payment done till (month/ year) – January 2025</p> <p>Average Delay in Payment (days): 4 month</p> <p>Reasons for delay, if any- Delay from state</p>
Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input type="checkbox"/> Free referral transport (home to facility)</p> <p><input type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input checked="" type="checkbox"/> No user charges</p>

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	1343
2	No. of PW registered for ANC	38 registration from SCs
3	No. of PW received 4 or more ANC check-ups	29
4	Total number of institutional deliveries	35
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	00
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	49
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	47
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	11
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment Indicators (Current Year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	28 0 0
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	312 65 247 Not Applicable to them SCs are conducting. Data available with respective SCs

13	Community Based Screening for NCDs				
	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	
	Hypertension	120	2	2	
	Diabetes	119	2	2	
	Oral Cancer*	54	0	0	
	Breast Cancer*	28	0	0	
	Cervical Cancer*	24	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	89.3 Winner in 2024-25
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)

8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	July 23,2024
2	Facility aggregate score using ODK Took kit	51.81

Remarks & Observations
Infrastructure <ul style="list-style-type: none"> • Building of the PHC is in good condition • Consultancy rooms are too small • Medical Officer's office is not there • Required some space for wellness activities • Providing all health care services
HRH <ul style="list-style-type: none"> • Pharmacist • Staff nurse • Group-D staff is required
IEC IEC material is required for JE, JSY and JSSK

Expanded service Packages <ul style="list-style-type: none"> • Though the expanded services are introduced in the facility but accordingly HR is not posted • X-Ray, Ophthalmic and Dental services are provided under expanded services. But Dental chair and instruments for ophthalmic services is not available. • Drug supply is not as per the expanded package
IT System <ul style="list-style-type: none"> • Required one more desk top. • Dedicated internet connection should be there
Any Other <ul style="list-style-type: none"> • Irregular supplies of the medicine • Irregular funds- irregular payment of NHM staff • Mobility support should be there to visit remote/hard to reach villages • Frequent refresher of the staff is required

Annexure- List of equipment

S.No.	Equipment	Available	Not available	Functional	Non-Functional
1	Ambu Bag	✓		✓	
2	Laryngoscope	✓			
3	Radiant Warmer	✓		✓	
4	Pulse Oximeter-Finger Tip	✓		✓	
5	Pulse Oximeter-Table Top	✓		✓	
6	Labor Bed	✓		✓	
7	Foetal Doppler	✓		✓	
8	Phototherapy Unit		✓		
9	Shoulder Wheel		✓		
10	Shoulder Pulley		✓		
11	Shoulder Abduction Ladder		✓		

12	Suction Machine	✓		✓	
13	Mobile Spotlight		✓		
14	Manual Vacuum Aspirator	✓		✓	
15	Weighing Scale	✓		✓	
16	Baby Weighing Scale	✓		✓	
17	Infantometer	✓		✓	
18	Ophthalmoscope		✓		
19	Fully Loaded Dental Chair Electrically Operated		✓		
20	Dental Chair-Basic		✓		
21	Oxygen Hood Neonatal		✓		
22	ILR With Voltage Stabilizer-Small	✓		✓	
23	Deep Freezer-Small	✓		✓	
24	ILR With Voltage Stabilizer-Large	✓		✓	
25	Deep Freezer-Small-Large	✓		✓	
26	Vaccine Carrier with Ice Packs	✓		✓	
27	Cell Counter – 3 Part		✓		
28	Semi-Automated Biochemistry Analyser	✓		✓	
29	Binocular Microscope	✓		✓	
30	HbA1C Analyser		✓		
31	Turbidometer		✓		
32	Glucometer	✓		✓	
33	Haemoglobinometer	✓		✓	
34	ESR Analyzer		✓		

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

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

Urban /Rural: Urban

Date of Visit: 010/03/2025

A. General Information	
46. State	Mizoram
47. District Name	Mamit
48. Block/Taluka Name	Zawlnuam
49. Name of Facility	Hmar Veng
50. Type of Facility	<input type="checkbox"/> PHC-AAM <input checked="" type="checkbox"/> UPHC-AAM
51. NIN of the facility	1131542241
52. No. of days in a week facility is operational	6 Days
53. OPD Timings	9 AM – 5 PM
54. Month & Year of operationalization of AAM	2022
55. Accessible from nearest road head (Yes/No)	Yes
56. Next Referral Facility Name	District Hospital Mamit
57. Distance of next referral facility (in Km)	4.2 km

A.1 Demographic Details	
1. Number of Villages/Wards	1 Hmar Veng
2. No. of Households	483
3. Total catchment Population	2190
4. Population who are 30 years of age and above	925

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.	Availability of boundary Wall	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
4.	External branding as per CPHC guidelines (Colour & Logo)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
5.	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																
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/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																
8.	Laboratory	<input checked="" type="checkbox"/> Yes <input 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	<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 checked="" type="checkbox"/> No																
16.	Safe drinking Water for staff and patients	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place	<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"/> <input checked="" type="checkbox"/> No

B.1 Information, Education & communication (IEC) material		
1	Display of signage's and name of the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc)	<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No
7	Information on grievance redressal displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input 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			Not appointed	
2.	AYUSH MO*	1				

3.	MPW -M	1			0	1
4.	Staff Nurse	2			0	1
5.	ASHA	1			0	1

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

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

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

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

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	(Total number of medicines at AAM-PHC/UPHC as per National EML -172) Not Display	
2	Total number of medicines available at AAM-PHC/UPHC	27	
3	Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input 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 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 checked="" type="checkbox"/> Dermatological (cream)

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

G.1 Availability of Diagnostic Services		
1	Availability of diagnostic services:	<input checked="" type="checkbox"/> In house lab <input type="checkbox"/> Outsource (Hub/PPP mode) <input type="checkbox"/> Hybrid Model
2	Number of diagnostic tests at AAM-PHC/UPHC as per State Essential Diagnostic list	14 (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	9
4	Number of tests Provided through In House Mode	9
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	7 days
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	N/A

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

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

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

	<input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common conditions for teleconsultation	Hypertension, Diabetes, Fever
Total teleconsultations in the last 01 month	152
I. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Days are celebrated as per the Wellness Activity Calendar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J. Governance	
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic JAS meetings in the last 6 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 27 feb 2025
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Specify others, if any:			
L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility funds	Fund Source		Timely disbursement
	Untied		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Other Sources		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	50,000	4785	9.57%
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, specify;		
	<input checked="" type="checkbox"/> Electricity		
	<input type="checkbox"/> Drinking Water		
	<input type="checkbox"/> Internet		
	Regular purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Medicines		
	<input type="checkbox"/> Reagents/Consumables		
	<input type="checkbox"/> Equipment		
	Payment of support/cleaning Staff: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	741
2	No. of PW registered for ANC	13
3	No. of PW received 4 or more ANC check-ups	5
4	Total number of institutional deliveries	0
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	0

6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	10																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	6																								
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	4																								
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0																								
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0																								
11	TB patients undergoing treatment Indicators (Current Year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	1 0 0																								
12	% of target population administered CBAC -100% % of target population with score below 4 ----- % of target population with score 4 and above-----																									
13	Community Based Screening for NCDs <table><tr><td>NCDs <i>(No. of individuals in Last 6 Months)</i></td><td>Screened</td><td>Treated</td><td>Follow-up</td></tr><tr><td>Hypertension</td><td>944</td><td>6</td><td>6</td></tr><tr><td>Diabetes</td><td>864</td><td>3</td><td>3</td></tr><tr><td>Oral Cancer*</td><td>78</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>53</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>0</td><td>0</td><td>0</td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	944	6	6	Diabetes	864	3	3	Oral Cancer*	78	0	0	Breast Cancer*	53	0	0	Cervical Cancer*	0	0	0	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	944	6	6																							
Diabetes	864	3	3																							
Oral Cancer*	78	0	0																							
Breast Cancer*	53	0	0																							
Cervical Cancer*	0	0	0																							

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

4	Is the facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	
6	Patient Rights	<input type="checkbox"/> Display of citizen's charter <input type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input type="checkbox"/> Availability of Grievance Redressal Mechanisms

		<input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	18-10-2024
2	Facility aggregate score using ODK Took kit	42.19

Remarks & Observations	
Infrastructure Not good infrastructure. Records are not minted in the facility, Funds records are not available. Data register is not available.	
HRH Medical Officer is not appointed so people are not coming for treatment.	
IEC IEC Not Display in the Facility aria	
Expanded service Packages Distribution of the funds regularly	
IT System Very slow net work	
Any Other	

Annexure- List of equipment

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

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

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

Date of Visit: 09/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Mamit
3. Block/Taluka Name	ZAWLNUAM
4. Name of Facility	HWC Mamit
5. Type of Facility	HWC SHC
6. NIN of the facility	7322747580
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:30 am – 5:00 pm
9. Month & Year of AAM operationalization	October 2020 (HWC)
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	DH Mamit
12. Distance of next referral facility (Km)	1 kms
A.1 Demographic Details	
1. Number of Villages	7
2. No. of Households	2414
3. Total catchment Population	10600
4. Population who are 30 years of age and above	3328

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list (Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	106 (Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	30	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	

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

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

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	U-Win

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

Fund utilization % NHM Fund utilized last year: United Fund 25000/- Kayakalp Price 50000/-	<table border="1"> <tr> <td>Funds received (Amt in Rs.)</td> <td>Expenditure (Amt in Rs.)</td> <td>% Expenditure</td> </tr> <tr> <td>40000</td> <td>10000</td> <td>25</td> </tr> </table>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	40000	10000	25
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure					
40000	10000	25					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>						
Status of JSY Payments	<p>Payment done till: Payment is not being done from the facility, no such record is maintained</p> <p>Average Delay in Payment:</p> <p>Reason for Delay, if any:</p>						
Availability of JSSK entitlements	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input type="checkbox"/> Free diet</p>						

	<input type="checkbox"/> Free drugs and consumables <input type="checkbox"/> Free diagnostics <input type="checkbox"/> Free blood services <input type="checkbox"/> Free referral transport (home to facility) <input type="checkbox"/> Free referral transport (drop back from facility to home) <input type="checkbox"/> No user charges
K. Governance	
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
L. Wellness Activities	
Wellness sessions being held periodically Availability of a trained instructor for wellness session Health Days are celebrated as per the Wellness Activity Calendar Number of Wellness sessions conducted in Last month	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10
ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial

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

M. Service delivery Output Indicators (Data of previous quarter)				
1	Total number of outpatient department visits			1349
2	No. of PW registered for ANC			37
3	No. of PW received 4 or more ANC check-ups			30
4	Total number of institutional deliveries			0 Deliveries are not done here
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			30
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			35
8	Number of cases referred from Sub centre AAM to PHC DH AAM during last 3 months			19
9	TB patients undergoing treatment Indicators (Current year)			
	No. of presumptive TB patients identified			18
	No. of TB patients diagnosed out of the presumptive patients referred			0
	No. of TB patients taking treatment in the AAM			0
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:			100 64 35
11	NCDs	Screened	Referred	Followed-up

	<table border="1"> <tr> <td>(No. of individuals in last 6 Months)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hypertension</td> <td>1844</td> <td>37</td> <td>302</td> </tr> <tr> <td>Diabetes</td> <td>1844</td> <td>338</td> <td>163</td> </tr> <tr> <td>Oral Cancer</td> <td>203</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Cancer</td> <td>287</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)				Hypertension	1844	37	302	Diabetes	1844	338	163	Oral Cancer	203	0	0	Breast Cancer	287	0	0	Cervical Cancer	0	0	0	
(No. of individuals in last 6 Months)																										
Hypertension	1844	37	302																							
Diabetes	1844	338	163																							
Oral Cancer	203	0	0																							
Breast Cancer	287	0	0																							
Cervical Cancer	0	0	0																							
N. Implementation of NQAS Quality Assurance and Patient Safety																										
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
2	Is the facility certified at the State level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
5	If yes, achievement under Kayakalp (Winner, commendation) and score	<input 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 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 type="checkbox"/> Availability of Grievance Redressal Mechanisms <input type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	14/08/2024
2	Facility aggregate score using ODK Took kit	52.8

Remarks & Observations
Infrastructure 1. With the assistance of NITI, new building for HWC-SHC has been ready to hand over. But there is no water connection is not given, as contractor is saying it is not his tor. Therefore, hand over process is delayed. 2. Access road needs to be repair as it is too narrow and uneven. 3. Toilets in new building is not PWD friendly.
HRH 1. All the health staff posted here are cooperative and have tried their best to maintain the facility and records.
IEC More IEC material is required as the facility is going to shift in new building.
Expanded service Packages 1. There is no wheel chair and ramp for elderly and PWD patients. 2. According to the expanded package, medicine and diagnostic kits need to be provided timely and
IT System 1. Laptop provided is not working. It needs to be replaced. 2. Internet connectivity is not there. 3. Projector is required for the wellness activities.

Remarks & Observations
<p>Any Other</p> <ul style="list-style-type: none"> • As the expanded package is introduced and CHO is trained into it. But the medicine and drugs supplies are irregular. • Dengue, Hep. B and Scrub Typhus test are not being done at the facility. • Out of 106 state essential medicine list only 30 medicines are available at the facility. • On the day of visit out of 18 listed medicines in the check list 8 were stock out. • Kayakalp is initiated but facility is not included due to low score. • There is no dedicated transport service is available for JSSK beneficiaries. • Irregular payment of ASHA's incentive, there is delay by 6 months to one year. Last payment was received in October 2024. • No deliveries are being conducted in the facility.

Appendix-List of equipment

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

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

Date of Visit: 08/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Mamit
3. Block/Taluka Name	Zawlnuam
4. Name of Facility	Kawarthah SHC
5. Type of Facility	AAM-SHC
6. NIN of the facility	7881843127
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:00 am – 2:00 pm
9. Month & Year of AAM operationalization	April 2024
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	Kawarthah CHC
12. Distance of next referral facility (Km)	1 kms
A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	736
3. Total catchment Population	3585
4. Population who are 30 years of age and above	1303

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

C. Human Resource Availability						
	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	-	1
2	ANM/MPW-F	2	-	1	-	
3	MPW-M		-	1	-	1
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	1	-	2
4	Grade IV		-	-	-	-

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

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

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

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

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

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list (Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	59 (Total medicines at AAM-SHC as per national EML is 105) No such list is available at the facility. On the day of visit 11 types medicine were available.	
Total number of medicines available at AAM-SHC	20	
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 type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input checked="" type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)

What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G. Essential diagnostics	
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	8 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	8
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

J. Finance								
Remuneration & Incentives Timely disbursement of incentives to ASHAs Timely disbursement of remuneration to CHOs Timely disbursement of remuneration to AAM-SC team (other than CHO) Disbursement of performance-based incentives to CHO Disbursement of team-based incentives to AAM-SHC team	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable							
Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Fund utilization % NHM Fund utilized last year: United Fund 25000/- Kayakalp Price 50000/-	<table border="1"> <thead> <tr> <th>Funds received (Amt in Rs.)</th> <th>Expenditure (Amt in Rs.)</th> <th>% Expenditure</th> </tr> </thead> <tbody> <tr> <td>25000</td> <td>14761</td> <td>59</td> </tr> </tbody> </table>		Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	25000	14761	59
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure						
25000	14761	59						
Is untied fund being spent on following activities	Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Internet Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify							

	<input checked="" type="checkbox"/> Medicines <input type="checkbox"/> Reagents/Consumables <input checked="" type="checkbox"/> Equipment Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K. Governance	
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
L. Wellness Activities	
Wellness sessions being held periodically Availability of a trained instructor for wellness session Health Days are celebrated as per the Wellness Activity Calendar Number of Wellness sessions conducted in Last month	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4
ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial

Number of Village Health & Sanitation days conducted in last 6 months	18
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	628
2	No. of PW registered for ANC	11
3	No. of PW received 4 or more ANC check-ups	12
4	Total number of institutional deliveries	9
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	9
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	12
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	14
9	TB patients undergoing treatment Indicators (Current year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	9 0 0
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	Survey done but data consolidation is not done

11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	
	Hypertension	118	2	47	
	Diabetes	67	1	32	
	Oral Cancer	14	0	0	
	Breast Cancer	8	0	0	
	Cervical Cancer	0	0	0	
N. Implementation of NQAS Quality Assurance and Patient Safety					
1	Has there been an internal assessment for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State level for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information			
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)			
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management			

		<input checked="" type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	July 2024
2	Facility aggregate score using ODK Took kit	Not given

Remarks & Observations
Infrastructure 4. The building of the SHC is too small. It is less than 100sqft. Need more space. Need new building as per the norms. 5. Facility is not converted into HWC/AAM. 6. CHO is not appointed.
HRH 2. Available
IEC Very few IEC materials are displayed.
Expanded service Packages Though the expanded package is introduced but there is no provision of medicines and laboratory for diagnostics. Space is also a constraint in the providing services according to the expanded services.

IT System

Desk top computer is required. Internet service is not available at the facility. Staff is using their own mobile data for entering the reports.

Any Other

- There is no dedicated transport service is available for JSSK beneficiaries.
- Irregular payment of ASHA's incentive, there is delay by 6 months to one year. Last payment was received in October 2024.
- No deliveries are being conducted in the facility. Even if they want to do it space is not available.

Appendix-List of equipment

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

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

Date of Visit: 12/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Mamit
3. Block/Taluka Name	REIEK
4. Name of Facility	RAWPUICHHIP SHC
5. Type of Facility	SHC
6. NIN of the facility	8815385763
7. No. of days in a week facility is operational	6 days
8. OPD Timings	10:00 am – 4:00 pm
9. Month & Year of AAM operationalization	Not applicable Facility is not converted into AAM
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	PHC
12. Distance of next referral facility (Km)	1 kms
A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	315
3. Total catchment Population	1495
4. Population who are 30 years of age and above	723

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	If No Govt owned Building, specify building type (Other Govt. /Panchayat Bhawan/ Rented etc.)	
3.	Availability of boundary Wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	External branding as per CPHC guidelines (<i>colour and logo</i>)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	OPD room Examination table with privacy curtain/ screen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Waiting area with sitting arrangements for patients/ attendants	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Facilities for elderly and differently abled people (ramps at entry, wheel chairs etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Electricity connection	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Power back up	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Availability of Safe drinking Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (used for segregation of biomedical waste)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input 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 type="checkbox"/> CHO <input checked="" type="checkbox"/> ANM

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

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

C. Human Resource Availability

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

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

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

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

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

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

F. Essential medicines		
<p>Number of medicines at AAM SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105) No such list is available at the facility. On the day of visit 11 types medicine were available.</p>	
Total number of medicines available at AAM-SHC	Not available	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input 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"/> 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)

	<input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	
What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVDMS or any other software is being used for stock management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G. Essential diagnostics		
Number of diagnostics at AAM-SC as per State Essential Diagnostic list	Sugar, Pregnancy, HTN, Malaria (Total diagnostics at AAM-SC as per national EDL is 14)	
Total number of diagnostic tests available at AAM-SC	4	
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid	
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

J. Finance							
Remuneration & Incentives Timely disbursement of incentives to ASHAs Timely disbursement of remuneration to CHOs Timely disbursement of remuneration to AAM-SC team (other than CHO) Disbursement of performance-based incentives to CHO Disbursement of team-based incentives to AAM-SHC team	<div style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable</div> <p>As the facility is not converted into AAM</p>						
Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:	<div style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>						
Fund utilization % NHM Fund utilized last year: United Fund 25000/- Kayakalp Price 50000/-	<table border="1"> <thead> <tr> <th>Funds received (Amt in Rs.)</th> <th>Expenditure (Amt in Rs.)</th> <th>% Expenditure</th> </tr> </thead> <tbody> <tr> <td>24676</td> <td>15018</td> <td>60.86</td> </tr> </tbody> </table>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	24676	15018	60.86
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure					
24676	15018	60.86					
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 checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p>						

	<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
K. Governance	
Community-based platforms Constitution of Jan Arogya Samiti Periodic JAS meetings in the last 6 months (Once a month) JAS meeting minutes available VHSNC Meeting held and minutes available Periodic VHND sessions undertaken (Sessions held against planned) Involvement of CHO in community-based platforms	<input 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 <input type="checkbox"/> Yes <input checked="" 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 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
ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial

Number of Village Health & Sanitation days conducted in last 6 months	6
---	---

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	53
2	No. of PW registered for ANC	5
3	No. of PW received 4 or more ANC check-ups	5
4	Total number of institutional deliveries	Nil
5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	Nil
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	Nil
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	Nil
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	Nil
9	TB patients undergoing treatment Indicators (Current year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	Nil
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	100 60 20

11	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	
	Hypertension	150	150	0	
	Diabetes	150	20	0	
	Oral Cancer	150	2	0	
	Breast Cancer	90	5	0	
	Cervical Cancer	0	0	0	
N. Implementation of NQAS Quality Assurance and Patient Safety					
1	Has there been an internal assessment for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Is the facility certified at the State level for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is Facility participating in Kayakalp?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Patient Rights	<input 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 type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input type="checkbox"/> Systematic inventory management (medicines/consumables)			

8	Infection control	<input type="checkbox"/> Adherence to biomedical waste management <input type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input 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
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	20/08/202430/07/2024
2	Facility aggregate score using ODK Took kit	16.96

Remarks & Observations
Infrastructure 7. The building of the SHC is new too small. It is less than 100sqft. Need more space. 8. It is not made of pucca construction material. 9. According to the current requirement it is ok. 10. Facility is not converted into HWC/AAM. New building is required for the facility. 11. CHO is not appointed there as it is not converted into AAM.
HRH 3. According to the staff of the facility they are not aware about the sanction positions for the facility. But they feel one grade IV is required.
IEC Very few IEC materials are displayed.
Expanded service Packages As the facility is not converted into AAM, they don't know about the expanded package.

IT System

ANM is using her smartphone for online reporting.

Any Other

- There is no dedicated transport service is available for JSSK beneficiaries.
- Irregular payment of ASHA's incentive, there is delay by 6 months to one year. Last payment was received in October 2024.
- Delivery table is just lying in the facility. No deliveries are being conducted in the facility. Even if they want to do it space is not available.
- As the facility is co-located. It is too close to the PHC. It can be shift to other village than the current. In that case utilisation will be more.

Appendix-List of equipment

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

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

Date of Visit: 11/03/2025

A. General Information	
1. State	Mizoram
2. District Name	Mamit
3. Block/Taluka Name	W Phaileng
4. Name of Facility	Lallen HWC
5. Type of Facility	HWC
6. NIN of the facility	2455368486
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:30 am – 2:30 pm
9. Month & Year of AAM operationalization	2020
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	PHC W phaileng
12. Distance of next referral facility (Km)	18.5 kms
A.1 Demographic Details	
1. Number of Villages	4
2. No. of Households	465
3. Total catchment Population	2502
4. Population who are 30 years of age and above	1107

B. Physical Infrastructure		
Infrastructure Status and details		Availability
1.	Availability of Govt owned Building	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

F. Essential medicines		
<p>Number of medicines at AAM SHC as per State Essential Medicines list</p> <p>(Link for essential medicines for reference https://nhsrindia.org/essential-medicines-list-hwc-shc-phc)</p>	<p>(Total medicines at AAM-SHC as per national EML is 105)</p> <p>41</p>	
Total number of medicines available at AAM-SHC	41	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input checked="" type="checkbox"/> Analgesics / NSAIDs) <input checked="" type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input checked="" type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input checked="" type="checkbox"/> Anti-malarial <input checked="" type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)

What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)	<input checked="" type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input 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	11 (Total diagnostics at AAM-SC as per national EDL is 14)
Total number of diagnostic tests available at AAM-SC	11
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick

	<input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop Not working properly <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"/> Internet connectivity (government funded other, specify)
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input checked="" type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Common Conditions for which teleconsultation being done	, Fever, HTN,DM, Diarrhea, Cold-Cough
Total Teleconsultations in the last 01 month	25

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

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

<p>Timely disbursement of untied funds</p> <p>Fund flow through other sources</p> <p>Specify any other fund source:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>									
<p>Fund utilization</p> <p>% NHM Fund utilized last year:</p> <p>April 23 to March 24</p> <p>April 24 to Dec 24</p>	<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>40949</td> <td>23910</td> <td>58%</td> </tr> <tr> <td>25000</td> <td>23151</td> <td>92%</td> </tr> </tbody> </table>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	40949	23910	58%	25000	23151	92%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure								
40949	23910	58%								
25000	23151	92%								
<p>Is untied fund being spent on following activities</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>									
<p>K. Governance</p>										
<p>Community-based platforms</p> <p>Constitution of Jan Arogya Samiti</p> <p>Periodic JAS meetings in the last 6 months (Once a month)</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - 4-2-2025</p>									

JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
L. Wellness Activities	
Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days are celebrated as per the Wellness Activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Calendar Number of Wellness sessions conducted in Last month	28.02.2025
ASHA Functionality	
Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	2

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	461
2	No. of PW registered for ANC	7
3	No. of PW received 4 or more ANC check-ups	3
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				14																							
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine				9																							
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months				0																							
9	TB patients undergoing treatment Indicators (Current year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM				3 0 0																							
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:				95% 86% 9%																							
11	<table border="1"> <thead> <tr> <th>NCDs <i>(No. of individuals in last 6 Months)</i></th> <th>Screened</th> <th>Referred</th> <th>Followed-up</th> </tr> </thead> <tbody> <tr> <td>Hypertension</td> <td>290</td> <td>7</td> <td>7</td> </tr> <tr> <td>Diabetes</td> <td>279</td> <td>4</td> <td>4</td> </tr> <tr> <td>Oral Cancer</td> <td>64</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Cancer</td> <td>42</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Cancer</td> <td>3</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	Hypertension	290	7	7	Diabetes	279	4	4	Oral Cancer	64	0	0	Breast Cancer	42	0	0	Cervical Cancer	3	0	0			
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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 Facility participating in Kayakalp?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
5	If yes, achievement under Kayakalp (Winner, commendation) and score				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
6	Patient Rights		<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials																									

		<input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input checked="" type="checkbox"/> Maintenance and upkeep of facility ensured <input checked="" type="checkbox"/> Maintenance of clinical records <input checked="" type="checkbox"/> Data management using digital technology <input checked="" type="checkbox"/> Systematic inventory management (medicines/consumables)
8	Infection control	<input checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection /sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input checked="" type="checkbox"/> Adherence to SOPs for clinical management of conditions <input checked="" type="checkbox"/> Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	<input checked="" type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	25 th July 2024
2	Facility aggregate score using ODK Took kit	Yes

Remarks & Observations
Infrastructure 12. The HWC old building was well maintained, waiting space is adequate. 13. Drinking water and male female Separate toilet available, power supply is available. 14.
HRH 4. ANM post is vacant in this facility. 5. One ASHA is appointed in the facility.
IEC Most of the IEC materials are placed for the display.
Expanded service Packages Funds Utilization is from RKS committee aprovel The CHO of the facility is providing teleconsultation services using her personal smartphone.
IT System Good Laptop is not working properly.
Any Other CHO have a good knowledge of the health system.

Appendix-List of equipment

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

Annexure VI

Field Monitoring Format - Community Level

Date of Visit	11.03.2025
Name of Village/ Slum visited	Lallen
Details of nearest public health facility (from residence)	<i>Facility name: West Phaileng</i> <i>Facility type: PHC</i> <i>Distance: 18.5</i>
Whether the AAM-SC/ AAM-UPHC/UAAM is in the same village/ slum area	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Accessible from nearest road	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No

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

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

<p><i>What about for conditions needing routine visits/ check-up? (ANC, Blood pressure, blood sugar, wound dressing, etc.,) Reasons, thereof.</i></p>	<p><i>(CHC/SDH/ DH/ MCH), AYUSH practitioners.</i></p> <p>Reasons probes: <i>Proximity, convenience, availability of staff, free of cost services, trust on the provider.</i></p>	<p><i>AYUSH practitioners.</i></p>		
		<p><i>Self (home remedies)</i></p>		
		<ul style="list-style-type: none">• Proximity,• Convenience• Economical• Trust/Faith		

Topic: Community's Awareness of AAM-SC/ PHC/ UPHC				
<p>Can you share your views on the AAM-SC/ PHC/ UPHC in your area?</p>	<p>May use local terms as recognized by the community</p>	<ul style="list-style-type: none"> • They are sharing their feedback with the facility. As many of the tests are not being done at the facility i.e. • SHC is there since 1970 and converted into HWC in 2020 according to them. • They remember the name of the first CHO • Out of 14 essential diagnostic tests only 8 are being done at the facility. Dengue, Hep. B and Scrub Typhus test are not being done at the facility. • Out of 106 state essential medicine list only 20 medicines are available at the facility. • Shortage of medicine 		
<p>How long has it been there?</p>	<p>Services may include: RMCHA+N services, communicable diseases, NCDs, elderly, palliative care, etc.</p>			
<p>What are the health services</p>	<p>Probes-less than 3 Months/ Less than 6 months/less than one yr./ Greater than one yr.)</p>			

<i>being provided there?</i>	<i>Probes-RCH, NCD, Communicable diseases, expanded packages)</i>	Community members are not aware about expanded package	
Topic: Accessibility to primary healthcare services			
<i>How do you access the facility from your residence?</i>	<i>Probes: Walk to the facility Use public transport Use personal transport</i>	Coming by walk	
<i>What are the challenges you face in accessing this facility?</i>	<i>Barriers may include:</i> <i>Terrain/ Geographical barriers, structural barriers within the facility or its premises; financial barriers, socio-cultural barriers...</i>	<ul style="list-style-type: none">• <i>Geographical barriers</i>• <i>Structural barriers within the facility or its premises</i>• <i>Financial barriers</i>• <i>Socio-cultural barriers</i>• <i>Others, (please specify):</i> <i>Geographical barriers are there as the it is on the hill so difficult to visit the facility and away from the main habitat.</i>	
<i>Are the staff of the facility organizing outreach visits or camps in the community?</i> <i>If yes, can you share what you’ve observed during such camps/ visits?</i>		Staff is visiting in the community for home visits and various surveys. They are doing home visits for ANC/PNC care, NCD. No camps are being organised.	
Topic: Availability of primary health care infrastructure and services			
<i>What are your opinions on the building in which</i>	<i>Probes</i>	Infrastructure and services	Response

<p><i>the primary healthcare facility is functioning?</i></p>	<ul style="list-style-type: none"> ▪ <i>Condition of the building</i> ▪ <i>Maintenance</i> ▪ <i>Dedicated space for waiting and examination</i> ▪ <i>Adequate seating arrangement</i> ▪ <i>Functional toilet</i> ▪ <i>Potable and drinking water</i> ▪ <i>Power supply</i> 	<p><i>Condition of the building</i></p>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
<p><i>What more needs to be added to improve the treatment seeking experience in this place?</i></p>		<p><i>Maintenance</i></p>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Neither good nor bad <input type="checkbox"/> Bad
		<p><i>Dedicated space for waiting and examination</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>Adequate seating arrangement</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>Functional toilet</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>Potable/ drinking water</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<p><i>Power supply</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>When you visit the facility, are the staff available to provide services?</i></p>	<p>Staff may include: <i>Medical officers(AAM PHC/ UPHC/ UAAM),Community health officer (AAM-SHC), ANMs,</i></p>	<ul style="list-style-type: none"> • Whenever we are visiting staff is available in the facility. • Regarding the adequacy of the staff- can't say 	

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

<p><i>According to you, what other services may be provided through the facilities to improve the health needs of the community?</i></p> <p><i>How are the community members currently meeting these unmet needs?</i></p> <p><i>Do they have to incur personal expenditure as a result?</i></p>		<p>We want all the tests should be done at the facility and regular supplies of the medicine</p> <p>By visiting PHC</p> <p>Yes</p>
Topic: Quality of Care provided through the primary healthcare facility		
<p><i>What are your views on the quality of healthcare provided at the primary healthcare facility?</i></p> <p><i>Do you feel that certain areas may be improved for enhancing the treatment seeking experience?</i></p> <p><i>Do you feel that your health improves by using the services provided at the facility?</i></p>	<p>Probes</p> <ul style="list-style-type: none"> - Provider behaviour/ attitude - Waiting time - Cleanliness of the premises - Provision for Grievance redressal and escalation - Practice of soliciting and implementing feedback - Right diagnosis - Accuracy of diagnostic tests done at the facility - Effectiveness of medicines dispensed at the facility 	<p>Good</p> <ul style="list-style-type: none"> • No long waiting, premises is clean, • no provision of grievances redressal, • many of the tests are not being done here, • medicine is always shortage

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



District Hospital Mamit



PHC Rawpuichhi



PHC West Phailenge



HWC-SHC Hmar



CHC Kawrthah



PHC Kawrtethawveng



HWC-SHC Lallen



UAAM - Mamit