



FIELD VISIT REPORT, MIZORAM

5th December to 8th December 2022



Regional Resource Centre for NE States

BRANCH OF NHSRC
Guwahati

Mizoram Tour Report

Objective of the Visit:

1. To provide handholding support for NQAS certification in the targeted health facilities
2. To understand the status of AB-HWC program rollout.
3. To identify the challenges in rolling out the AB-HWC program.
4. To identify the good practices.

Health Facilities Visited in Aizawl, Mizoram:

SL.	Facility Name	Date of Visit
1	Chawlhmun UPHC-HWC	5 th December 2022
2	Tanhril SC-HWC	5 th December 2022
3	ITI UPHC-HWC	6 th December 2022
4	Aibawk PHC-HWC	6 th December 2022
5	Saterk SC-HWC	6 th December 2022
6	Dinthar SC-HWC	7 th December 2022
7	Melthum SC-HWC	7 th December 2022
8	Sesawng AYUSH SC-HWC	8 th December 2022
9	Thingsulthliah PHC-HWC	8 th December 2022

Name of the RRCNE & State official (s) visited:

- Dr Devajit Bora, Sr Consultant-CP, RRCNE
- Dr Anup Basistha, Sr Consultant-Q&PS, RRCNE
- Dr. Ajay Kumar Arya, Consultant-Q&PS, RRCNE
- Dr. Vinaya RSL, Consultant-Q&PS, RRCNE
- Mr Amit Raj Roy, Consultant-CP, RRCNE
- Dr. Lalchhuansanga, State QA Consultant-Mizoram

Field Activities

On **5th December 2022**, RRCNE team visited two health facility namely- Chawlhmun UPHC-HWC and Tanhril SC-HWC.

1. Chawlhmun UPHC-HWC

Located in Aizawl West District of Mizoram and caters to 35,000 population and six km far off from State capital. Infrastructure is well maintained. Various IEC posters are displayed across the facility and IEC corner is established in the patient waiting area. Uniform Signages across the facility was evident. BMW guideline is implemented throughout the facility. Facility has received Best UPHC Award under Kayakalp for four times since 2017.

Cold Chain point is now established in the UPHC, and Immunization services are being provided regularly as per the recommendation of last NQAS National Assessment.

Key Observation:

- The facility has one (01) MO MBBS, three (03) Staff Nurse, two (02) Lab Technicians, one (01) pharmacist, one MPW (M), one (01) MPW (F) and twelve (12) ASHAs.
- Medical Officer (MO) is trained on NCD, Oral, Eye, ENT, Emergency, Elderly Palliative and MNS (Mental, Neurological & Substance Abuse) services. One Staff Nurse, MPW (F) and ASHA are trained on NCD. All Staff Nurses are VIA trained. ASHAs, MPW (M&F) & Staff Nurses are yet to be trained on the expanded packages of services under AB-HWCs.
- Old CBAC form is being used. New CBAC form and family folder not available.
- The linkage between the CBAC form filled up and the NCD screening has not been established. Opportunistic screening is being followed to screen the beneficiaries. Revised CBAC form has not been supplied by state/district.
- Confirmed NCD Patients are being followed up on monthly basis through "NCD Follow up Card" and through telephonic call. A follow up register is also being maintained in the facility for following up the NCD patients.
- Teleconsultation (upward) with the specialist is not being done and patients are referred directly as the district hospital is nearby (only 6 kms). SC-HWCs under the UPHCs are conducting teleconsultation sessions but it is as per the convenience of Medical officer, there is no fixed schedule.

- Specialist doctors do visit the facility on request but there is no set roster for it, beneficiaries are not aware of on which day Specialist consultation will be available in the facility.
- Dental Service is not available as posted Dentist is transferred, although functional Dental chair is available.
- Auto analyser is non-functional as reagents are not being supplied from State. Laboratories need to initiate both internal and external quality control program.
- Drugs and Diagnostics consumables are locally purchased and patients are being charged for all the diagnostics tests, undertaken and rates are approved by RKS.
- EDL has not been revised as per CPHC guideline. Drugs availability has not been displayed prominently. Only 30-40% of vital drugs are available in the facility during the visit.

Areas of Improvement:

- State/District to supply new CBAC forms and family folders.
- Well-advertised fixed day Specialists' clinic may be planned for popularizing.
- Reorient all staff on NQAS checklist, Standards, Scoring and Methods of scoring and actively engage them in internal assessment and action planning to mitigate the remaining Gaps. Thematic area wise SOPs are in available; however, staffs need to be acquainted with their respective departmental SOPs.
- Updated Action plan based on the gaps observed in the internal assessment, need to be made available
- Facility needs to initiate wellness sessions like Yoga/Zumba etc and accordingly record to be maintained.

2. Tanhril SC-HWC

Located under UPHC Chawlhmun, Aizawl West District of Mizoram and caters to the population of 5317. The facility has been functional as SC-HWC since October 2021. Under HWC branding, only four logos were found instead of six (06). While interacting with the staffs it has been found that the electricity bill and water bill is being paid by the MPW female from her own salary.

Key Observation:

- The facility has one (01) HWO (Health & Wellness Officer), one (01) MPW (F) and one (01) MPW (M) and three (03) ASHAs.
- Under CPHC, HWO is trained on NCD and other CPHC expanded packages of services (Oral, Eye, ENT, Elderly and Palliative, MNS and Emergency) but MPW Male & Female along with ASHAs are only trained in NCD, not on CPHC expanded packages of services.
- Old CBAC forms are being used. The facility has not been following the fixed schedule of NCD screening on Tuesday & Thursday due to poor client turnout on the scheduled days. As informed by the H&WO, approximate thirty (30%) of 30+ population has been screened and opportunistic screening is being done presently.
- The facility has availability of only few diagnostics kit -RBS, Dengue, Urine test for Pregnancy & for Sugar & Albumin, Sputum, HIV, RDK for Malaria etc. and only fifteen (15) types of medicines were available during the time of visit.
- One (01) tablet is available in the facility and is being used for AB-HWC reporting and teleconsultation purposes, however the facility staff bears Internet cost.
- The primary health care team is partially aware about the Team Based Incentives (TBI) /Performance Link Payment (PLP). The payment of PLP to HWO is also not regular as reported.
- The facility has three (03) ASHAs. During the interaction, ASHA informed that they have not received the incentive against filling of CBAC forms. Also, areas of ASHA (Rural and Urban) are not demarcated well, as ASHAs lacks clarity regarding the same.
- JAS formed and received Rs. 50000/- as untied fund untied fund and meetings are regularly conducted. Most of the funds has been used in upgrading internal infrastructure.

Areas of Improvement:

- Revised CBAC forms need to be made available and accordingly to be filled up by ASHAs and NCD screening to be done based on filled up CBAC form. A separate follow up register to be maintained for following up of DM & HTN patients.
- The facility should follow the fixed schedule of NCD screening on weekly basis.
- ASHA and facility staffs should be made aware of follow up incentives of Rs. 50/ patient.
- As the facility has only four (04) logos under HWC branding, another two logos also to be made available by using vinyl board or painting.
- All staff to be trained on NQAS checklist, Standards, Scoring and Methods of scoring and actively engage them in internal assessment and action planning to mitigate the remaining Gaps.

- HWC to prominently display Citizen Charter, contact list of JAS committee members, EDL list and diagnostics tests available in the facility.
- Display of availability of updated Essential Drug List (EDL) need to be ensured.

On **6th December 2022** RRC-NE Team of Dr Devajit Bora, Sr Consultant-CP, Mr Amit Raj Roy, Consultant-CP and Dr Ajay Kumar Arya, Consultant-Q&PS, RRCNE visited the UPHC ITI, Aizawl East District, Aibawk PHC & Saterk SC-HWC, Aizawl West District.

3. UPHC ITI

Located in Aizawl East District and caters to a population of 77,760. The average OPD load is 800 per month, IPD is 10 - 20 per month and no delivery since September 2022. This UPHC was awarded as second best Kayakalp UPHC in 2021 -22. The UPHC has adequate and well-maintained infrastructure with branding & good display of signages in local language. Facility has 24x7 Power backup. PA system is used at OPD registration counter to manage the crowd with token system.

Key Observation:

- The facility has one (01) MO MBBS, four (04) Staff Nurse, two (02) Lab Technicians, one (01) pharmacist, one MPW (M), one (01) MPW (F) and sixteen (16) ASHAs.
- The Medical Officer has been recently posted in the facility so require basic orientation on CPHC and expanded packages of services to be provided under HWCs. The Staff Nurse, MPW (F) and MPW (M) are trained on NCD but not on CPHC expanded packages of services.
- Old CBAC forms are being used. Though NCD screenings are going on, follow-up of DM & HTN cases is an issue. No follow up mechanism is in place.
- Teleconsultation is being done with SC-HWCs, but no teleconsultation session conducted in the last month (Nov'22).
- A total of eighty-one (81) types of medicines were available on the day of visit. Essential Drug List (EDL) not updated as per revised EDL list of GOI.
- None of the facility staff is aware about JAS and JAS needs to be constituted on priority. Untied fund is being used for minor repairing work, paying the electricity bill and water bill etc.
- Two ASHAs were interviewed from the facility out of the total 16 ASHAs in the facility. One ASHA who has been working since 2019 was not clear about her area whether it is under Urban or Rural and reporting for both urban as well as rural.
- As per the interaction with the accountant, it was found that few Urban ASHAs have not received the full amount of assured incentive of Rs. 2000/ month. Additional activities (outreach, client referral, Anaemia, Home visit, Record book etc.) have also been added as routine and recurring activities which is not as per GOI guideline.
- The facility has 01 each (one) functional Tablet, Laptop and Desktop and used for reporting of IHIP portal, AB-HWC portal, DVDMS and RCH portal.
- Specialist OPD (Gyn, ENT, Dental etc.) are also being conducted at the facility but there is no fixed day for the specialist OPDs which led to poor utilization of specialist services.
- Lab tests are chargeable, as lab reagents are not being supplied from the state level. Auto analyser is not functioning for past few months thus only basic lab tests (RDK) are done.
- Drug dispensing area is well organised. Majority of the drugs are locally purchased only as no supply from state leading to occasional stock outs.

Areas of Improvement:

- The Clinical psychologist posted in the facility has to be trained to roll out the Mental, Neurological and Substance Abuse (MNS) component of the CPHC expanded packages of services.
- Essential Drug List (EDL) needs to be updated as per revised EDL list of GOI.
- Display of drugs availability needs to be updated regularly and facility Medicine and consumables storage room, need to be reorganised.
- Auto analysers need to be repaired on urgent basis and uninterrupted supply of the reagents need to be ensured to reduce out of pocket expenditure.
- Copy of AMC records, Equipment calibration need to be made available at the facility
- Labour room is located on the first floor but currently it is non-functional. Facility staff informed regarding shifting of the labour room, Lab and medical store is planned, to ensure easy access for pregnant females, which needs to be completed on priority basis. Once shifting is completed, fresh NQAS internal assessment needs to be done.
- Facility staffs to be made aware of Team Based Incentives (TBI) and its indicators.
- Revised CBAC forms need to be made available and accordingly to be filled up by ASHAs and NCD screening to be done based on filled up CBAC form. A separate follow up register to be maintained for following up of DM & HTN patients.
- All facility staffs to be oriented on JAS formation as early as possible.

4. PHC Aibawk,

Located in Aizawl East District and caters to a population of 10,200 and have eight functional health subcentre. The average OPD load is 300 per month, IPD is 10 - 20 per month and 1-5 delivery per month. This PHC has been awarded as Best Kayakalp PHC in 2021 -22 and received commendation award in the previous years. Facility QI team is in place and conducts meetings on regular basis. Quality policy is in place however Department objectives needs to be defined and reviewed periodically

Key Observation:

- The facility has one (01) MO MBBS, four (04) Staff Nurse, one (01) Lab Technician, one (01) pharmacist and thirteen (13) ASHAs.
- Medical Officer in charge is NQAS Trained (External Assessor) and has initiated and mentoring the Quality implementation in the facility.
- Medical Officer is trained in all the CPHC expanded packages of services and the Staff Nurse is trained on NCD, Emergency and Palliative whereas the MPW (Male & Female) and ASHA are only trained in NCD.
- Old CBAC forms are in use in the facility including all SC-HWCs under it. NCD screenings does not have any linkage with filled in CBAC. Referrals are happening but could not be traced as there is no follow up register available in the facility.
- Supply of diagnostics is irregular and only 19 diagnostic tests are available during the time of visits. Only MP, VDRL, HCV & HBsAg test are provided free of cost, other tests are either chargeable or not available. Autoanalyzer is not functional for want of reagents.
- The facility has two laptops and one tablet; however, tablet is non-functional, which is hampering the reporting process.
- ASHA Payment is delayed, all thirteen (13) ASHAs have received routine and recurring incentives of Rs. 2000/ month till August 2022 as informed by ASHA Facilitator. There is no mechanism for ASHA to track the incentive received against the incentive claimed
- HBNC visits has been done by all ASHAs. Three (03) ASHAs does not have weighing scale but complete the HBNC visit using weighing scale of AWW.
- Essential Drugs are purchased locally using untied funds as no supply from state level.
- Teleconsultations are being initiated. Eighteen (18) teleconsultations have been done in November.
- Fire NOC is not available, also all facility staff are not fully aware on operating the fire extinguishers.
- Wellness activities are being conducted (3-4 wellness sessions on monthly basis).
- Standard Operating Procedures (SOPs) are available for all department.
- The facility formed JAS and meetings are happening regularly. The untied fund has been used for installation of gates, paying electricity and water bills

Areas of Improvement:

- The referral linkage between the PHC and SHC need to be strengthened. A strong follow up mechanism for the diagnosed cases of HTN and DM need to be set up under all SC-HWC so that every month the patients are duly followed up. A separate follow up register to be maintained.
- Drugs and consumable stock registers need to be updated with batch wise expiry dates; Buffer stock need to be defined for each item. Expiry Dates needs to be updates for all items in drug storage area.
- Process mapping is done for critical processes in all department, which further needs to be revisited and modified.
- Facility needs to be registered for the External Quality assurance for Laboratory
- Establish system of regular maintenance and calibrations of equipment with records as well as copy of Annual Maintenance Contract of critical equipment need to be made available
- All facility staff needs to be trained on fire safety.
- ASHAs needs to be reoriented regarding various incentives available under different programs including NCD follow up incentives.
- Wellness activities needs to be further strengthened to ensure that at least 10 sessions are being conducted per month and records of the same is being maintained.
- Central procurement needs to be initiated at the earliest to ensure availability of adequate stock of all EDL.

5. Saterk SC-HWC

Located in Aizawl East District and caters to a population of 2678. Saterk SC-HWC has been functional since 2021 with branding.

Key Observation:

- The facility has one (01) HWO, one (01) MPW (M) and one (01) MPW (F) and one (01) ASHA.
- HWO has been trained on all expanded packages whereas MPW (Male) and (Female) along with ASHAs are trained in NCD only. MPW (M & F) and ASHAs have been oriented by HWO on CPHC expanded packages of services, but proper training to be planned by District/State.
- NCD screening has been completed for all 30+ people of the area by using old CABAC form. HWO stated that the facility has 6-7 (six to seven as mentioned by HWO) no. of DM patients and followed up regularly but no separate follow up register available. Facility maintained the follow up record in NCD screening register only.
- Because of short supply of NCD medicines, the nos. of follow up visit of DM & HTN patients varied.
- JAS formation completed but fund has not been received as per JAS guideline.
- Only fifteen (15) drugs were available, and seven (07) diagnostics tests are being done in the facility.

Areas of Improvement:

- Revised CBAC forms need to be made available and accordingly to be filled up by ASHAs and NCD screening to be done based on filled up CBAC form.
- A separate follow up register to be maintained for following up of DM & HTN patients.
- State/ district to ensure timely release of untied fund as per JAS Guideline.
- State/district to ensure regular supply of medicines.

On **7th December 2022**, RRCNE Team of Dr Devajit Bora, Sr Consultant-CP, Mr Amit Raj Roy, Consultant-CP, and Dr. Vinaya RSL, Consultant-Q&PS, RRCNE visited the Dinthar Health & Wellness Centre - Subcentre is a Type-A HWC-SC and Melthum Health & Wellness Centre - Subcentre is a Type-A HWC-SC located at Aizawl, Mizoram.

6. Dinthar SC-HWC

Dinthar Health & Wellness Centre - Subcentre is a Type-A HWC-SC located at Aizawl, Mizoram. This HWC caters to the population of 5839. OPD Timings is 10 AM to 02 PM & the average OPD load of HWC SC is 400-500 per month. The facility is participating for the first time in Kayakalp – Clean Hospital Initiative.

Key Observation:

- The facility has one (01) HWO, one (01) MPW (M) and one (01) MPW (F) and two (02) ASHAs.
- Under CPHC, HWO is trained on all the expanded range of packages whereas the MPW (M) and (F) along with ASHAs are only trained on NCD. HWO trained on VIA for two (02) days and 160 screening has already been done for cervical cancer, however no CA cervix detected till date.
- ASHAs are not trained on expanded range of services other than NCD. A brief orientation on expanded range of services has been provided by the HWO.
- Old CBAC form being filled up but not being used during NCD screening process. NCD screening is done on opportunistic basis. Referral records could not be found.
- No separate space for pharmacy and medicine dispensing, also the space demarcated for wellness activities are not adequate.
- Teleconsultation is being done over phone call and messaging app as the tablet available in the facility is not working.
- Regarding Diagnostics, a total of seven (07) point of care tests being done.
- Only 26 types of drugs were available in the facility on the day of visit.
- JAS is functional and the facility received an untied fund of Rs. 50000/ annum for FY 2020-21 & FY 2021-22.
- The primary health care team is aware about the Team Based Incentives (TBI) /Performance Link Payment (PLP). Last payment of PBI was done in March 2022.
- Implementation of BMW guidelines is poor. Autoclave is non-functional.

Areas of Improvement:

- Facility Staff needs to be oriented on Kayakalp guidelines and auto clamp to be made functional.
- New Revised CBAC form to be used and accordingly NCD screening of all 30+ people to be completed.
- TBI/PBI payment should be done on monthly basis.

- Patient referral records also need to be updated in a register so that follow up may be done for all referred patients.

7. Melthum SC-HWC.

Melthum Subcentre is a Type-A HWC-SC located at Aizawl, Mizoram. This HWC caters to the population of 3345. The facility has average OPD load of HWC SC is 90-100 per month. Services related to RMNCHA & NCD Conditions; Referral & Teleconsultation services are conducted regularly in the facility. Facility is participating for the first time in Kayakalp - Clean Hospital initiative.

Key Observation:

- The facility has one (01) HWO, one (01) MPW (M) and one (01) MPW (F) and two (02) ASHA.
- HWO is trained on all expanded range of services but the both the male and female MPWs and ASHAs are trained in NCD only. No CPHC expanded packages other than NCD has been rolled out in the facility. ASHA training under expanded packages has been done through HWOs and no formal training has been provided to ASHAs as of now.
- Regarding branding of HWCs, out of six logos of Ayushman Bharat only four logos are painted in the facility wall.
- The process of Team Based Incentives (TBI) has not been initiated by the state and even the service providers are not fully aware of it.
- The linkages of CBAC form with the NCD screening has not been established and opportunistic screening is being done. Follow up of diagnosed patients is another weak link as the facility does not maintain any register for follow up patients.
- Around ten (10) diagnostic tests are being conducted. Lack of central supply of drugs is a common issue in the facility which has been observed in almost all the facilities visited.
- Teleconsultation is done through mobile phones as no proper mechanism being built for teleconsultation, internet connectivity is also poor in the area. But the facility has one (01) tablet.
- Wellness sessions is limited to celebration of various health days. Limited space is also a constraint for conducting Zumba/ yoga sessions.
- JAS is functional and meetings are being conducted regularly. The JAS fund is basically utilised for internal branding (carpeting & painting of walls), and celebration of various health weeks etc.
- Facility has not formed Quality team, Various Committees and drafting of SOPs.

Areas of Improvement

- Revised CBAC forms need to be made available and accordingly to be filled up by ASHAs and NCD screening to be done based on filled up CBAC form.
- All CBAC forms to be kept in the facility village wise ASHA wise in the respective family folder.
- A separate follow up register to be maintained for following up of DM & HTN patients.
- State/ district to ensure timely release of untied fund as per JAS Guideline.
- As the facility has only four (04) logos under HWC branding, another two logos also to be made available by using vinyl board or painting.
- As internet connectivity is poor state/ district may try for Bharat net connections.
- Facility needs to implement the Quality Improvement Program like Kayakalp, NQAS etc. All staffs to be oriented for the same.

On **8th December 2022** RRCNE Team of Dr Devajit Bora, Sr Consultant-CP, Mr Amit Raj Roy, Consultant-CP, and Dr. Anupjyoti Basistha, Sr. Consultant-Q&PS, RRCNE visited Thingsulthliah PHC, Aizawl East District.

8. Sesawng AYUSH SC-HWC.

Sesawng SC-HWC is an AYUSH Subcentre and caters to the population of 4278.

Key Observation:

- The facility has one (01) HWO, one (01) MPW (M) and one (01) MPW (F) and three (03) ASHAs.
- Under CPHC, MO (AYUSH) is trained on all the expanded range of packages whereas the MPW (M) and (F) and ASHAs are trained only in NCD.
- As informed by the facility staffs, water supply is irregular, once a month only.
- Both AYUSH and Allopathy drugs are available in the facility.
- ANC services are not available as few cases of ANC were due.

- RCH register is not in use. Majority of the other registers and records are manually maintained but was not updated on the day of visit.
- Tablet is non-functional, but regular reporting through phone is done to CMO and AYUSH Mission separately.
- There is a designated yoga trainer assigned from the AYUSH Mission.
- Facility is unaware of JAS and no untied fund has been received till now.

Areas of Improvement:

- State Health Department and State AYUSH Mission to ensure availability of RMNCAH+N services in all AYUSH HWCs also.
- Update of RCH Register, NCD register to be ensured.
- Tablet to be made functional for regular reporting.
- District may explore to use same yoga trainer in nearby PHC also.

9. Thingsulthliah PHC-HWC.

Located at Aizawl East District of Mizoram caters to 21934 population with 06 no. of Sub-Centres and 02 no. of health clinic. The average OPD load is 400 per month and IPD is 17 per month. Total 20 no. of beds with 02 no. of labour tables are available at the PHC.

The facility has excellent infrastructure with highly motivated staffs guided by good leadership which is the strength of the PHC. This PHC have been able to achieve Best PHC award under Kayakalp for FY 2020-21 & 2021-22 consecutively. The MO I/C was trained in NQAS.

The PHC was well maintained and signages were found in appropriate place. The facility implemented process mapping and 5 “S” in workplace. The facility may be taken up for NQAS Certification within 2-3 months.

Key Observation:

- The facility has one (01) MO MBBS, one (01) MO AYUSH, six (06) Staff Nurses, two (02) Lab Technician, one (01) pharmacist, two (02) MPW (F) and twenty-one (21) ASHAs.
- Under CPHC, Medical Officer is trained on all expanded range of packages whereas the Staff Nurse and ASHAs are trained only in NCD.
- ASHAs are trained on Module 6th and 7th (HBNC) but they are not having the required equipment’s (Baby weighing machine, Thermometer etc.) which is essential for conducting HBNC home visits.
- Wellness sessions are being conducted but records of the wellness session are not available.
- JAS has not been constituted. During the field visit, facility staff has been oriented regarding the formation of JAS.
- SOP & Policy as per NQAS Checklist are not available.
- AERB license for X-ray machine is not available.
- On the same day, Capacity building session was conducted for the facility staff of the Thingsulthliah PHC on various topics under NQAS.
- NCD screening has been done by MPW (F) of the co-located SC within the facility under the supervision of MO I/C. Even all the suspected cases of DM & HTN from all SC-HWCs are being managed by MPW(F) of the co-located SC only.
- Old CBAC forms are being used with family folder and individual health card. Follow up of confirmed patients has been done by SC-HWCs as informed by MPW(F) of the co-located SC. No separate follow up register at PHC-HWC has been found.

Areas of Improvement:

- Quality Team need to strengthen to monitor the activities and prepare micro-plans for various activities to achieve NQAS Certification.
- Quality Control of laboratory tests to be performed.
- State to ensure availability of AERB license for the X-ray machine.
- At PHC-HWC level the NCD screening to be headed by trained SN and MO. Facility I/C to assign the trained SN for NCD screening and follow up of NCD patients.
- Revised CBAC forms need to be made available and accordingly to be filled up by ASHAs and NCD screening to be done based on filled up CBAC form.
- A separate follow up register to be maintained for following up of DM & HTN patients.

Recommendations-

A. CPHC:

1. State needs plan to conduct re-orientation training for Program Officers at district as well as sub-district level to establish the link between NCD screening and 'House to House CBAC form fill up for 30+years population'.
2. State needs to supply revised CBAC form before rolling out CPHC expanded packages of services.
3. All HWCs must ensure that Population Enumeration is complete and Family Folder is being maintained systematically for every family including filled up CBAC & Individual Health Card for all 30+ people. 100% NCD screening of all 30+ population should be the norm for every year and state should take the activity as a priority.
4. It is suggested to fix NCD screening day for the state (weekly once or twice) so that the 30+ people may come for NCD screening on the fixed days. If 30 + population does not turn up from the far-flung villages to SC-HWCs, facility may adopt special outreach sessions to complete the NCD screening of all 30+ people.
5. State needs to ensure availability and usage of Referral Card, Referral Register and NCD follow up register at all levels of facilities (Follow up register available at Chawlhmun UPHC-HWC may be replicated).
6. State to conduct the training of MPW & ASHAs on CPHC expanded training as per GOI guideline as early as possible. At present HWOs after their training on CPHC expanded packages oriented all MPWs and ASHAs on CPHC expanded packages which should not be treated as training.
7. Performance based Incentives (PBI) for HWOs to be released on monthly basis along with the salary. Team-based Incentives (TBI) for Primary Health Care team should also be rolled out soon.
8. HWC Essential Drug List (EDL) for SC & PHC -HWC, to be re-notified as per revised EDL for HWCs. Also state to ensure availability of drugs and diagnostics.
9. Strengthen activities at the community level and to increase attendance of patients, IEC/BCC activities involving district/block level health officials, community influencers, HWOs, ANM, ASHA and AWWs to be conducted.
10. All UPHC-HWCs to form JAS accordingly. An orientation may be planned for all staffs of UPHC-HWCs on JAS.
11. State needs to do a gap analysis on the availability of functional weighing scale and digital thermometer for HBNC visits for the ASHAs and accordingly submit proposal in supplementary PIP.
12. State to reassess the Urban ASHA routine and recurring activities as per GOI guideline to ensure that Urban ASHAs receive routine and recurring incentives of Rs. 2000/month.
13. State and districts should develop a mechanism to ensure functionality of tablets in all the HWCs for regular reporting.
14. The schedule/roaster for specialist services at UPHC-HWCs is to be fixed and displayed in the facility.
15. Wellness activities should not only be limited to celebrate the annual health days but other activities like Zumba, aerobics, and yoga sessions also to be included under wellness activities.
16. State to ensure branding of all HWCs with six (06) logos.

B. Quality Improvement:

- State to initiate seamless Free Drugs & Free Diagnostic Services in all levels of health facilities as per the Govt. of India guidelines.
- State to ensure Fixed day Specialist OPD in UPHC to achieve better utilization of Specialist Services.
- Ensure availability of the functional semi-auto/ auto biochemistry analyser in the PHCs/UPHCs to provide all the mandatory diagnostic tests. The state can utilize the fund under PM-ABHIM and XV-FC. All such equipment should be tagged under BEMMP, and the asset value need to be considered only after expiry of AMC/CAMC.
- Copy of Annual Maintenance Contract (AMC) of critical equipment to be made available at the facility level. The PPP Service Provider for BEMMP may be directed by District authority for undertaking regular maintenance visit to the facilities.
- Reorient all staff on NQAS checklist, Standards, Scoring and Methods of scoring and actively engage them in Internal assessment and action planning to mitigate the remaining Gaps. All facilities to submit their fresh NQAS Internal assessment.
- DOTS Treatment centre can be made functional in both Chawlhmun and ITI UPHC, so that TB patients staying close to UPHC can continue their DOTS treatment from the UPHC only.
- Analysis of Both OPD & IPD Patient Satisfaction survey scoring on monthly basis, facility quality team also need to ensure its compilation and prepare Corrective and preventive action plan (CAPA) for the low performing attributes
- Master list of documents (Registers/files/records) may be updated in all facilities.
- Prescription Audit need to be conducted at a defined interval followed by Corrective and preventive action.
- In ITI UPHC shifting of Labour room, Lab and medicine store need to be completed on priority basis, so that the facility may be taken up for NQAS certification by the end of FY 2022-23.
- In Thingsulthiah PHC, quality management system & outcome need to be strengthened.
- In all visited HWC-SC, Kayakalp related activities need to be strengthened and Baseline NQAS assessment in the targeted HWC-SC need to be start immediately.