



Population Research Centre (PRC) Pune

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

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

**By
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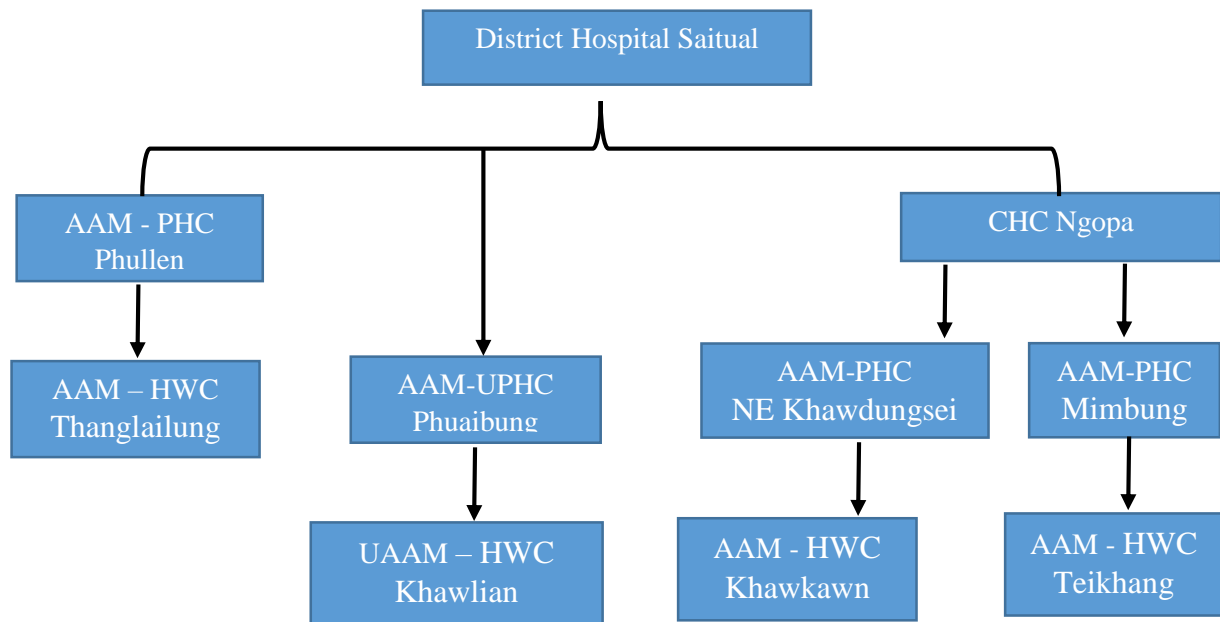
March 2025

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

List of Health Facilities Visited

Sr. No.	Name of Facility	Type	Page No.
1	Civil Hospital Saitual	District Hospital	1
2	CHC Ngopa	CHC	17
3	PHC Phullen	AAM-PHC	30
4	PHC Phuaibung	AAM –PHC	48
5	PHC KE Khawdungsei	AAM –PHC	67
6	PHC Mimbung	AAM - PHC	86
7	HWC Khawkawn	AAM SHC	105
8	HWC Khawlian	AAM SHC	120
9	HWC Teikhang	AAM SHC	135
10	HWC Thanglailung	AAM SHC	150

Selection of the Health Facilities



Note: Only one CHC in the district.

Field Monitoring Format -District Hospital (DH)

Date of Visit: 06.03.2025

GENERAL INFORMATION	
Name of facility visited	District Hospital Saitual
Facility Type	<input checked="" type="checkbox"/> DH/ <input type="checkbox"/> SDH
FRU	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No
Next Referral Point	Facility: Civil Hospital Aizawl Distance: 70 kms

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
1. OPD Timing	9:00A.M-3:00 P.M(Weekdays) 9:00 A.M-1:00PM(Saturday)	As reported/ Hospital Citizen Charter Board
2. Condition of infrastructure/ building	Comments:	Observation
Please comment on the condition and tick the appropriate box	<input checked="" type="checkbox"/> 24*7 running water facility <input checked="" type="checkbox"/> Facility is elderly and differently abled friendly (ramps at entry, wheel chair etc.) <input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female) <input checked="" type="checkbox"/> Drinking water facility available <input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement <input type="checkbox"/> ASHA rest room is available <input checked="" type="checkbox"/> Drug storeroom with rack is available Power backup: <input checked="" type="checkbox"/> Complete Hospital/ <input type="checkbox"/> Part of the hospital	

A. PHYSICAL INFRASTRUCTURE			
Indicator	Response		Means of verification
	Last major renovation done in (Year): <u>No renovation</u>		
3. Number of functional in-patient beds	26 No of ICU Beds available: NA		As reported/ Hospital Citizen Charter Board
4. List of Services available	-24×7 Emergency Services -Normal Delivery -Tubectomy -Laboratory Services -X-Ray -Ultrasound -Physiotherapy -AYUSH -Dental -NCD Clinic -ICTC -ART Centre		As reported/ Hospital Citizen Charter Board and discussed with Health staffs
• Specialized services available in addition to General OPD, ANC, Delivery, PNC, Immunization, FP, Laboratory services	Sl.	Service	Y/N
	1	Medicine	Y
	2	O&G	N
	3	Pediatric	N
	4	General Surgery	N
	5	Anesthesiology	N
	6	Ophthalmology	N
	7	Dental	Y
	8	Imaging Services (X – ray)	Y
	9	Imaging Services (USG)	Y
	10	District Early Intervention Centre (DEIC)	N
	11	Nutritional Rehabilitation Centre (NRC)	N
	12	SNCU/ Mother and Newborn Care Unit (MNCU)	N
	13	Comprehensive Lactation Management Centre (CLMC)/ Lactation	N
			As reported/ Hospital Citizen Charter Board

A. PHYSICAL INFRASTRUCTURE				
Indicator	Response			Means of verification
		Management Unit (LMU)		
	14	Neonatal Intensive Care Unit (NICU)	N	
	15	Pediatric Intensive Care Unit (PICU)	N	
	16	Labour Room Complex	Y	
	17	ICU	N	
	18	Dialysis Unit	N	
	19	Emergency Care	Y	
	20	Burn Unit	N	
	21	Teaching block (medical, nursing, paramedical)	N	
	22	Skill Lab	N	
5. Emergency	General emergency: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facilities available for: 1. Triage: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			As reported/ Hospital Citizen Charter Board
6. Tele medicine/Consultation services available	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, average number of teleconsultation per day for the last month (Data source: Teleconsultation register/ e Sanjeevani Portal):			Tele-medicine records register/ e-sanjeevani portal Not Applicable
	If the facility is also functioning as 'Hub' to any of the AAM (SHC/ PHC/UPHC/UAAM): <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
7. Operation Theatre available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, Tick the relevant <input checked="" type="checkbox"/> Single general OT <input type="checkbox"/> Elective OT-Major (General) <input type="checkbox"/> Elective OT-Major (Ortho) <input type="checkbox"/> Obstetrics & Gynecology OT <input type="checkbox"/> Ophthalmology/ENT OT <input type="checkbox"/> Emergency OT	Observation Ensure signage and protocol displays Yes
8. Availability of functional Blood Bank	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, number of units of blood currently available: _____ No. of blood transfusions done in last month: _____	Blood Bank records Register
9. Whether blood is issued free, or user fee is being charged	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	Not Applicable
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)	As reported and observed

A. PHYSICAL INFRASTRUCTURE		
Indicator	Response	Means of verification
11. IT Services	Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: <u>Poor</u>	As reported and observed

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)			2		1
	Specialist	Medicine		1		0
		Ob-Gyn		0		0
		Pediatrician		0		0
		Anesthetist		0		0
		Surgeon		0		0
		Ophthalmologist		0		0
		Orthopedic		0		0
		Radiologist		0		0
		Pathologist		0		0
		Others (AYUSH MO)		0		1
	Dentist			1		0
	Staff Nurses/ GNMs			6		5
	LTs			1		4
	Pharmacist			1		0
	Dental Technician/ Hygienist			0		0
	Hospital/ Facility Manager			0		0
	EmOC trained doctor			-		-
	LSAS trained doctor			-		-
	Others			-		-

C. Quality & Patient Safety Initiatives		Means of verification
13. Kayakalp	Initiated: Yes <ul style="list-style-type: none"> Facility score: 81.29 Award received: 1st Prize 	Kayakalp Assessment report
14. NQAS	<ul style="list-style-type: none"> Assessment done: <input checked="" type="checkbox"/> Internal/ <input type="checkbox"/> State Facility score: 51% Certification Status: Not yet received 	NQAS assessment report
15. LaQshya	<ul style="list-style-type: none"> Labour Room: <ul style="list-style-type: none"> LaQshya Certified - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If No, Assessment Done - <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Operation Theatre: <ul style="list-style-type: none"> 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 NA specialist not available
D. DRUGS & DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL) https://nhm.gov.in/images/pdf/guidelines/iphs/iphs-revised-guidelines-2022/01-SDH_DH_IPHS_Guidelines-2022.pdf	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
	<ul style="list-style-type: none"> If yes, total number of drugs in EDL <u>166</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>134</u> 	Verify EDL Displayed Yes
17. Implementation of DVDMS or similar supply chain management system	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If other, which one- BINCRD for local purchase	Observation, Check software

18. Shortage of 5 priority drugs from EDL in last 30 days, if any	<table border="1"> <tr><td>1</td><td>Tab. Cholecalciferol 1000 IU</td></tr> <tr><td>2</td><td>Inj. thiamine 100mg</td></tr> <tr><td>3</td><td>Syr. Potassium Chloride 500mg/5ml</td></tr> <tr><td>4</td><td>Tab Metformin 500mg</td></tr> <tr><td>5</td><td>Clotrimazole Drops</td></tr> </table>	1	Tab. Cholecalciferol 1000 IU	2	Inj. thiamine 100mg	3	Syr. Potassium Chloride 500mg/5ml	4	Tab Metformin 500mg	5	Clotrimazole Drops	As reported, checked DVDMS, e-aushadhi, etc.
1	Tab. Cholecalciferol 1000 IU											
2	Inj. thiamine 100mg											
3	Syr. Potassium Chloride 500mg/5ml											
4	Tab Metformin 500mg											
5	Clotrimazole Drops											
19. Availability of Essential Consumables:	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input checked="" type="checkbox"/> Acute shortage In last 6 months how many times there was shortage __twice__	As reported										
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: 9:00 am - 1:00 pm (Sample Collection time) Total number of tests available against Essential Diagnostic tests list for DH <u>46</u> (Take the list of tests available at DH)	Obtained the complete list of diagnostic tests performed in-house										
<ul style="list-style-type: none"> Outsourced/ PPP 	Timing: NA Total number of tests provided by PPP provider: _____ Take the list of tests available from PPP Provider agency	NA										

21. X-ray services is available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If Yes, type & nos. of functional X- ray machine is available in the hospital: 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):	As reported
23. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL (OPD Card) <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	As reported
24. Availability of Testing kits/ Rapid Diagnostic Kits	<input type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input checked="" type="checkbox"/> Acute shortage	As reported
E. KEY NATIONAL HEALTH PROGRAMMES		
25. Implementation of PM-National Dialysis programme	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported
	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced/ PPP	NA
	Total number of tests performed: - _____	

<ul style="list-style-type: none"> Whether the services are free for all 	<input type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all	NA
<ul style="list-style-type: none"> Number of patients provided dialysis service 	<ul style="list-style-type: none"> Previous year_____ Current FY_____ <p><i>*Calculate the approximate no. of patients provided dialysis per day</i></p>	NA
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	NA
27. Average downtime of equipment (days) Details of equipment are nonfunctional for more than 7 days	2 to 3 days	As reported And Register check (The Hites company's signature must be recorded in the register upon completing the repairs. It was found to be missing, and the relevant staff and authorities were informed to ensure proper maintenance of the register.)
28. Availability of delivery services	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported and observation
<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>10</u> No. of C-sections performed in last month: _____	Verified C-section records from Maternity OT registers (A minor correction has been made regarding completeness for the month of December. Also suggested the concerned official to update title head of each columns)

<ul style="list-style-type: none"> Comment on the condition of: 	<p>Labour room: Functional</p> <p>OT:</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>	Observed
29. Status of JSY payments	<p>Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No</p> <p>Average delay in payment to beneficiaries:</p> <p>(Average for how many days/beneficiary)</p> <p>Payment done till:</p> <p>Current month <input type="checkbox"/></p> <p>Last month <input type="checkbox"/></p> <p>Last 3 Months <input type="checkbox"/></p> <p>Last 6 Months <input checked="" type="checkbox"/></p> <p>Reasons for delay: Fund not available</p>	As reported and Verified from JSY status report
30. Availability of JSSK entitlements	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input 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>As verified from JSSK register missing entries, including transport, referral, diet, diagnosis, and total counts.</p>
31. PMSMA services provided on 9 th of every month	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month 0</p> <p>If No, reasons thereof:</p>	<p>PMSMA Register/ High Risk Pregnancy Register, Staff review</p> <p>A separate PMSMA register is not maintained; instead, high-risk cases are marked and identified</p>

		within the NCD register
32. Line listing of high-risk pregnancies	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	NA (Please refer remark of sr. no. 31)
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	Observed, 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: 0 Current year:0	Maternal Deaths Records/ Review
36. Number of Child Death reported in the facility	Previous year:0 Current year:0	Maternal Deaths Records/ Review and only IMR records available
37. If Comprehensive Abortion Care (CAC) services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	CAC register has completeness issues, with some weeks not being entered.
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 and Staff review
39. Number of newborns immunized with birth dose at the facility in last 3 months	20	The Immunisation Register is not maintained separately; instead, birth doses are recorded within the delivery report.
40. Number of Newborns breastfed within one hour of birth during last month.	11 (In the month of January 2025)	Verified BF records (Bed Tickets)

41. Status of functionality of DEIC	<input type="checkbox"/> Fully functional with all staff in place <input type="checkbox"/> Functional with few vacancies (approx. 20%-30%) <input type="checkbox"/> Functional with more than 50% vacancies <input checked="" type="checkbox"/> Not functional/ All posts vacant	As reported
42. Number of sterilizations performed in last one month	1	FP Sterilizations register Verify if fixed days of sterilization exist NO
43. Availability of trained provider for IUCD/ PPIUCD	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	As reported, Verify training received
44. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify)_____	As reported
45. Please comment on utilization of other FP services including FP Commodities- Condoms, OCPs, Antra etc.	As per individual preferences	As reported/observe FP registers/records if available
46. FPLMIS has been implemented	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	NA
47. Availability of functional Adolescent Friendly Health Clinic	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No If yes, who provides counselling to adolescents: _ Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	NA
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	NCD register HTN and BMI data have not been recorded during

	facility? _____ days (Mention number of days)	OPD screening in the register.																		
49. Are service providers trained in cancer services?	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	As reported																		
50. Number of individuals screened for the following in last 6 months:	<table border="1"> <thead> <tr> <th>NCD</th><th>Screened</th><th>Confirmed</th></tr> </thead> <tbody> <tr> <td>Hypertension</td><td>3011</td><td>93</td></tr> <tr> <td>Diabetes</td><td>2839</td><td>36</td></tr> <tr> <td>Oral Cancer</td><td>3011</td><td>0</td></tr> <tr> <td>Breast Cancer</td><td>1973</td><td>0</td></tr> <tr> <td>Cervical Cancer</td><td>20</td><td>0</td></tr> </tbody> </table>	NCD	Screened	Confirmed	Hypertension	3011	93	Diabetes	2839	36	Oral Cancer	3011	0	Breast Cancer	1973	0	Cervical Cancer	20	0	<p>NCD Register The screening records for the past six months (August 2024 - January 2025) are incomplete, such as incorrect serial numbers, missing height and weight entries, and hypertension (HTN). Additionally, some patients have refused blood tests, as reported by the counselor.</p>
NCD	Screened	Confirmed																		
Hypertension	3011	93																		
Diabetes	2839	36																		
Oral Cancer	3011	0																		
Breast Cancer	1973	0																		
Cervical Cancer	20	0																		
51. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Only P and L form (as reported)																		
52. Status of TB elimination programme	<p>Facility is designated as Designated Microscopy Centre (DMC): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, percent of OPD whose samples were tested for TB (microscopy) in last 6 month (average) : <u>0.0008%</u></p> <p>If anti-TB drugs available at the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, are there any patients currently taking anti-TB drugs from the facility: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Availability of CBNAAT/ TruNat: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Percent of patients tested through CBNAAT/TruNat for Drug resistance in the last 6 months: 0.0004%</p> <p>Are all TB patients tested for HIV: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	<p>As reported, Observation</p> <p>DBT/Nikshay Report</p> <p>DBT/Nikshay Report</p> <p>DBT/Nikshay Report</p> <p>DBT/Nikshay Report</p>																		

	Are all TB patients tested for Diabetes Mellitus: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No						
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: 100%	DBT/Nikshay Report					
F. RECORDS, FINANCE, OTHERS							
53. Maintenance of records on	<p>TB Treatment Card cases (both for drug sensitive and drug resistant cases): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>Palliative cases: <input 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>	Respective records					
54. How much fund was received and utilized by the facility under NHM?	<p>Fund Received last year: Rs. 500000/-</p> <p>Fund utilized last year: Rs. 418094</p>	Facility FMR					
	<p>Fund in prev. FY</p> <table border="1"> <thead> <tr> <th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>10,00,000/-</td><td>9,02,550/-</td><td>90.2%</td></tr> </tbody> </table>	Received	Utilized	%	10,00,000/-	9,02,550/-	90.2%
Received	Utilized	%					
10,00,000/-	9,02,550/-	90.2%					
List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly:	RKS Register						
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 	Check respective portals at the facility wrt last entries					

	<ul style="list-style-type: none"> Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated 	
56. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Quarterly 04.10.2024	RKS Register
57. Availability of ambulance services in the area	<input checked="" type="checkbox"/> Own ambulance available <input type="checkbox"/> DH/ SDH has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call center <input type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any):	
<ul style="list-style-type: none"> How many cases were referred here in the last month? 	Number: 3 Types of cases referred in: Trauma	Referral-in register
<ul style="list-style-type: none"> How many cases were referred out last month? 	Number: 29 Types of cases referred out: Trauma, Scrub Typhus, Acute Abdomen	Out-referral register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
<p>1. Register Completeness Issues: Various records, including the JSSK, CAC, and Immunisation Registers, show missing or incomplete entries.</p> <p>HTN and BMI data were not recorded during OPD screening, affecting accuracy.</p>	<p>The available staff is insufficient, and apart from their primary duties, they are also responsible for entering data in both physical and digital formats, leading to an excessive workload. Additionally, they require proper training to enhance efficiency.</p> <p>Furthermore, staff should receive periodic training, at least through online sessions, to improve their skills.</p>

<p>Birth doses were only marked in the delivery report rather than a separate Immunisation Register.</p> <p>In the JSSK register, essential details like transport, referral, diet, and diagnosis were not properly maintained.</p> <p>2. Data Accuracy Concerns: Screening records from August 2024 - January 2025 lack key details, such as incorrect serial numbers, missing height and weight, and absent HTN documentation. The CAC register has missing weekly entries, impacting completeness. Some patients have refused blood tests, creating gaps in screening data.</p>	<p>Additional concerns include weak internet connectivity; staff salaries not being paid since January 2025.</p>
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Remarks & Observations (Write in Bullets within 100-300 words)

- The available staff is insufficient, and apart from their primary duties, they are also responsible for entering data in both physical and digital formats, leading to an excessive workload. Additionally, they require proper training to enhance efficiency. To address this, it is recommended that a separate individual be designated as a data entry operator, potentially through student internships, particularly for students specializing in public health, demography, statistics, or IT. This approach could also contribute to system upgrades. Furthermore, staff should receive periodic training, at least through online sessions, to improve their skills. A discussion with the concerned officials highlighted that, since Saitul district is newly created, there is a lack of clarity on the authority responsible for issuing instructions.
- Additional concerns include weak internet connectivity, staff salaries not being paid since January 2025, and the absence of vehicles for Medical Officers (MOs), which further hampers operational efficiency.
- The signature of the Hites company needs to be recorded in the register upon completing the repairs. It was observed to be missing, and this was communicated to the concerned staff and authorities to maintain the register accordingly.
- The facility requires upgrades to meet the standards of a District Hospital. For instance, a basic blood bank is essential, especially as the hospital is located on the highway. Considering the narrow pathways and challenging terrain, establishing a blood bank is crucial.

- If health staff leave or take extended leave, a proper mechanism should be implemented to ensure the transfer of responsibilities. Departing staff should hand over all materials and provide a thorough explanation to the incoming staff, under the supervision of an authority. This would help instill a sense of responsibility.
- The facility was upgraded from CHC to DH after separating from the Aizawl district. Therefore, new building is constructed of which only one floor is handed over for administrative purpose. The other services are being provided from older building.

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

Urban/ Rural: **Rural**

Date of Visit: **10.03.2025**

General Information	
Name of facility visited	<i>Ngopa CHC, Saitual District</i>
Facility Type	<input checked="" type="checkbox"/> CHC <input type="checkbox"/> U-CHC
FRU	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessible from nearest road head	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Next Referral Point	Facility: <i>Saitual DH</i> Distance: 76.2 kms

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

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
1. OPD Timing	9:30 am - 4:00 pm	As reported/ Hospital Citizen Charter Board
2. Whether the facility is functioning in PPP mode	<input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation and discussion with Health Staff
3. Condition of infrastructure /building	Comments: <i>Building is old</i>	Observation
Please comment on the condition and tick the appropriate box	<input checked="" type="checkbox"/> 24*7 running water facility	Observation
	<input checked="" type="checkbox"/> Facility is geriatric and disability friendly (ramps etc.)	
	<input checked="" type="checkbox"/> Clean functional toilets available (separate for Male and female)	
	<input checked="" type="checkbox"/> Drinking water facility available	
	<input checked="" type="checkbox"/> OPD waiting area has sufficient sitting arrangement	
	<input type="checkbox"/> ASHA rest room is available	
	<input checked="" type="checkbox"/> Drug storeroom with rack is available	

A. INFRASTRUCTURE			Means of verification																																	
Indicator	INFRASTRUCTURE																																			
	Power backup: <input type="checkbox"/> Complete Hospital/ <input checked="" type="checkbox"/> Part of the hospital																																			
4. Number of functional in-patient beds	25 beds		As reported/ Hospital Citizen Charter Board																																	
5. List of Service available	Health Care, PMSMA, JSY, JSSK, ARSH, AB-PMJAY, School Health, VHND, Lab.Tests, X-Ray,		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>Yes</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>No</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	Yes	7	Dental	Yes	8	Imaging Services (X – ray)	Yes	9	Imaging Services (USG)	No	10	Newborn Stabilization Unit	No	As reported/ Hospital Citizen Charter Board The Dental Surgeon was assigned to take charge just a week before the visit.
Sl.	Services	Y/N																																		
1	Medicine	No																																		
2	O&G	No																																		
3	Pediatric	No																																		
4	General Surgery	No																																		
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7	Dental	Yes																																		
8	Imaging Services (X – ray)	Yes																																		
9	Imaging Services (USG)	No																																		
10	Newborn Stabilization Unit	No																																		
<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: Dental Surgeon		As per the IPA agreement, specialists are available once every quarter or as required based on healthcare service requirements. In December 2024, an eye specialist visited.																																	
<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		Verified triage area is marked																																	

A. INFRASTRUCTURE		Means of verification
Indicator	INFRASTRUCTURE	
	2. Resuscitation: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No 3. Stabilization: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	
6. Tele medicine/Consultation services available	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, average number of teleconsultations per day for the last month: 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	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"/> - Family Planning	Observation and Ensured 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>	NA
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	NA
10. Biomedical waste management practices	Sharp pit: <input checked="" type="checkbox"/> Deep Burial pit: <input checked="" type="checkbox"/> Incinerator: <input checked="" type="checkbox"/> Using Common Bio Medical Treatment plant: <input checked="" type="checkbox"/> Managed through outsourced agency: <input type="checkbox"/> Other System, if any: (Specify)	As reported and Observation
11. IT Services infrastructure	Desktop/ Laptop available: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Internet connectivity: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Quality/strength of internet connection: <u>300 mbp</u> <u>Not good but manageable</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
	Specialists	Medicine		0	0
		Ob-Gyn		0	0
		Pediatrician		0	0
		Anesthetist		0	0
	Dentist			0	1
	SNs/ GNMs			3	3
	LTs			0	3
	Pharmacist			0	1 (under IPA)
	Dental Assistant/ Hygienist			0	1
	Hospital/ Facility Manager			0	0
	EmOC trained doctor			0	0
	LSAS trained doctor			0	0
	Others			0	0
	Radiographer			1	0
	Health Educator and Health Supervisor			1	0
	Superintendent			1	0
	DEO			0	1
	Ophthalmic assistant			0	1
	BAM			0	1
	Physiotherapist			0	1
	Group D			5	0
	ASHA mobilizer			0	1
	Adolescent health counsellor			0	1
	AYUSH MO			0	1
	AIDS Counsellor			0	1
	Pharmacist			0	1 (IPA)
	Security guard			0	2 (IPA)

C. QUALITY PROGRAMMES		Means of verification
13. Kayakalp	Initiated: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Facility score: NA Award received: Winner <input type="checkbox"/> Commendation Yes	Kayakalp Assessment report Verify certificate if awarded Verified
14. NQAS	Assessment done: Yes Internal/State: Internal Facility score: NA Certification Status: Not certified	NQAS assessment report Checked Verify certificate if awarded Not certified
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 NA
D. DRUGS AND DIAGNOSTICS		
16. Availability of list of essential medicines (EML)/ drugs (EDL)	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	EDL not displayed. Training needs to be provided to the pharmacist
	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>81</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 The pharmacist needs training in DVDMS
18. Shortage of 5 priority drugs from EDL in last 30 days, if any	1 Febuxostat 40 mg	As reported,
		Check DVDMS, E-aushadhi, etc.

	2	Diclofenac 50 mg and Paracetamol 325mg		
	3	Nitrofurantoin 100 mg		
	4	Pantoprazole 40 mg		
	5	Riboflavin 10 mg		
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>twice</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: 9:30 am- 4:00 pm Total number of tests available against Essential Diagnostic tests list for CHC: <u>55</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: <u>100 MA</u> , Digital One available Is the X-ray machine AERB certified <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No		As reported	
22. Whether diagnostic services (lab, X-ray, USG etc.) are free for all	<input checked="" type="checkbox"/> Free for BPL <input type="checkbox"/> Free for elderly <input checked="" type="checkbox"/> Free for JSSK beneficiaries <input type="checkbox"/> Free for all		As reported	
23. Availability of Testing kits/ Rapid Diagnostic Kits	<input checked="" type="checkbox"/> Sufficient Supply <input type="checkbox"/> Minimal Shortage <input type="checkbox"/> Acute shortage		As reported	
24. If there is any shortage of major instruments /equipment (Refer to Annexure 10 in the link for list of equipment (https://nhsrindia.org/sites/default/files/CH	1		As reported	

C%20IPHS%202022%20Guidelines%20pdf.pdf)		
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>4 (four)</u> No. of C-sections performed in last month: <u>0</u>	Verify C-section records from Maternity OT registers NA
<ul style="list-style-type: none"> Comment on condition of: 	Labour room: <i>Manageable</i> . OT: <i>Poor</i> Functional New-born care corner (functional radiant warmer with neo-natal ambu bag): <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Observation
27. Status of JSY payments	Payment is up to date: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Average delay: (Average for how many days/patients) Payment done till: Payment done till: Current month <input type="checkbox"/> Last month <input type="checkbox"/> Last 3 Months <input type="checkbox"/> Last 6 Months <input checked="" type="checkbox"/> Reasons for delay: Lack of Funds Officials have informed DMO about the lack of funds, leading to JSY payments not being received by mothers in January and February.	Verified from JSY status report JSY register shows missing details such as lack of mother signatures, and absence of category details.
28. Availability of JSSK entitlements	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, whether all entitlements being provided	As reported/ As Displayed in Maternity Ward

	<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 checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges	
29. PMSMA services provided on 9 th of every month	<p>No</p> <p>If yes, how many high risks pregnancies are identified on 9th for previous month: Nil</p> <p>If No, reasons thereof: PMSMA has not been conducted, and there is a lack of awareness about it.</p>	<p>PMSMA Register/ High Risk Pregnancy Register, Staff review</p> <p>There has been no PMSMA record since July 2024. A request has been made for PMSMA register, but it has not been received yet</p>
30. Line listing of high-risk pregnancies -	No	NA
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	<p>Observation, Patient review</p> <p>As reported</p>
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	<p>Previous year: NIL</p> <p>Current year: NIL</p>	Maternal Deaths Records/Review
34. Number of Child Death reported in the facility	<p>Previous year: 1 (one)</p> <p>Current year: NIL</p>	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 <p>Nurses/ ANM aware about open vial policy: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p>	<p>Observation</p> <p>Staff review</p>

37. Number of newborns immunized with birth dose at the facility in last 3 months	9 (nine)	Immunisation Register
38. Newborns breastfed within one hour of birth during last month	4 (four)	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 type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No - IUCD not provided	NA
41. Who counsels on FP services?	Counsellor <input type="checkbox"/> Staff Nurse <input checked="" type="checkbox"/> Medical Officer <input checked="" type="checkbox"/> Others (Specify): <u>Health supervisor provides counseling for Antra.</u>	As reported
42. Please comment on utilization of other FP services including Condoms, OCPs, Antra	Well utilized	Observation/ FP records and registers
43. FPLMIS has been implemented	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No	Check software
44. Availability of functional Adolescent Friendly Health Clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No If yes, who provides counselling to adolescents: <u>Adolescent Health Counsellor</u> Separate male and female counselors available: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No	Observation, check AFHC Register RKSK Counsellor
45. Whether facility has functional NCD clinic	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No All OPD patients undergo screening for Non-Communicable Diseases (NCDs). 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 NA 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>581</td> <td>103</td> </tr> <tr> <td>b. Diabetes</td> <td>101</td> <td>71</td> </tr> <tr> <td>c. Oral Cancer</td> <td>0</td> <td>0</td> </tr> <tr> <td>d. Breast Cancer</td> <td>0</td> <td>0</td> </tr> <tr> <td>e. Cervical Cancer</td> <td>0</td> <td>0</td> </tr> </tbody> </table>			NCD	Screened	Confirmed	a. Hypertension	581	103	b. Diabetes	101	71	c. Oral Cancer	0	0	d. Breast Cancer	0	0	e. Cervical Cancer	0	0	NCD Register BMI screening records from the last six months are incomplete, with height and weight missing, no documented outcomes, and no contact information available.
NCD	Screened	Confirmed																				
a. Hypertension	581	103																				
b. Diabetes	101	71																				
c. Oral Cancer	0	0																				
d. Breast Cancer	0	0																				
e. Cervical Cancer	0	0																				
48. Whether reporting weekly data in P, S and L form under IDSP	<input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No			Verify from IDSP reporting records (IHIP reported)																		
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): 2.10%			DBT/Nikshay Report NA Person in charge was unavailable on the day of the visit due to training																		
	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			NA																		
	Percent of patients tested through CBNAAT/ TruNat for Drug resistance in the last 6 months Nil			NA																		
	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			NA																		
	Are all TB patients tested for HIV? <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No			NA																		

	Are all TB patients tested for Diabetes Mellitus: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No							
	Percent of TB Patients for whom DBT installments have been initiated under Nikshay Poshan Yojana in the last 6 months: NA	NA						
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:	Facility Register/ Records for leprosy						
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 TB Notification Registers: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Malaria cases: <input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No Palliative cases: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No Cases related to Dengue and Chikungunya: <input type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No – No Cases Leprosy cases: <input checked="" type="checkbox"/> Yes/ <input checked="" type="checkbox"/> No – No Cases	Respective Records						
52. How much fund was received and utilized by the facility under NHM?	Fund Received last year: Rs. 927846/- Fund utilized last year: Rs. 723959/- Fund in prev. F b Y	For the Facility FMR, the concerned person was unavailable and did not assign anyone to manage the records.						
	<table border="1"> <thead> <tr> <th>Received</th><th>Utilized</th><th>%</th></tr> </thead> <tbody> <tr> <td>702059</td><td>674817</td><td>96.11</td></tr> </tbody> </table>	Received	Utilized	%	702059	674817	96.11	
Received	Utilized	%						
702059	674817	96.11						
	List out Items/ Activities whose expenditure is met out of the RKS/ Untied Fund regularly: Office expense, Vehicle maintenance, Drugs/ equipment, Honorarium, Hospital Maintenance/ renovation							
	Reasons for underutilization of fund (if any)	Staff review						

	Comment (if any):	
53. Status of data entry in (match with physical records)	HMIS: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated MCTS: <input type="checkbox"/> Updated/ <input checked="" type="checkbox"/> Not updated - not in portal only hard copy in SC as reported IHIP <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated HWC Portal: <input checked="" type="checkbox"/> Updated / <input type="checkbox"/> Not updated Nikshay Portal: <input checked="" type="checkbox"/> Updated/ <input type="checkbox"/> Not updated	Checked respective portals at the facility wrt last entries
54. Frequency of RKS meeting (check and obtain minutes of last meeting held)	Once a year	RKS Register (checked 2024)
55. Availability of ambulance services in the area	<input type="checkbox"/> CHC own ambulance available (one donated) <input type="checkbox"/> CHC has contracted out ambulance services <input type="checkbox"/> Ambulances services with Centralized call centre <input checked="" type="checkbox"/> Government ambulance services are not available	As reported
	Comment (if any): The only ambulance available in the CHC was donated, while a request has been submitted to decommission the Government-owned NAS ambulance due to its old condition.	
• How many cases from sub centre/ PHC were referred to this CHC last month?	Number: 2 Types of cases referred in: Prolonged labor, accident	Referral-in register
• How many cases from the CHC were referred to the DH last month?	Number: 6 (In the month of January) Types of cases referred out: HTN, Liver disease, Scrub Typhus, Labor, Head injury	Referral Out register

Key challenges observed in the facility and the root causes	
Challenge	Root causes
a) Human resource: Vacancies in most of the positions Specialist Availability: IPA agreement specialists are available once per quarter or as per required. may affect service quality.	Shortage of Staff
b) Poor condition of the Building	Shortage of Fund
c) Lack of diagnostic availability	Shortage of Fund
d) Training Needs: Pharmacists require training in DVDMS, and counseling for Antra is provided only by the health supervisor, indicating possible gaps in healthcare knowledge dissemination.	Limited Training & Awareness: Training is required for all the health staffs for healthcare knowledge.
<p>e) Healthcare Records & Payments:</p> <p>JSY Payments: No record maintenance, missing mother signatures, and lack of categorization. Reported fund shortages have led to missed payments for January and February.</p> <p>JSSK Funding Issues: No funds since September 2024, impacting maternal and neonatal healthcare.</p> <p>PMSMA Record-Keeping: No PMSMA records have been maintained since July 2024, and the requested register is still pending.</p> <p>Delivery Records: No delivery data documented.</p> <p>BMI Screening: Incomplete data—height and weight not recorded, outcomes missing, and no contact information logged.</p>	<p>Data & Documentation Issues: Missing records for BMI screening, JSY payments, PMSMA, and delivery tracking hinder effective healthcare monitoring and decision-making</p> <p>Fund Shortages: Delays or lack of funds have affected JSY, JSSK, and PMSMA, leading to disruptions in maternal and child healthcare.</p> <p>Administrative Gaps: Lack of clear assignment or delegation in record-keeping (e.g., JSY payments, PMSMA, Facility FMR, and Nikshay Reports).</p>

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

- The healthcare system faces several pressing challenges that impact service delivery and overall efficiency. Staff shortages, particularly vacancies across specialist positions, significantly affect the quality and consistency of care. The limited availability of IPA specialists once per quarter may further disrupt timely healthcare access for patients.
- Infrastructure deficiencies, such as the poor condition of buildings and lack of diagnostic equipment, stem from funding constraints. Insufficient financial resources not only hinder facility maintenance but also limit essential medical services, directly affecting patient outcomes.
- Training gaps among healthcare professionals, the absence of proper record maintenance has led to serious inefficiencies. JSY payments lack documentation, signatures, and categorization, while JSSK has faced funding shortages since September 2024, resulting in disruptions to maternal and child healthcare. Similarly, PMSMA records have not been maintained since July 2024, leaving gaps in tracking and implementation.
- BMI screening data is incomplete, with missing height, weight, and contact details. This lack of documentation impairs effective healthcare monitoring. The failure to assign responsibility for record-keeping (e.g., in PMSMA, JSY payments, Facility FMR, and Nikshay reports) further exacerbates administrative inefficiencies.
- Addressing these challenges requires strategic funding allocations, staff recruitment efforts, expanded training programs, and reinforced administrative protocols to ensure sustainable healthcare improvements.

**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	
1. State	Mizoram
2. District Name	Saitual (Aizawl East)
3. Block/Taluka Name	Phullen
4. Name of Facility	Phullen PHC
5. Type of Facility	AAM-PHC
6. NIN of the facility	3357785678
7. No. of days in a week facility is operational	7 days
8. OPD Timings	9:30 AM-2:00 PM
9. Month & Year of operationalization of AAM	
10. Details of co-location, if any (If any co-located SHC)	Yes
11. Accessible from nearest road head (Yes/No)	Yes
12. Next Referral Facility Name	District Hospital, Saitual
13. Distance of next referral facility (in Km)	45
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	5
2. No. of Households	856
3. Total catchment Population	4674
4. Population who are 30 years of age and above	2360

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

18.	Power back up	Yes
19.	Safe drinking Water for staff and patients	Yes
20.	Functional Handwashing corner (designated) with running water and soap	Yes
21.	Provision of BMW management	Yes
22.	Colour coded waste bins	Yes
23.	Bio-medical waste disposal mechanism in place	Yes
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	Yes SNs, LTs and MO

B.1 Information, Education & communication (IEC) material		
1	Display of signage's and name of the facility	Yes
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc.)	Yes
3	Display of IEC on water, sanitation & hygiene	Yes
4	IEC/Poster on BMW displayed at the facility.	Yes
5	Installation of TV/ LED screen in the waiting area for IEC display	Yes
6	Display of citizen charter	Yes
7	Information on grievance redressal displayed	Yes
8	Information on referral transport displayed	Yes
9	Information on nearest referral facility displayed	Yes

C. Human Resource Availability						
No	Staff	Required as per IPHS 2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1		0 (Additional charge given to Saitual DH MO)		0

				Communication regarding availability of doctor is through MIKE		
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		0		1
7.	ANM/MPW (F)#	1		3		1
8.	MPW (M)	1		0		0
9.	Lady Health Visitor	1		0		0
10.	Dresser	1		0		0
11.	Accountant	1		0		1
12.	Data entry operator	1		0		1
13.	Sanitation staff	1		1 (group D)		2 (group D)
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)			0		5
15.	ASHA Facilitator (If any, only for Rural areas)	0		0		1 (ASHA Mobilizer)
16.	Others (Specify)	0		0		1 (Driver)
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)	Y	N	-	Y
Child Health (New Born Care/ HBNC/HBYC)	Y	N	-	Y
Family Planning	Y	N	-	Y
Communicable Diseases (TB/Leprosy/ Malaria/ Dengue/ Filariasis)	Y	N	-	Y
NCD	Y	N	-	Y
Others (Specify) - Routine Immunization, Mental Health, HIV training	Y	N	-	Y
Remark	IMNCI, BeMOC, JSSK, SBA training is required			

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

E.1 Availability of Services	
Reproductive Maternal and Child Health	<p>√ ANC/ PNC</p> <p>ANC Registration Issues:</p> <p>Since October 2024, ANC registrations have not been properly recorded. ANC data is being maintained within OPD records, but lacks completeness (e.g., EDD, HB levels missing).</p>

	<p>JSSK Funding Constraints: No funds have been available since April 2024, preventing JSSK benefits from being provided.</p> <p>JSY Record-Keeping: JSY records are combined with other healthcare records, which may lead to tracking and documentation challenges.</p> <p>√ Neonatal and infant healthcare services</p> <p>√ Childhood and Adolescent healthcare services</p> <p>√ Family planning, contraceptive and other reproductive healthcare services (issued but sign is not taken)</p>
Communicable diseases	<p>√ Vector-borne diseases (Malaria, Dengue, Filariasis, JE)</p> <p>TB</p> <p>Leprosy</p> <p>√ Acute simple illnesses</p>
Non-Communicable Diseases	<p>√ Screening and management of common NCDs (DM, HTN)</p> <p>√ Screening of common cancers – Oral</p> <p>√ Screening of common cancers – breast</p> <p>√ Screening of common cancers – cervix</p> <p>√ Screening and management of mental health ailments</p>

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

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) 156	
2	Total number of medicines available at AAM-PHC/UPHC	159	
3	Availability of medicines for priority conditions	Tuberculosis √ Diabetes √ Hypertension √ Fever	
4	Medicine categories with shortfall/ stockouts on the day of assessment	Oral Contraceptives Analgesics / NSAIDs Anti-pyretic Anti-allergics √Antidotes for poisoning Gastrointestinal meds Anti-filarial Antibiotics Anti-leprosy	Anti-tuberculosis Anti-fungal Anti-malarial Anti-hypertensive Oral hypoglycaemics Hypolipidemic ORS Multi-vitamins Dermatological (cream)
	Remark	Medicines for neurological disorders and snakebite venom treatments are currently unavailable from the state list.	

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

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	27
4	Number of tests Provided through In House Mode	NA

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

G.2 Diagnostic Tests Available		
1.	Haemoglobin	Yes
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	Yes
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	Yes
4.	Urine Microscopy	Yes
5.	24 – hours urinary protein	Yes
6.	Stool for ova and cyst	Yes
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	Yes
8.	MP Slide method	Yes
9.	Malaria Rapid test	Yes

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

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

	✓ Laptop ✓ Internet connectivity (Government funded or Other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Specify, if any
Teleconsultation schedule prepared and displayed	No
Common conditions for teleconsultation	NA
Total teleconsultations in the last 01 month	0

I. Wellness Activities	
Wellness sessions being held periodically	Yes
Availability of a trained instructor for wellness session	No
Health Days are celebrated as per the Wellness Activity Calendar	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes
J. Governance	
Constitution of Jan Arogya Samiti	Yes
Periodic JAS meetings in the last 6 months	Yes (There is no meeting held since Dec. 2024)
Minutes of meeting maintained	Yes

Periodic VHND sessions undertaken	Yes
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	
<input type="checkbox"/> National NCD Portal/App	Yes
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	Yes
<input type="checkbox"/> FPLMIS	Yes
<input type="checkbox"/> DVDMS	Yes
<input type="checkbox"/> Nikshay	Yes
Specify others, if any:	

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	Yes	Yes
	AAM-PHC Team (Team Based Incentives)	Yes	Yes
Facility funds	Fund Source	Timely disbursement	
	Untied	Yes	
	Other Sources	Yes	
Fund utilization	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure

NHM Fund/untied funds utilized during last year:	241522	112218	53.53%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Medicines</p> <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): Feb, 2025</p> <p>Average Delay in Payment (days): No delay</p> <p>Reasons for delay, if any :</p>		
Availability of JSSK Entitlements <p>Documentation such as pickup and drop distances, with kilometer. Mother signatures and MO approval are necessary for fund disbursement. Despite six deliveries in February and five in January, JSSK benefits were not provided due to fund unavailability.</p>	<p>Yes</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (<input checked="" type="checkbox"/> 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>		

	√ No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	0
2	No. of PW registered for ANC	0
3	No. of PW received 4 or more ANC check-ups	0
4	Total number of institutional deliveries	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	0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	0
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	0
10	Number of cases referred back from higher centre to PHC AAM for follow- up during last 3 months	0
11	TB patients undergoing treatment Indicators No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	Current year 0 0 0
12	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% 100% 0

13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	676	31	29
	Diabetes	230	34	0
	Oral Cancer*	60	0	0
	Breast Cancer*	34	0	0
	Cervical Cancer*	33	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	No
2	Is the facility certified at the State-level for NQAS?	No
3	Is the facility certified at the National level for NQAS?	No
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, Commendation) and score	2022 – 23: 3 rd Prize
6	Patient Rights	✓ Display of citizen's charter ✓ Display of IEC materials ✓ Provision for ensuring privacy ✓ Respectful Maternity Care being practiced All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	✓ Maintenance and upkeep of facility ensured

		✓ Maintenance of clinical records Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection
9	Clinical care	✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms ✓ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Not using
2	Facility aggregate score using ODK Tool kit	-

Remarks & Observations	
Infrastructure Overall the infrastructure is good.	

HRH

The healthcare system is facing a shortage of staff also the staff requires training is required across key programs such as IMNCI, BeMOC, JSSK, and SBA.

IEC

All the necessary Information, Education, and Communication (IEC) materials were displayed, and the Ayushman Arogya Mandir – Health and Wellness Centre was properly branded.

Expanded Service Packages

The facility offers services under the scheme

IT System

The facility is well-equipped with laptops/desktops, smartphones, and reliable internet connectivity, ensuring smooth operations and efficient communication.

Any Other

Documentation can be improved

Annexure- List of equipment

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

23	Deep Freezer-Small	1	0	1	0
24	ILR with Voltage Stabilizer-Large	1	0	1	0
25	Deep Freezer-Small-Large	1	0	1	0
26	Vaccine Carrier with Ice Packs	0			
27	Cell Counter – 3 Part	0			
28	Semi-Automated Biochemistry Analyser	1	0	1	0
29	Binocular Microscope	0	0		
30	HbA1C Analyser	0	0		
31	Turbidometer	0	0		
32	Glucometer	2	0	2	0
33	Haemoglobinometer	1	0	1	0
34	ESR Analyzer	1	0	1	0
35	Electrolyte Analyzer	0	0		
36	Oxygen Cylinder- B Type	0	0	4	0
37	BP Apparatus- Aneroid	0	0	2	0
38	BP Apparatus-Digital	0	0	2	0
39	Stethoscope	4	0	4	0
40	Thermometer	4	0	4	0
41	Examination Table	2	0	2	0
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	0	0		
43	Exerciser Couch/Table	0	0		
44	Finger Exerciser Web	0	0		
45	Walking Aid for Training/ Reciprocal Walker	0	0		

**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	
16. State	Mizoram
17. District Name	Saitual (Aizawl East)
18. Block/Taluka Name	Phullen RD Block
19. Name of Facility	Phuaibuang PHC
20. Type of Facility	AAM-PHC
21. NIN of the facility	7463431747
22. No. of days in a week facility is operational	7 days
23. OPD Timings	9:30AM-3:30PM
24. Month & Year of operationalization of AAM	1998 (AAM in the year 2023)
25. Details of co-location, if any (If any co-located SHC)	Phuaibuang Sub-Centre
26. Accessible from nearest road head (Yes/No)	Yes
27. Next Referral Facility Name	District Hospital, Saitual
28. Distance of next referral facility (in Km)	100
29. If UPHC functions as a Polyclinic (Yes/No)	NA
30. If Yes, please take note of available specialist services at the Polyclinic	NA
A.1 Demographic Details	
1. Number of Villages/Wards	4
2. No. of Households	1042
3. Total catchment Population	5823
4. Population who are 30 years of age and above	2570

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

18.	Power back up	Yes
19.	Safe drinking Water for staff and patients	Yes
20.	Functional Handwashing corner (designated) with running water and soap	Yes
21.	Provision of BMW management	Yes
22.	Colour coded waste bins	Yes
23.	Bio-medical waste disposal mechanism in place	Yes
24.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	Yes 1 Doctor, X-Ray Technician-1, LT-1, Health Supervisor -1

B.1 Information, Education & communication (IEC) material		
1	Display of signage's and name of the facility	Yes
2	Display of IEC material (related to service packages TB, FP, RMNCHA, Eye, oral care, cancers etc.)	Yes
3	Display of IEC on water, sanitation & hygiene	Yes
4	IEC/Poster on BMW displayed at the facility.	Yes
5	Installation of TV/ LED screen in the waiting area for IEC display	Yes
6	Display of citizen charter	Yes
7	Information on grievance redressal displayed	Yes
8	Information on referral transport displayed	Yes
9	Information on nearest referral facility displayed	Yes

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		3		1
5.	Pharmacist	1		0		0
6.	Laboratory Technician	1		0		1
7.	ANM/MPW (F)#	1		0		0
8.	MPW (M)	1		0		0
9.	Lady Health Visitor	1		0		0
10.	Dresser	1		0		0
11.	Accountant	1		0		1
12.	Data entry operator	1		0		1
13.	Sanitation staff	1		1		0
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)			0		1
15.	ASHA Facilitator (If any, only for Rural areas)	0		0		0
16.	Others (Specify)	0		0		5 (Radiographer/ X-Ray technician -1, 4 group D staff)
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)	Y	Y	Y	Y
Child Health (New Born Care/ HBNC/HBYC)	Y	Y	Y	Y
Family Planning	Y	Y	Y	Y
Communicable Diseases (TB/Leprosy/ Malaria/ Dengue/ Filariasis)	Y	Y	Y	Y
NCD	Y	Y	Y	Y
Others (Specify) - Routine Immunization, Mental Health, HIV training	Y	Y	Y	Y
Remark	Healthcare staff need refresher training in emergency and disaster management to ensure preparedness and effective response.			

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

E.1 Availability of Services

Reproductive Maternal and Child Health	✓ ANC/ PNC ✓ Neonatal and infant healthcare services ✓ Childhood and Adolescent healthcare services ✓ Family planning, contraceptive and other reproductive healthcare services
Communicable diseases	✓ Vector-borne diseases (Malaria, Dengue, Filariasis, JE) ✓ TB ✓ Leprosy ✓ Acute simple illnesses
Non-Communicable Diseases	Screening and management of common NCDs (DM, HTN) ✓ Screening of common cancers – Oral ✓ Screening of common cancers – breast ✓ Screening of common cancers – cervix ✓ 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	Yes	Yes	Yes
Basic ear, nose, throat (ENT) care services	Yes	Yes	Yes
Oral health care services	No	No	No
Elderly and Palliative care services	Yes	Yes	Yes
Screening & management of mental health ailments	No	No	No
Emergency Medical Services	Yes	Yes	Yes

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) 73	
2	Total number of medicines available at AAM-PHC/UPHC	92 (Apart from SML)	
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/ stockouts on the day of assessment	Oral Contraceptives Analgesics / NSAIDs Anti-pyretic Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial Antibiotics <input checked="" type="checkbox"/> Anti-leprosy Not available at state level if diagnosed cases then only	Anti-tuberculosis Anti-fungal Anti-malarial Anti-hypertensive Oral hypoglycaemics Hypolipidemic ORS Multi-vitamins Dermatological (cream)
	Remark	The state's list of medicines for neurological disorders and snakebite venom treatment is currently unavailable.	
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required	

		<input type="checkbox"/> Other (Specify)
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
7	Is buffer stock for drugs maintained?	Yes
8	DVDMS or any other software is being used for stock management	Yes

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	35 (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	35
4	Number of tests Provided through In House Mode	35
5	Number of tests Provided through Hub & Spoke (Public Health System)	28
6	Number of tests Provided through Hub & Spoke- PPP Model	NA
7	Availability of X-ray services	Yes
8	Availability of Sample transportation mechanism	Yes

9	User fee charged for diagnostics	No
10	Average downtime of equipment	NA
11	Details of equipment which are non-functional for 7 Days (<i>List of equipment is provided as annexure for reference</i>)	All are functional

G.2 Diagnostic Tests Available		
1.	Haemoglobin	Yes
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	Yes
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	Yes
4.	Urine Microscopy	Yes
5.	24 – hours urinary protein	Yes
6.	Stool for ova and cyst	Yes
7.	Dengue – Rapid card test for NSI antigen and IgM and IgG antibodies	Yes
8.	MP Slide method	Yes
9.	Malaria Rapid test	Yes
10.	RPR/VDRL test for syphilis	Yes
11.	HIV (Antibodies to HIV 1&2) – Rapid card test	Yes
12.	Hepatitis B surface antigen test	Yes
13.	Sputum for AFB # - Microscopy	Yes
14.	Typhoid test (IgM)	Yes

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or <input checked="" type="checkbox"/> other (Net Sky), specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or <input checked="" type="checkbox"/> Other (Net Sky), specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	Yes

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	Yes (every Friday 10 am – 2 pm)
Common conditions for teleconsultation	Hypertension, Diabetes, Common illness; viral fever; joint pain
Total teleconsultations in the last 01 month	0

I. Wellness Activities	
Wellness sessions being held periodically	No
Availability of a trained instructor for wellness session	No
Health Days are celebrated as per the Wellness Activity Calendar	Yes
Health Days are celebrated as per the Wellness Activity Calendar	Yes
J. Governance	
Constitution of Jan Arogya Samiti	Yes
Periodic JAS meetings in the last 6 months	Yes
Minutes of meeting maintained	Yes
Periodic VHND sessions undertaken	Yes
K. Reporting	
Online Platforms	Reporting

<input type="checkbox"/> AAM Portal/App	Yes
<input type="checkbox"/> National NCD Portal/App	Yes
<input type="checkbox"/> IHIP	Yes
<input type="checkbox"/> HMIS	Yes
<input type="checkbox"/> FPLMIS	Yes
<input type="checkbox"/> DVDMS	Yes
<input type="checkbox"/> Nikshay	Yes
Specify others, if any:	

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	No (only NHM staff)	No (only NHM staff)
	AAM-PHC Team (Team Based Incentives)	NA	NA
Facility funds	Fund Source	Timely disbursement	
	Untied	Yes	
	Other Sources	Yes	
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	165000/-	165000/-	100%
Is untied fund being spent on following activities?	Regular payment of Bills: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

	<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><input checked="" type="checkbox"/> Medicines</p> <p><input checked="" type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
Status of JSY Payments	<p>Payment done till (month/ year): 16/12/2024</p> <p>Average Delay in Payment (days): 8 days</p> <p>Reasons for delay, if any : Irregular Payment of fund</p>
<p>Availability of JSSK Entitlements</p> <p>Records need to be maintained; completeness; pick up whereas both ways and check the kms rate; mother sign is required; and MO; disbursement is required. Although there were 6 deliveries in February and 5 in January the JSSK was not provided as fund was not available</p>	<p>Yes</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (<input checked="" type="checkbox"/>Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	916
2	No. of PW registered for ANC	0

3	No. of PW received 4 or more ANC check-ups			0
4	Total number of institutional deliveries			14
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified			0
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine			0
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine			0
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month			5
9	Number of cases referred from PHC AAM to CHC or higher centre during last month			3
10	Number of cases referred back from higher centre to PHC AAM for follow-up during last 3 months			2
11	TB patients undergoing treatment Indicators No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM			Current year 26 0 0
12	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% 100% 0
13	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up
	Hypertension	921	139	139
	Diabetes	520	88	88
	Oral Cancer*	0	0	0
	Breast Cancer*	0	0	0
	Cervical Cancer*	0	0	0

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	Yes
2	Is the facility certified at the State-level for NQAS?	Yes
3	Is the facility certified at the National level for NQAS?	Yes
4	Is the facility participating in Kayakalp?	Yes
5	If yes, achievement under Kayakalp (Winner, Commendation) and score	Winner First Rank 2023 (Score 98.9)
6	Patient Rights	✓ Display of citizen's charter ✓ Display of IEC materials ✓ Provision for ensuring privacy ✓ Respectful Maternity Care being practiced ✓ All services provided free of cost ✓ Confidentiality assured for patient information
7	Support Services	✓ Maintenance and upkeep of facility ensured ✓ Maintenance of clinical records ✓ Data management using digital technology ✓ Systematic inventory management (medicines/consumables)
8	Infection control	✓ Adherence to biomedical waste management ✓ Adherence to SOPs for disinfection / sterilization of equipment ✓ Adherence to SOPs for personal protection

9	Clinical care	✓ Adherence to SOPs for clinical management of conditions ✓ Ensuring care continuity through bilateral referral mechanism
10	Quality Management Systems	✓ Provision for collecting patient feedback ✓ Availability of Grievance Redressal Mechanisms -Complaint Box available, VAHUI portal they can complaint www.vahui.in ✓ Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	13 June 2024
2	Facility aggregate score using ODK Took kit	53.28

Remarks & Observations
Infrastructure The healthcare facility requires significant infrastructure improvements, including a separate wellness center and conference room, expanded space for the pharmacist, a dedicated breastfeeding corner, and an upgraded labor room to meet standards. Additionally, an isolation room and a canteen should be established, and an ambulance is urgently needed to enhance emergency response capabilities.
HRH In terms of human resources, the facility requires a dentist, an ophthalmic assistant, a pharmacist, a driver, a lab assistant, an AYUSH medical officer, a data entry operator, a male multipurpose worker, and a health and wellness instructor to ensure comprehensive patient care and operational efficiency.
IEC All the necessary Information, Education, and Communication (IEC) materials were displayed, and the Ayushman Arogya Mandir – Health and Wellness Centre was properly branded.
Expanded Service Packages Refresher training is required for all the staff The facility offers a range of services under the scheme, including Antenatal Care (ANC), Delivery, Postnatal Care (PNC), Immunization, and Non-Communicable Disease (NCD) management, ensuring comprehensive healthcare for patients. IT System

The facility is well-equipped with laptops/desktops, smartphones, and reliable internet connectivity, ensuring smooth operations and efficient communication.

IT System

Refresher training for handling the portals

Any Other

Nil

Annexure- List of equipment

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

S.No.	Equipment	Available	Not available	Functional	Non-Functional
16	Baby Weighing Scale	Yes		Yes	
17	Infantometer	Yes		Yes	
18	Ophthalmoscope				
19	Fully Loaded Dental Chair Electrically Operated		No		
20	Dental Chair-Basic		No		
21	Oxygen Hood Neonatal		No		
22	ILR with Voltage Stabilizer-Small		No		
23	Deep Freezer-Small		No		
24	ILR with Voltage Stabilizer-Large	Yes		Yes	
25	Deep Freezer-Small-Large	Yes		Yes	
26	Vaccine Carrier with Ice Packs	Yes		Yes	
27	Cell Counter – 3 Part	Yes		Yes	
28	Semi-Automated Biochemistry Analyser	Yes		Yes	
29	Binocular Microscope	Yes		Yes	
30	HbA1C Analyser		No		
31	Turbidometer		No		
32	Glucometer	Yes		Yes	
33	Haemoglobinometer	Yes		Yes	
34	ESR Analyzer	Yes		Yes	

S.No.	Equipment	Available	Not available	Functional	Non-Functional
35	Electrolyte Analyzer		No		
36	Oxygen Cylinder- B Type	Yes		Yes	
37	BP Apparatus- Aneroid		No		
38	BP Apparatus-Digital	Yes		Yes	
39	Stethoscope	Yes		Yes	
40	Thermometer	Yes		Yes	
41	Examination Table	Yes		Yes	
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle		No		
43	Exerciser Couch/Table		No		
44	Finger Exerciser Web		No		
45	Walking Aid for Training/ Reciprocal Walker	Yes		Yes	

**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	
31. State	Mizoram
32. District Name	Saitual
33. Block/Taluka Name	Ngopa
34. Name of Facility	PHC NE. Khawdungsei
35. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
36. NIN of the facility	3411556222
37. No. of days in a week facility is operational	6 days
38. OPD Timings	9:30 am – 12:00 pm (The medical officer recently joined and was undergoing training on the day of our visit. During OPD hours, no patients were observed)
39. Month & Year of operationalization of AAM	NA
40. Details of co-location, if any (If any co-located SHC)	Yes
41. Accessible from nearest road head (Yes/No)	Yes
42. Next Referral Facility Name	District Hospital, Saitual
43. Distance of next referral facility (in Km)	100 km
44. If UPHC functions as a Polyclinic (Yes/No)	No
45. If Yes, please take note of available specialist services at the Polyclinic	
A.1 Demographic Details	
1. Number of Villages/Wards	3
2. No. of Households	780
3. Total catchment Population	4070

4. Population who are 30 years of age and above		1531																
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 (Only emergency cases are handled on Sundays, with two healthcare staff available.)																
4.	Availability of IPD Beds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
5.	If yes, Number of functional IPD Beds	2																
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 1 MO; 3 SN; Require quarters for pharmacy and group D staffs

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 etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9	Information on nearest referral facility displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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C. Human Resource Availability						
No	Staff	Required as per IPHS 2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1.	Medical Officer (MBBS)	1	0	1 (recently joined)	0	0
2.	AYUSH MO*	1	0	0	0	0
3.	Dentist*	1	0	0	0	0
4.	Staff Nurse	2	2	2	1	1
5.	Pharmacist	1	1	1	0	0
6.	Laboratory Technician	1	0	0	1	1
7.	ANM/MPW (F)#	1	0	0	2	2
8.	MPW (M)	1	2	2	0	0
9.	Lady Health Visitor	1	0	0	0	0
10.	Dresser	1	0	0	0	0
11.	Accountant	1	0	0	1	1
12.	Data entry operator	1	0	0	0	0
13.	Sanitation staff	1	0	0	0	0
14.	ASHA (Population Norms - 1 ASHA per 1000 population in Rural & 2000- 2500 population in urban areas)		-	-	-	4

15.	ASHA Facilitator (If any, only for Rural areas)	-	-	-	-	-
16.	Others (Specify)	-	-	-	-	IPA DEO (1); Group D-2; LT-1; SN-1
17.	Whether all essential HRH available as per IPHS 2022	A health supervisor and a male multipurpose worker are required to support healthcare operations and service delivery.				

*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) (2 ASHA did not receive training)
Maternal Health (ANC/PNC Care)	No	No	Yes	No
Child Health (New Born Care/ HBNC/HBYC)	No	Yes	Yes	No
Family Planning	No	Yes	Yes	No
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	No	Yes	Yes	No
NCD	No	Yes	Yes	No
Others (Specify)	No	Yes	No	No

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	No	No	Yes	Yes	Yes	Yes
ANM/MPW-F	No	No	Yes	No	No	No
MPW-M	-	-	-	-	-	-
ASHA	Don't Know (2 ASHA did not receive training)					
Remark	Staff nurses require training in Skilled Birth Attendant (SBA), Integrated Management of Neonatal and Childhood Illnesses (IMNCI), and HIV management to enhance their skills and improve patient care.					

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 - (only one case in Dec 2024)
Communicable diseases	<input checked="" type="checkbox"/> Vector-borne diseases (Malaria, Dengue, Filariasis, JE) <input type="checkbox"/> TB <input type="checkbox"/> Leprosy – No Cases <input checked="" type="checkbox"/> Acute simple illnesses
Non-Communicable Diseases	<input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN) <input checked="" type="checkbox"/> Screening of common cancers – Oral <input type="checkbox"/> Screening of common cancers – breast <input type="checkbox"/> Screening of common cancers – cervix <input checked="" type="checkbox"/> Screening and management of mental health ailments

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available

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

F. Availability of Essential medicines			
1	Number of medicines at AAM PHC/UPHC as per State Essential Medicines list (IPHS/AAM EDL) (Link for list of essential medicines for reference- https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	74 (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
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"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs)	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive

		<input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input type="checkbox"/> Multi-vitamins <input type="checkbox"/> Dermatological (cream)
5	What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> As required <input type="checkbox"/> Other (Specify)	
6	What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks	
7	Is buffer stock for drugs maintained?	<input 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 Pharmacists require training in the Drugs and Vaccines Distribution and Management System (DVDMS) in his preferred language to ensure effective understanding and implementation of the system.	

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	16 (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	16
4	Number of tests Provided through In House Mode	16
5	Number of tests Provided through Hub & Spoke (Public Health System)	19 at CHC Ngopa
6	Number of tests Provided through Hub & Spoke-PPP Model	23 The Memorandum of Understanding (MOU) with Grace Lab (private) required patients to bear the test costs. The agreement, effective from August to December 2024, was not extended beyond this period. Under its terms, the Primary Health Center (PHC) was responsible for labeling and sending samples to the private lab, which ensured quality assurance and timely reporting. The financial burden of the tests was placed on the patients.
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 Through private vehicle
9	User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10	Average downtime of equipment	N/A

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

H. Availability of IT Equipment & Teleconsultation services	
Infrastructure: Availability	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify) – through IPA
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Teleconsultation services (PHC/ CHCs/DH/MCH)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Teleconsultation platforms	<input type="checkbox"/> e-Sanjeevani OPD <input 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	0
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Minutes of meeting maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
K. Reporting	
Online Platforms	Reporting
<input type="checkbox"/> AAM Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> National NCD Portal/App	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> IHIP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> HMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> FPLMIS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DVDMS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nikshay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Specify others, if any:	

L. Finance			
Remuneration & Incentives	Cadre	Timely disbursement	Complete disbursement as entitled
	AAM-PHC Team (Salary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Facility funds	Fund Source		Timely disbursement
	Untied		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Other Sources		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fund utilization NHM Fund/untied funds utilized during last year:	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure
	555658	306348	55.1%
Is untied fund being spent on following activities?	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
Status of JSY Payments	Payment done till (month/ year) – December 2024 as closing balance was Rs. 650/-		

	<p>Average Delay in Payment (days): Two months</p> <p>Reasons for delay, if any- Fund not available</p>
<p>Availability of JSSK</p> <p>Since August 2024 not implemented due to lack of fund</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 type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p> <p><input checked="" type="checkbox"/> Free referral transport (home to facility)</p> <p><input checked="" type="checkbox"/> Free referral transport (drop back from facility to home)</p> <p><input type="checkbox"/> No user charges</p>

M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	220
2	No. of PW registered for ANC	14
3	No. of PW received 4 or more ANC check-ups	13
4	Total number of institutional deliveries	07
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	9

6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	0																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	0																								
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	0																								
9	Number of cases referred from PHC AAM to CHC or higher centre during last month	2																								
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	Current year NIL																								
12	% of target population administered CBAC % of target population with score below 4 % of target population with score 4 and above	According to the staff, CBAC has been completed, but no records are available.																								
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>658</td><td>16</td><td>9</td></tr><tr><td>Diabetes</td><td>327</td><td>18</td><td>16</td></tr><tr><td>Oral Cancer*</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>0</td><td>0</td><td>0</td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	658	16	9	Diabetes	327	18	16	Oral Cancer*	0	0	0	Breast Cancer*	0	0	0	Cervical Cancer*	0	0	0	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	658	16	9																							
Diabetes	327	18	16																							
Oral Cancer*	0	0	0																							
Breast Cancer*	0	0	0																							
Cervical Cancer*	0	0	0																							

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

2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Commendation – 55%
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity Care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
7	Support Services	<input 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 checked="" type="checkbox"/> Adherence to biomedical waste management <input checked="" type="checkbox"/> Adherence to SOPs for disinfection / sterilization of equipment <input checked="" type="checkbox"/> Adherence to SOPs for personal protection
9	Clinical care	<input type="checkbox"/> Adherence to SOPs for clinical management of conditions <input type="checkbox"/> Ensuring care continuity through bilateral referral mechanism – referred but no follow up

10	Quality Management Systems	<input type="checkbox"/> Provision for collecting patient feedback <input checked="" type="checkbox"/> Availability of Grievance Redressal Mechanisms <input checked="" type="checkbox"/> Periodic reviews undertaken for quality assurance
O. IPHS Compliance		
1	Date of assessment using ODK tool kit	NA
2	Facility aggregate score using ODK Took kit	NA
Remarks & Observations		
Infrastructure Overall the infrastructure is good.		
HRH Human Resource Gaps: Shortage of Health Staffs. Urgent need for male multipurpose worker, and a health and wellness instructor. Training Requirements: Staff nurses require SBA, IMNCI, and HIV training. Pharmacists need DVDMS training in their preferred language.		
IEC All the necessary Information, Education, and Communication (IEC) materials were displayed, and the Ayushman Arogya Mandir – Health and Wellness Centre was properly branded.		
Expanded Service Packages The facility offers a range of services under the scheme, including Antenatal Care (ANC), Delivery, Postnatal Care (PNC), Immunization, and Non-Communicable Disease (NCD) management, ensuring comprehensive healthcare for patients.		
IT System The facility is well-equipped with laptops/desktops, smartphones, and reliable internet connectivity, ensuring smooth operations and efficient communication.		

Any Other

Service Limitations: Emergency cases are handled on Sundays with only two healthcare staff. CBAC has been conducted, but no records are available.

Operational Challenges: Since August 2024, JSSK implementation has stalled due to a lack of funds.

Annexure- List of equipment

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

20	Dental Chair-Basic	0	0	0	0
21	Oxygen Hood Neonatal	1	0	1	0
22	ILR With Voltage Stabilizer-Small	1	0	1	0
23	Deep Freezer-Small	1	0	1	0
24	ILR With Voltage Stabilizer-Large	1	0	1	0
25	Deep Freezer-Small-Large	1	0	1	0
26	Vaccine Carrier with Ice Packs	5	0	5	0
27	Cell Counter – 3 Part	1	0	1	0
28	Semi-Automated Biochemistry Analyser	1	0	1	0
29	Binocular Microscope	1	0	1	0
30	HbA1C Analyser	0	0	0	0
31	Turbidometer	0	0	0	0
32	Glucometer	2	0	2	0
33	Haemoglobinometer	2	0	2	0
34	ESR Analyzer	0	0	0	0
35	Electrolyte Analyzer	0	0	0	0
36	Oxygen Cylinder- B Type	0	0	0	0
37	BP Apparatus- Aneroid	0	0	0	0
38	BP Apparatus-Digital	2	0	1	0
39	Stethoscope	5	0	5	0
40	Thermometer	2	0	2	0
41	Examination Table	3	0	3	0
42	Lower and Upper Extremity Cycle/ Basic Ergometer/ Static Cycle	0	0	0	0
43	Exerciser Couch/Table	0	0	0	0
44	Finger Exerciser Web	0	0	0	0

45	Walking Aid for Training/ Reciprocal Walker	0	0	0	0
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**Field Monitoring Format- Ayushman Arogya Mandir-Primary Health Centre/ Urban
Primary Health Centre (AAM -PHC/ AAM-UPHC)**

Urban /Rural: Rural

Date of Visit: 10/03/2025

A. General Information	
46. State	Mizoram
47. District Name	Saitual
48. Block/Taluka Name	Ngopa
49. Name of Facility	PHC Mimbung
50. Type of Facility	<input checked="" type="checkbox"/> PHC-AAM <input type="checkbox"/> UPHC-AAM
51. NIN of the facility	3343757765
52. No. of days in a week facility is operational	24*7
53. OPD Timings	9:00 AM – 3:00 PM
54. Month & Year of operationalization of AAM	2020
55. Details of co-location, if any (If any co-located SHC)	SHC Mimbung
56. Accessible from nearest road head (Yes/No)	Yes
57. Next Referral Facility Name	CHC Ngopa
58. Distance of next referral facility (in Km)	52 km
59. If UPHC functions as a Polyclinic (Yes/No)	No
60. If Yes, please take note of available specialist services at the Polyclinic	
A.1 Demographic Details	
1. Number of Villages/Wards	6
2. No. of Households	803
3. Total catchment Population	4454
4. Population who are 30 years of age and above	1694

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

16.	Facilities for elderly and differently abled people (ramps 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	-	0	-	1
2.	AYUSH MO*	1	-	0	-	0
3.	Dentist*	1	-	0	-	0
4.	Staff Nurse	2	-	0	-	2
5.	Pharmacist	1	-	0	-	1
6.	Laboratory Technician	1	-	0	-	1
7.	ANM/MPW (F)#	1	-	0	-	1
8.	MPW (M)	1	-	0	-	0
9.	Lady Health Visitor	1	-	0	-	0
10.	Dresser	1	-	0	-	0
11.	Accountant	1	-	0	-	1
12.	Data entry operator	1	-	0	-	0
13.	Sanitation staff	1	-	2	-	0
14.	ASHA (Population Norms -1 ASHA per 1000 population in Rural & 2000-2500 population in urban areas)		-	-	-	2
15.	ASHA Facilitator (If any, only for Rural areas)	-	-	-	-	1
16.	Others (Specify)	-	-	-	-	-
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	Yes	Yes	No
Child Health (New Born Care/ HBNC/HBYC)	Yes	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes	Yes
Communicable Diseases (TB/ Leprosy/ Malaria/ Dengue/ Filariasis)	Yes	Yes	Yes	Yes
NCD	Yes	Yes	Yes	Yes
Others (Specify)	-	-	-	-

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

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

E.2 Availability of Expanded Packages of Services			
Service Packages	Services Available	Drugs available	Diagnostics & consumables available
Ophthalmic care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Basic ear, nose, throat (ENT) care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Oral health care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elderly and Palliative care services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Screening & management of mental health ailments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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)	110 (Total number of medicines at AAM-PHC/UPHC as per National EML -172)	
2	Total number of medicines available at AAM-PHC/UPHC	88	
3	Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
4	Medicine categories with shortfall/ stock outs on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" 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 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 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	23 (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	23
4	Number of tests Provided through In House Mode	23
5	Number of tests Provided through Hub & Spoke (Public Health System)	-

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

G.2 Diagnostic Tests Available		
1.	Haemoglobin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Human chorionic gonadotropin (HCG) (Urine test for pregnancy) – Rapid card test (dipstick)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Urine test for PH, specific gravity, leucocyte esterase glucose, bilirubin, urobilinogen, ketone, haemoglobin, protein, nitrite – Multipara meter Urine Strip (dipstick)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Urine Microscopy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	24 – hours urinary protein	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)
Infrastructure: Functionality	<input type="checkbox"/> Tablet <input checked="" type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (Government funded or other, specify)

Teleconsultation services (PHC/ CHCs/DH/MCH)	<input 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	NCD, ARI etc.
Total teleconsultations in the last 01 month	25
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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> <tr> <td>AAM-PHC Team (Team Based Incentives)</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td><td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Cadre	Timely disbursement	Complete disbursement as entitled	AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cadre	Timely disbursement	Complete disbursement as entitled								
AAM-PHC Team (Salary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
AAM-PHC Team (Team Based Incentives)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Facility funds	<table border="1"> <tr> <th>Fund Source</th><th>Timely disbursement</th></tr> <tr> <td>Untied</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> <tr> <td>Other Sources</td><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td></tr> </table>	Fund Source	Timely disbursement	Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fund Source	Timely disbursement									
Untied	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Other Sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Fund utilization NHM Fund/untied funds utilized during last year:	<table border="1"> <tr> <th>Funds received (Amount in Rs.)</th><th>Expenditure (Amount in Rs.)</th><th>% Expenditure</th></tr> <tr> <td>87500</td><td>68434</td><td>78.2%</td></tr> </table>	Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure	87500	68434	78.2%			
Funds received (Amount in Rs.)	Expenditure (Amount in Rs.)	% Expenditure								
87500	68434	78.2%								

<p>Is untied fund being spent on following activities?</p>	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify;</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input checked="" type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Status of JSY Payments</p>	<p>Payment done till (month/ year) – 25.11.2024</p> <p>Average Delay in Payment (days): Two months</p> <p>Reasons for delay, if any- Fund not available</p>
<p>Availability of JSSK entitlements</p>	<p><input checked="" type="checkbox"/> Yes/ <input type="checkbox"/> No</p> <p>If yes, whether all entitlements being provided</p> <p><input checked="" type="checkbox"/> Free delivery services (Normal delivery/ C-section)</p> <p><input checked="" type="checkbox"/> Free diet</p> <p><input checked="" type="checkbox"/> Free drugs and consumables</p> <p><input checked="" type="checkbox"/> Free diagnostics</p> <p><input type="checkbox"/> Free blood services</p>

	<input checked="" type="checkbox"/> Free referral transport (home to facility) <input checked="" type="checkbox"/> Free referral transport (drop back from facility to home) <input checked="" type="checkbox"/> No user charges
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M. Service delivery Output Indicators (Data of previous quarter)		
1	Total number of outpatient department visits	764
2	No. of PW registered for ANC	2
3	No. of PW received 4 or more ANC check-ups	7
4	Total number of institutional deliveries	6
5	Total no. of High-Risk Pregnancies received treatment against no. of high-Risk pregnancies identified	2
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	8
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	3
8	Number of cases referred from Sub centre AAM (From all sub-centre - AAM under PHC) to PHC AAM during last month	1
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	22 0 0
12	% of target population administered CBAC % of target population with score below 4	100%

	% of target population with score 4 and above	- -																								
13	Community Based Screening for NCDs <table><tr><th>NCDs <i>(No. of individuals in Last 6 Months)</i></th><th>Screened</th><th>Treated</th><th>Follow-up</th></tr><tr><td>Hypertension</td><td>156</td><td>3</td><td>8</td></tr><tr><td>Diabetes</td><td>114</td><td>1</td><td>5</td></tr><tr><td>Oral Cancer*</td><td>114</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer*</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer*</td><td>0</td><td>0</td><td>0</td></tr></table>	NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up	Hypertension	156	3	8	Diabetes	114	1	5	Oral Cancer*	114	0	0	Breast Cancer*	0	0	0	Cervical Cancer*	0	0	0	
NCDs <i>(No. of individuals in Last 6 Months)</i>	Screened	Treated	Follow-up																							
Hypertension	156	3	8																							
Diabetes	114	1	5																							
Oral Cancer*	114	0	0																							
Breast Cancer*	0	0	0																							
Cervical Cancer*	0	0	0																							

N. Implementation of NQAS Quality Assurance and Patient Safety		
1	Has there been an internal assessment for NQAS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the facility certified at the State-level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Is the facility participating in Kayakalp?	<input 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	26.08.2024
2	Facility aggregate score using ODK Took kit	35.4%

Remarks & Observations
Infrastructure New building has enough space for health and wellness activities. But have not conducted yet.

HRH During our visit on 08.03.2025, the Medical Officer was on leave.
IEC All the necessary IEC were displayed and proper branding of Ayushman Arogya Mandir – Health and Wellness Centre was there.
Expanded Service Packages The facility provides ANC, Delivery, PNC, Immunization, NCD etc. services under the scheme.
IT System The facility is well equipped with Laptop/Desktop, smartphone and good internet connectivity.
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: 08/03/2025**

A. General Information	
1. State	Mizoram
2. District Name	Saitual
3. Block/Taluka Name	Ngopa
4. Name of Facility	HWC Khawkawn
5. Type of Facility	SHC-HWC
6. NIN of the facility	3754772824
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	1978
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	CHC Ngopa
12. Distance of next referral facility (Km)	26 kms
A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	280
3. Total catchment Population	1725
4. Population who are 30 years of age and above	655

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

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

C. Human Resource Availability						
S. N.	Staff	Required as per IPHS-2022	Regular		Contractual	
			Sanctioned	Available	Sanctioned	Available
1	CHO/MLHP	1	-	-	-	1
2	ANM/MPW-F	2	-	-	-	0

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

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

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

F. Essential medicines		
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)	30 (Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	20	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input checked="" type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)

What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input type="checkbox"/> 1-2 Weeks <input checked="" type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input 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	8
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick

	<input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)- <i>Personal Mobile Data</i>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Common Conditions for which teleconsultation being done	NCD, Fever, Diarrhea, Cold-Cough
Total Teleconsultations in the last 01 month	0

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	<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>
Facility funds	

Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Fund flow through other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Specify any other fund source:												
Fund utilization % NHM Fund utilized last year:	<table border="1"> <tr> <td>Funds received</td> <td>Expenditure</td> <td>%</td> </tr> <tr> <td>(Amt in Rs.)</td> <td>(Amt in Rs.)</td> <td>Expenditure</td> </tr> <tr> <td>25000</td> <td>25000</td> <td>100.0</td> </tr> </table>	Funds received	Expenditure	%	(Amt in Rs.)	(Amt in Rs.)	Expenditure	25000	25000	100.0		
Funds received	Expenditure	%										
(Amt in Rs.)	(Amt in Rs.)	Expenditure										
25000	25000	100.0										
Is untied fund being spent on following activities	<p>Regular payment of Bills: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify</p> <p><input checked="" type="checkbox"/> Electricity</p> <p><input checked="" type="checkbox"/> Drinking Water</p> <p><input type="checkbox"/> Internet</p> <p>Regular purchase: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, specify</p> <p><input type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>											
K. Governance												
Community-based platforms												
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											

JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	

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	11.02.2025

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	12

M. Service delivery Output Indicators (Data of previous quarter)

1	Total number of outpatient department visits	341
2	No. of PW registered for ANC	5
3	No. of PW received 4 or more ANC check-ups	2
4	Total number of institutional deliveries	2

5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	4																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	2																								
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	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	0 0 0																								
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	100% 3% -																								
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>685</td> <td>6</td> <td>102</td> </tr> <tr> <td>Diabetes</td> <td>685</td> <td>8</td> <td>122</td> </tr> <tr> <td>Oral Cancer</td> <td>685</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Cancer</td> <td>363</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Cancer</td> <td>362</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	685	6	102	Diabetes	685	8	122	Oral Cancer	685	0	0	Breast Cancer	363	0	0	Cervical Cancer	362	0	0	
NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up																							
Hypertension	685	6	102																							
Diabetes	685	8	122																							
Oral Cancer	685	0	0																							
Breast Cancer	363	0	0																							
Cervical Cancer	362	0	0																							
N. Implementation of NQAS Quality Assurance and Patient Safety																										
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
2	Is the facility certified at the State level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								

4	Is Facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input 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	Not used
2	Facility aggregate score using ODK Took kit	-

Remarks & Observations
Infrastructure 1. Old infrastructure.
HRH 1. All the health staff posted here are cooperative and have tried their best to maintain the facility and records. However, due to uneven fund supply is hampering their services.
IEC 1. Most of the IEC materials are placed for the display.
Expanded service Packages
IT System 1. Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available.
Any Other

Appendix-List of equipment

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

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	Saitual
3. Block/Taluka Name	Phullen
4. Name of Facility	HWC Khawlian
5. Type of Facility	SHC-HWC
6. NIN of the facility	3727675740
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:30 am – 4:00 pm
9. Month & Year of AAM operationalization	1970
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	PHC Phuaibuang
12. Distance of next referral facility (Km)	11 kms
A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	478
3. Total catchment Population	2674
4. Population who are 30 years of age and above	1305

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

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

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

3	MPW-M		-	-	-	1
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	-	2
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	No	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</p> <p><input checked="" type="checkbox"/> Leprosy</p> <p><input checked="" type="checkbox"/> Acute simple illnesses</p> <p>Non-Communicable Diseases</p> <p><input checked="" type="checkbox"/> Screening and management of common NCDs (DM, HTN)</p> <p><input checked="" type="checkbox"/> Screening of common cancers – Oral</p> <p><input checked="" type="checkbox"/> Screening of common cancers – breast</p> <p><input checked="" type="checkbox"/> Screening of common cancers – cervix</p>

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

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

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list (Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	45 (Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	45	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input 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 type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	12
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick

	<input checked="" type="checkbox"/> Vaginal speculum <input checked="" type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input 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)- <i>Personal Mobile Data</i>
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Common Conditions for which teleconsultation being done	NCD, Fever, Diarrhea, Cold-Cough
Total Teleconsultations in the last 01 month	0

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	<div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>
Facility funds	

Timely disbursement of untied funds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Fund flow through other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Specify any other fund source:												
Fund utilization % NHM Fund utilized last year:	<table border="1"> <tr> <td>Funds received</td> <td>Expenditure</td> <td>%</td> </tr> <tr> <td>(Amt in Rs.)</td> <td>(Amt in Rs.)</td> <td>Expenditure</td> </tr> <tr> <td>25000</td> <td>19160</td> <td>76.6</td> </tr> </table>	Funds received	Expenditure	%	(Amt in Rs.)	(Amt in Rs.)	Expenditure	25000	19160	76.6		
Funds received	Expenditure	%										
(Amt in Rs.)	(Amt in Rs.)	Expenditure										
25000	19160	76.6										
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 checked="" type="checkbox"/> Medicines</p> <p><input type="checkbox"/> Reagents/Consumables</p> <p><input checked="" type="checkbox"/> Equipment</p> <p>Payment of support/cleaning Staff:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>											
K. Governance												
Community-based platforms												
Constitution of Jan Arogya Samiti	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
Periodic JAS meetings in the last 6 months (Once a month)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											

JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

L. Wellness Activities

Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days are celebrated as per the Wellness Activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Calendar Number of Wellness sessions conducted in Last month	22.02.2025

ASHA Functionality

Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	6

M. Service delivery Output Indicators (Data of previous quarter)

1	Total number of outpatient department visits	1156
2	No. of PW registered for ANC	8
3	No. of PW received 4 or more ANC check-ups	7
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	5																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	3																								
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	29																								
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	 1 0 0																								
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	 100% 100% -																								
11	<table><tr><td>NCDs (No. of individuals in last 6 Months)</td><td>Screened</td><td>Referred</td><td>Followed-up</td></tr><tr><td>Hypertension</td><td>521</td><td>2</td><td>131</td></tr><tr><td>Diabetes</td><td>519</td><td>9</td><td>113</td></tr><tr><td>Oral Cancer</td><td>41</td><td>0</td><td>0</td></tr><tr><td>Breast Cancer</td><td>19</td><td>0</td><td>0</td></tr><tr><td>Cervical Cancer</td><td>3</td><td>0</td><td>0</td></tr></table>	NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up	Hypertension	521	2	131	Diabetes	519	9	113	Oral Cancer	41	0	0	Breast Cancer	19	0	0	Cervical Cancer	3	0	0	
NCDs (No. of individuals in last 6 Months)	Screened	Referred	Followed-up																							
Hypertension	521	2	131																							
Diabetes	519	9	113																							
Oral Cancer	41	0	0																							
Breast Cancer	19	0	0																							
Cervical Cancer	3	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 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	13.06.2024
2	Facility aggregate score using ODK Took kit	58.79

Remarks & Observations
Infrastructure 2. The building of the HWC is old and small. It is just painted and converted as HWC.
HRH 2. All the health staff posted here are cooperative and have tried their best to maintain the facility and records. However, due to uneven fund supply is hampering their services.
IEC 1. Most of the IEC materials are placed for the display.
Expanded service Packages
IT System 1. Although the facility is equipped with electronic tablet, the government provided internet facility at the centre is not available. Also, they don't have computer.
Any Other

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: 10/03/2025**

A. General Information	
1. State	Mizoram
2. District Name	Saitual
3. Block/Taluka Name	Ngopa
4. Name of Facility	HWC Teikhang
5. Type of Facility	SHC-HWC
6. NIN of the facility	4358457184
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	1978
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	PHC Mimbung
12. Distance of next referral facility (Km)	10 kms
A.1 Demographic Details	
1. Number of Villages	2
2. No. of Households	429
3. Total catchment Population	2332
4. Population who are 30 years of age and above	878

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

17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19.	Colour coded waste bins (used for segregation of biomedical waste)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CHO <input checked="" type="checkbox"/> ANM
B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Installation of TV/ LED screen in the waiting area for IEC display	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	Display of citizen charter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Information on grievance redressal displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Information on referral transport displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9	Information on nearest referral facility displayed	<input 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	-	-	-	0

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

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

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

F. Essential medicines		
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)	31 (Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	31	
Availability of medicines for priority conditions	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input checked="" type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input checked="" type="checkbox"/> Anti-filarial <input checked="" type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input checked="" type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input type="checkbox"/> ORS <input checked="" type="checkbox"/> Multi-vitamins <input checked="" type="checkbox"/> Dermatological (cream)

What is the indenting cycle that is followed at the facility?	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As required <input type="checkbox"/> Other (Specify)
What is the lead time for supply of drugs which are indented? (record in days)	<input type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	10
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick

	<input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input checked="" type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded other, specify)- <i>Personal Mobile Data</i>
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Common Conditions for which teleconsultation being done	NCD, Fever, Diarrhea, Cold-Cough
Total Teleconsultations in the last 01 month	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to CHOs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Facility funds Timely disbursement of untied funds Fund flow through other sources Specify any other fund source:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Fund utilization % NHM Fund utilized last year:	<table border="1"> <tr> <th>Funds received (Amt in Rs.)</th> <th>Expenditure (Amt in Rs.)</th> <th>% Expenditure</th> </tr> <tr> <td>25000</td> <td>22196</td> <td>88.8</td> </tr> </table>	Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	25000	22196	88.8
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure					
25000	22196	88.8					
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 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)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

L. Wellness Activities

Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days are celebrated as per the Wellness Activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Calendar Number of Wellness sessions conducted in Last month	11.02.2025

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	12

M. Service delivery Output Indicators (Data of previous quarter)

1	Total number of outpatient department visits	577
2	No. of PW registered for ANC	6
3	No. of PW received 4 or more ANC check-ups	4
4	Total number of institutional deliveries	2

5	Total no. of High-Risk Pregnancies received treatment against no. of high-risk pregnancies identified	0																								
6	Total no. of children under 24 months of age who received the first dose of the Pentavalent vaccine	13																								
7	Total no. of children under 24 months of age who received the third dose of the Pentavalent vaccine	5																								
8	Number of cases referred from Sub centre AAM to PHC AAM during last 3 months	9																								
9	TB patients undergoing treatment Indicators (Current year) No. of presumptive TB patients identified No. of TB patients diagnosed out of the presumptive patients referred No. of TB patients taking treatment in the AAM	0 0 0																								
10	Community Based Screening for NCDs: % of target population administered CBAC: % of target population with score below 4: % of target population with score 4 and above:	100% 2% -																								
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>768</td> <td>27</td> <td>192</td> </tr> <tr> <td>Diabetes</td> <td>768</td> <td>35</td> <td>203</td> </tr> <tr> <td>Oral Cancer</td> <td>768</td> <td>0</td> <td>0</td> </tr> <tr> <td>Breast Cancer</td> <td>328</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cervical Cancer</td> <td>4</td> <td>1</td> <td>1</td> </tr> </tbody> </table>	NCDs <i>(No. of individuals in last 6 Months)</i>	Screened	Referred	Followed-up	Hypertension	768	27	192	Diabetes	768	35	203	Oral Cancer	768	0	0	Breast Cancer	328	0	0	Cervical Cancer	4	1	1	
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N. Implementation of NQAS Quality Assurance and Patient Safety																										
1	Has there been an internal assessment for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
2	Is the facility certified at the State level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
3	Is the facility certified at the National level for NQAS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								

4	Is Facility participating in Kayakalp?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input 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	01.08.2024
2	Facility aggregate score using ODK Took kit	43.1

Remarks & Observations
Infrastructure 3. Constructed new wooden infrastructure. Also, solar panel is installed for power back-up. However, there is no boundary wall surrounding the facility.
HRH 3. One CHO, one male MPW along with 2 ASHA's are providing health services in two villages. 4. One more ANM is providing services in a clinic supported by government of Mizoram in the HWC Teikhang catchment area, for which they are reporting in HMIS. However, the ANM is not posted under the HWC Teikhang.
IEC 1. Most of the IEC materials are placed inside the facility but not outside the walls of the facility. 2. Similarly, the Citizen Charter was placed inside (room) the facility.
Expanded Service Packages 1. Under the scheme, the facility provides ANC, PNC, NCDs etc. services in the community.
IT System 1. The facility is equipped with the electronic tablet. However, they were provided with government supplied internet connection. 2. Also, the facility lacks with Desktop/laptop.
Any Other

Appendix-List of equipment

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

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	Saitual
3. Block/Taluka Name	Phullen
4. Name of Facility	HWC Thanglailung
5. Type of Facility	SHC-HWC
6. NIN of the facility	7871865270
7. No. of days in a week facility is operational	6 days
8. OPD Timings	9:30 am – 4:00 pm
9. Month & Year of AAM operationalization	May 2009
10. Accessible from nearest road head (Yes/No)	Yes
11. Next Referral Facility	PHC Phullen
12. Distance of next referral facility (Km)	6 kms
A.1 Demographic Details	
1. Number of Villages	1
2. No. of Households	172
3. Total catchment Population	879
4. Population who are 30 years of age and above	419

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

17.	Functional Handwashing corner (designated) with running water and soap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18.	Provision of BMW management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	Colour coded waste bins (used for segregation of biomedical waste)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	Bio-medical waste disposal mechanism in place (<i>Sharps pit and Deep burial pits for sharp /waste collection mechanism for disposal at higher facility</i>)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	<i>Residential Quarters available for Staff</i> <i>If yes, Specify the staff for which quarters available</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> CHO <input checked="" type="checkbox"/> ANM
B.1 Information, Education & communication (IEC) material		
1	Display of signages and name of the facility	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Display of IEC material (related to service packages TB, FP, RMNCHA, NCD Eye, oral care, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Display of IEC on water, sanitation & hygiene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	IEC/Poster on BMW displayed at the facility.	<input 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	-	0
3	ASHA (Population Norms -1 ASHA per 1000 population)	-	-	-	-	1
4	Any other (If yes, specify)		-	-	-	-

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

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

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

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

F. Essential medicines		
Number of medicines at AAM SHC as per State Essential Medicines list (Link for essential medicines for reference https://nhsrcindia.org/essential-medicines-list-hwc-shc-phc)	45 (Total medicines at AAM-SHC as per national EML is 105)	
Total number of medicines available at AAM-SHC	45	
Availability of medicines for priority conditions	<input type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Hypertension <input checked="" type="checkbox"/> Fever	
Medicine categories with shortfall/stockouts on the day of assessment	<input checked="" type="checkbox"/> Oral Contraceptives <input type="checkbox"/> Analgesics / NSAIDs) <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-allergics <input checked="" type="checkbox"/> Antidotes for poisoning <input type="checkbox"/> Gastrointestinal meds <input type="checkbox"/> Anti-filarial <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> Anti-leprosy	<input checked="" type="checkbox"/> Anti-tuberculosis <input type="checkbox"/> Anti-fungal <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Anti-hypertensive <input type="checkbox"/> Oral hypoglycemics <input checked="" type="checkbox"/> Hypolipidemic <input 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 type="checkbox"/> Less than 1 Week <input checked="" type="checkbox"/> 1-2 Weeks <input type="checkbox"/> More than 2 Weeks
Is buffer stock for drugs maintained?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVDMS or any other software is being used for stock management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	12
Mode of diagnostic services	<input checked="" type="checkbox"/> In-house <input type="checkbox"/> PPP <input type="checkbox"/> Hybrid
Arrangements for Sputum sample transport for TB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of diagnostic testing aids/equipment	<input checked="" type="checkbox"/> Rapid diagnostic testing kits <input checked="" type="checkbox"/> Sphygmomanometer <input checked="" type="checkbox"/> Glucometer <input checked="" type="checkbox"/> Haemoglobinometer <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Urine dipstick

	<input checked="" type="checkbox"/> Vaginal speculum <input type="checkbox"/> Ortho-toluidine reagent <input type="checkbox"/> H ₂ S strip test kit
User fee charged for diagnostics	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H. Information Technology & Teleconsultation	
Infrastructure (Availability)	<input checked="" type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input type="checkbox"/> Internet connectivity (government funded or other, specify)
Functionality	<input type="checkbox"/> Tablet <input type="checkbox"/> Smartphone <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Internet connectivity (government funded other, specify)- <i>Personal Mobile Data</i>
Arrangements for teleconsultation made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linked Hub for Teleconsultation	<input checked="" type="checkbox"/> PHC <input type="checkbox"/> CHC <input type="checkbox"/> DH <input type="checkbox"/> Medical College Any other, specify:
Platform utilized for teleconsultation	<input checked="" type="checkbox"/> e-Sanjeevani OPD <input type="checkbox"/> e-Sanjeevani.in <input type="checkbox"/> State specific app Any other (Specify)
Whether teleconsultation schedule has been prepared and displayed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Common Conditions for which teleconsultation being done	NCD, Fever, Diarrhea, Cold-Cough
Total Teleconsultations in the last 01 month	0 Currently not providing due to unavailability of MO in PHC Phullen

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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to CHOs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timely disbursement of remuneration to AAM-SC team (other than CHO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disbursement of performance-based incentives to CHO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disbursement of team-based incentives to AAM-SHC team	<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:	<table border="1"> <tr> <th data-bbox="878 495 1052 632">Funds received (Amt in Rs.)</th> <th data-bbox="1052 495 1239 632">Expenditure (Amt in Rs.)</th> <th data-bbox="1239 495 1398 632">% Expenditure</th> </tr> <tr> <td data-bbox="878 632 1052 663">15000</td> <td data-bbox="1052 632 1239 663">15000</td> <td data-bbox="1239 632 1398 663">100%</td> </tr> </table>			Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure	15000	15000	100%
Funds received (Amt in Rs.)	Expenditure (Amt in Rs.)	% Expenditure							
15000	15000	100%							
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)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								

JAS meeting minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VHSNC Meeting held and minutes available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Periodic VHND sessions undertaken (Sessions held against planned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Involvement of CHO in community-based platforms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

L. Wellness Activities

Wellness sessions being held periodically	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Availability of a trained instructor for wellness session Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days are celebrated as per the Wellness Activity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Calendar Number of Wellness sessions conducted in Last month	03.02.2025

ASHA Functionality

Status of availability of Functional HBNC Kits (weighing scale/ digital thermometer/ blanket or warm bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Status of availability of Drug Kits (Check for PCM/ Amoxicillin/ IFA/ ORS/ Zinc/ IFA Syrup/ Cotrimoxazole)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partial
Number of Village Health & Sanitation days conducted in last 6 months	6

M. Service delivery Output Indicators (Data of previous quarter)

1	Total number of outpatient department visits	267
2	No. of PW registered for ANC	2
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				2																							
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4	Is Facility participating in Kayakalp?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	If yes, achievement under Kayakalp (Winner, commendation) and score	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Commendation Award
6	Patient Rights	<input checked="" type="checkbox"/> Display of citizen's charter <input checked="" type="checkbox"/> Display of IEC materials <input checked="" type="checkbox"/> Provision for ensuring privacy <input checked="" type="checkbox"/> Respectful Maternity care being practiced <input checked="" type="checkbox"/> All services provided free of cost <input checked="" type="checkbox"/> Confidentiality assured for patient information
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O. IPHS Compliance		
1	Date of assessment using ODK tool kit	Not Available
2	Facility aggregate score using ODK Took kit	Not Available

Remarks & Observations
Infrastructure
HRH
IEC
Expanded service Packages
IT System <ul style="list-style-type: none"> • The electronic tablet is not functional. For reporting they are using their own smartphone. • Also, they do not have government provided internet services is the health facility.
Any Other

Appendix-List of equipment

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

Glimpse of Field Visit



District Hospital Saitual



CHC Ngopa



PHC Phullen



PHC Phuaibung



PHC KE Khawdungsei



PHC Mimbung



HWC Thanglailung



HWC Teikhang



HWC Khawlian



HWC Khawkawn