

**Assessment of AAMs adopted by Tomo Riba  
Institute of Health & Medical Sciences  
(TRIHMS)– Arunachal Pradesh**



**Regional Resource Centre for  
NE States (Branch of NHSRC)**

## Introduction:

Operationalizing Ayushman Arogya Mandir (AAM) to provide Comprehensive Primary Health Care (CPHC) necessitates a paradigm shift at many levels, including service delivery, the development of the technical skills of the Primary Health Care team and individual work processes, reporting and analysis, performance-based incentives, community-based health services, action on social and environmental determinants, continuum of care, referral patterns, IT-based communication venues, comprehension of local epidemiological patterns, etc.

MoHFW recommended the role of Medical Colleges for mentorship support to AAMs so that the necessary paradigm shift happen at the adopted AAMs to provide Comprehensive Primary Health Care. Every medical college would adopt and mentor 10 or more AAMs in both rural and urban areas assisting the Primary Health Care Team in the AAMs as they execute the essential elements of CPHC in collaboration with the State Health Mission. Funds under the National Health Mission through the State Program Implementation Plan (SPIP) would be provided for minimum assistance to this collaboration.

Under this scheme the state of Arunachal Pradesh has adopted 10 AAMs as per the approval received in ROP 2020-21. The office order letter from the office of the Mission Director, NHM Arunachal Pradesh is attached at Annexure 1.

## Objective of the visit:

- To assess the support provided by the Medical College **Tomo Riba Institute of Health & Medical Sciences (TRIHMS), Arunachal Pradesh** across key domains such as Capacity Building, integration with the Health System, Service Delivery, Continuity of Care, Health Promotion and Wellness efforts, access to essential Drugs and Diagnostics, and Quality Assurance Standards.
- To assess the functioning of AAMs adopted by Medical College and the role of **Tomo Riba Institute of Health & Medical Sciences (TRIHMS), Arunachal Pradesh** in mentoring the adopted AAMs.

The visit would include capturing first hand insights from field-level experiences.

**Visit Date** – 21<sup>st</sup> April to 25<sup>th</sup> April 2025

## Team Composition-

S. No	Name and Designation
<b>RRC NE Team</b>	
1	Dr. Devajit Bora, <b>Sr Consultant, Community Processes &amp; Comprehensive Primary Healthcare.</b>
2	Ms. Anuksha Sain, <b>Fellow, CP CPHC division.</b>
<b>State &amp; TRIHMS Team</b>	
1	Dr. Deepu Lowang, <b>Additional Nodal Officer CPHC, NHM, Arunachal Pradesh.</b>
2	Dr. Niyang Nitik , <b>DRCHO, Papum Pare district, National health Mission</b>

3	Dr. Anoop Dev, <b>Head of the department, Dept. of Community Medicine, TRIHMS.</b>
4	Dr. Jichu Pulu, <b>Assistant Professor, Dept. of Community Medicine, TRIHMS.</b>
5	Mr. K. Borang, <b>District Program Manager, Papum Pare, NHM, Arunachal Pradesh.</b>

### **TRIHMS Visit: Initiatives/ Activities undertaken for AAM Adoption by TRIHMS:**

- As per the state order dated January 20, 2021, TRIHMS adopted 10 AAMs in the financial year 2020–21. Although the initiative was approved in the ROP for that year, the funds were released only in the FY 2024–25, enabling TRIHMS to initiate the planned activities. A total of Rs. 5.20 L was sanctioned to TRIHMS @ Rs. 43333.3/ monthly basis.
- In the consultative meeting between the Mission Director of NHM, Arunachal Pradesh, and the Director of TRIHMS, Naharlagun, decision was taken to select the following 10 AAMs in Papum Pare district. The selected facilities for AAM adoption by TRIHMS are mentioned below:

Toru PHC-AAM	Ompuli SHC-AAM	Sopo SHC-AAM	Durpang SHC-AAM
Tarasso PHC-AAM	Kokila SHC-AAM	Pichola SHC-AAM	Mengio PHC-AAM
Poma PHC-AAM	Chiputa PHC-AAM		

- To initiate further activities, TRIHMS organized a meeting with the State NHM, District Health Society and all the PHCs and the SHC-AAMs on 4<sup>th</sup> April 2025 where the Mission Director NHM, Arunachal Pradesh, Director, TRIHMS, Director, Health Services, Director, Family Welfare, Head of the Department and assistant Professors, Dept. Of Community Medicines participated. As per the officials of TRIHMS, the participants present in the meeting would work as the executive committee for AAM adoption by Medical College. However, no formal committee was formed as such in TRIHMS for effective planning, implementation and monitoring.
- The project was being handled by the Head, Dept of Community Medicine with support from National Health Mission, Arunachal Pradesh and District Health Society, Papum Pare. One assistant Professor was given additional charge of Program Coordinator for the project. An action plan was created detailing the steps TRIHMS would follow over the next six months, (**Annexure II**). Necessary formats had also been developed for Community Needs Assessment (CNA) to be undertaken in the areas of the adopted AAMs.
- TRIHMS had completed an initial visit to all the adopted AAMs for introducing the concept of AAM adoption. The ICMR Project on Triaging and Emergency care project was ongoing at Chiputa PHC-AAM, Sopo SHC-AAM, Poma PHC-AAM and Tarasso PHC-AAM. TRIHMS provided training to the AAMs in emergency care and triage procedures for the Medical Officer and Nursing Officer, holding weekly online evening discussions to review different types of emergency cases. The project also involved supplying a crash cart and designating a nursing officer.
- TRIHMS is also considering clinical and public health training for the primary health care teams after the CNA study. Additionally, a baseline assessment is also planned by TRIHMS for all the adopted Health facilities to see the progress on a yearly or half yearly basis.

### Visit to the Adopted AAMs: Findings from the field:

S. N.	Facilities	Demographic Profile	Observation & Findings
1.	<b>Chiputa PHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 3036</li> <li>• Medical Officers: 02 including 01 AYUSH MO</li> <li>• Staff Nurse-05</li> <li>• LT-05</li> <li>• Pharmacist-01</li> <li>• MPW(M)-01</li> <li>• MPW(F)-03</li> <li>• ASHAs: 09</li> <li>• Others: 07</li> </ul>	<ul style="list-style-type: none"> <li>• The facility is recognised as Rural Training Centre for Interns of TRIHMS. MO I/C mentioned that the interns were involved in activities related to routine immunization, OPD, outreach sessions like VHSND and conducting surveys.</li> <li>• Average Footfall- Jan-March'25: 36.</li> <li>• Available medicines: 64 Nos. Diagnostic tests: 07 tests (05 lab technicians were available).</li> <li>• Program wise registers were available.</li> <li>• Staffs were unaware about CPHC as they were not trained on CPHC, NCD and CPHC expanded packages of Services.</li> <li>• Teleconsultations initiated in 2022 but not happening now and no govt. supplied desktops and laptops found.</li> <li>• Maintenance of BMW needs strengthening.</li> <li>• Utilization of Portals like AAM, DVDMS, ANMOL, NCD needs to be streamlined.</li> <li>• The facility was not maintaining any roster for Interns to be posted during Community visits.</li> <li>• Boundary wall, wellness room, residential quarter, delivery rooms were not available.</li> <li>• JAS register not found.</li> <li>• Branding, electricity, power back up, drinking water etc were available.</li> </ul>
2.	<b>Sopo SHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 1283</li> <li>• Health &amp; Wellness Officer (HWO): 01</li> <li>• MPW (M): 01</li> <li>• ANM: 01</li> <li>• MPW (F): 01</li> <li>• Health Assistant: 1</li> <li>• Others: 04</li> <li>• ASHAs: 08</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> NQAS certified SHC-AAM in Papum district with adequate Infrastructure, dedicated space, IEC, HR, and services. The facility also had a dedicated wellness space.</li> <li>• Average Footfall: (Jan- March 2025): 24.</li> <li>• Diagnostics test: 12 tests. Drugs: 63 nos.</li> <li>• Registers maintained were updated.</li> <li>• Teleconsultation services were operational with TRIHMS functioning as the central hub for specialist support.</li> <li>• Laptop and tablets were available for Health &amp; Wellness Officer (HWO) &amp; ANMs.</li> <li>• TRIHMS (Medical College) has been providing training on emergency care through ICMR project including 3 days offline training. Also provided Crash Cart for SHC-AAM.</li> <li>• HWO was trained on CPHC expanded packages of services.</li> <li>• Rs. 40000/ was received as untied fund and used mostly for maintenance of the facilities.</li> </ul>

			<ul style="list-style-type: none"> <li>• After NQAS certification, one ambulance was donated by NEEPCO to the facility.</li> <li>• During the discussion with HWO, it was highlighted that Primary Health Care staff require refresher training to effectively implement the Mental Health and Emergency Care packages. Additionally, there is a need for more equipment to support the rollout of the complete range of CPHC expanded service packages. Further training is also necessary for strengthening RMNCAH+A service delivery, she mentioned.</li> <li>• Branding, electricity, power back, drinking water, Boundary wall, patient waiting areas were available.</li> </ul>
3.	<b>Ompuli SHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 414</li> <li>• HWO: 01</li> <li>• ANM: 01</li> <li>• MPW (F): 01</li> <li>• Health Assistant: 1</li> <li>• Others: 1</li> <li>• ASHAs: 07</li> </ul>	<ul style="list-style-type: none"> <li>• Poor Infrastructure, No water supply, electricity available but no power back up, no demarcated spaces for registration, OPD, laboratory etc, no toilet available.</li> <li>• Average Footfall: (Jan to March 2025): 70</li> <li>• Staffs were not trained on CPHC expanded packages.</li> <li>• Diagnostics tests: 02 nos. Drugs: 15 nos.</li> <li>• No HBNC and HBYC visits were conducted, there were dropouts for immunization 04 (Jan-March'25).</li> <li>• Teleconsultation, NCD portal, DVDMS were not in use, HWO used her own tablet to use the portals. No system of follow up for HTN and DM patients.</li> <li>• JAS had not been constituted, staff were not aware of JAS.</li> <li>• Dilapidated buildings were lying in front of AAM.</li> <li>• The facility was far off from the village; accessibility was an issue for the villagers.</li> </ul>
4.	<b>Toru PHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 1198</li> <li>• Medical Officers: 01</li> <li>• Staff Nurse-01</li> <li>• LT-01</li> <li>• Lab assistant –1</li> <li>• Pharmacist-0</li> <li>• MPW(M)-00</li> <li>• MPW(F)-01 : 23</li> </ul>	<ul style="list-style-type: none"> <li>• The facility was in the transition of shifting into the new building. The OPD and the Laboratory etc were in the old building handled by one ANM.</li> <li>• Proper infrastructure and designated areas and spaces were available, but they remained unused, resulting in poor service delivery. Not a single toilet had water during the time of visit.</li> <li>• Staffs were not trained on CPHC expanded packages of services.</li> <li>• No scope for wellness as very few beneficiaries visit the facility.</li> <li>• Average OPD: 10/month (Jan-March'25). The OPD load is low as most of the patients visits tertiary care facilities. Even daily reporting in AAM portal is also low (Jan: 9, Feb: 5 &amp; March: 15 was the OPD load and accordingly reported in AAM portal)</li> <li>• Diagnostic Kits: 02 (Haemoglobin &amp; Malaria RDT) Drugs: facility could not provide the nos. of available drugs.</li> </ul>

			<ul style="list-style-type: none"> <li>• Designated room for Laboratory was available; however, the Biochemistry and CBC machines were still to be unpacked and installed. The facility had one lab tech and 01 lab assistant. The microscope was not in working condition.</li> <li>• Teleconsultations were not being conducted.</li> <li>• JAS had not been established and was unfamiliar to the Primary Health Care team.</li> </ul>
5.	<b>Tarasso PHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 2479</li> <li>• Medical Officers: 02 including 01 AYUSH MO</li> <li>• Staff Nurse-03</li> <li>• LT-01</li> <li>• Health Attendant – 01</li> <li>• Pharmacist-1</li> <li>• MPW(M)-01</li> <li>• MPW(F)-01</li> <li>• ASHAs: 20</li> <li>• Others: 04</li> </ul>	<ul style="list-style-type: none"> <li>• Facility managed under PPP mode by Karuna Trust. Facility had already applied for NQAS.</li> <li>• Infrastructure, running water, power supply with back-up, dedicated space, IEC, HR, and services are all up to standard.</li> <li>• Average OPD Footfall: 373 (Jan to March 25); Institutional delivery: 09 (Jan to March 2025).</li> <li>• Drugs available: 142; Diagnostics available: 16. DVDMS is utilised properly. True Nat Machines were not working for 02 years.</li> <li>• Facility has been providing all 12 packages of services including MNS, Elderly &amp; Palliative Care.</li> <li>• Adolescent Friendly Health Clinic (AFHC) was available. 40 adolescents were counselled from Jan to March 2025.</li> <li>• BMW procedures were followed but require additional inputs as per guideline. Land fill disposal of expired drugs was being practiced.</li> <li>• Follow up and referral mechanism is well established. All diagnosed HTN and DM patients were being followed up monthly.</li> <li>• Teleconsultations were going on-12 teleconsultation since Jan 2025.</li> <li>• JAS was formed but meetings were not happening on monthly basis. Only 01 meeting since Jan 2025.</li> <li>• AAM portal, CPHC NCD app, ANMOL, U-WIN, IHIP were functional. Desktop, laptop was available and 15 ASHAs were provided smart phones.</li> <li>• No separate Male/Female toilets were available, old building which have been lying vacant need to be utilised well.</li> <li>• VHSNCs were non- functioning as no untied fund received for 2-3 years.</li> <li>• MO I/C requested for essential equipment for emergency services and portable USG machines.</li> </ul>
6.	<b>Poma PHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 712</li> <li>• Medical Officers: 03</li> </ul>	<ul style="list-style-type: none"> <li>• Infrastructure, including running water, power supply, dedicated space, IEC materials, human resources, and services, is up to the standard; however, there is no backup power source available.</li> <li>• Average OPD Footfall: 131 (Jan to March 25).</li> </ul>

		<ul style="list-style-type: none"> <li>• Staff Nurse-02</li> <li>• LT-01</li> <li>• Pharmacist-01</li> <li>• ANM- 02</li> <li>• MPW(F)-02</li> <li>• RFW- 03</li> <li>• ASHAs: 04</li> <li>• Others: 12</li> </ul>	<ul style="list-style-type: none"> <li>• Proper drainage system: BMW procedures were followed but require additional inputs as per guidelines. Incineration is practiced at the facility.</li> <li>• M/O, SN and MPW (F) have received training in the expanded service packages.</li> <li>• Drugs available: 64 nos. Diagnostics available: 8 tests.</li> <li>• AAM portal, CPHC NCD app, ANMOL, U-WIN, IHIP were functional. Desktop, laptop was available and 04 ASHAs were provided smart phones.</li> <li>• PHC does not function as a delivery point.</li> <li>• RBSK services are currently not being provided.</li> <li>• VHSNCs are not functioning well as no untied fund received for 2-3 years.</li> <li>• Staff lacks a clear understanding of JAS and Untied funds, and they are not familiar with the Team Based Incentives (TBI).</li> </ul>
7.	<b>Pichola SHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 924</li> <li>• CHO- 01</li> <li>• LT-01</li> <li>• ANM- 01</li> <li>• MPW(M)-01</li> <li>• ASHAs: 04</li> <li>• Others: 01</li> </ul>	<ul style="list-style-type: none"> <li>• Poor Infrastructure, government water supply, power supply available but no back up, no demarcated spaces for registration, OPD, laboratory etc, only staff toilet was available. There were also issues of land ownership.</li> <li>• Packaged mineral water jars are being procured for drinking.</li> <li>• HWO and ANM were trained on CPHC expanded packages.</li> <li>• Average Footfall: 88/month (Jan to March 2025).</li> <li>• Drugs available: 36 nos. Diagnostics available: 10 tests.</li> <li>• JAS was constituted, and the staff were aware of both JAS and the Untied Fund.</li> <li>• CPHC – HWC daily reporting, NCD app, FP-LMIS, Nikshay, IDSP-IHIP were functional. Desktop, laptop was available and all the ASHAs were provided smart phones.</li> <li>• BMW management was inadequate.</li> </ul>
8.	<b>Durpang SHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 187</li> <li>• CHO- 01</li> <li>• MPW(M)-02</li> <li>• ASHAs: 01</li> <li>• Others: 01</li> </ul>	<ul style="list-style-type: none"> <li>• Poor Infrastructure, government water supply, electricity available but no power back up, no demarcated spaces for registration, OPD, laboratory etc, no toilet available.</li> <li>• Staffs were not trained on CPHC expanded packages.</li> <li>• Average Footfall: 39/month (Jan to March 2025)</li> <li>• Drugs available: 20 nos. Diagnostics available: 04 tests.</li> <li>• JAS constituted in Feb' 25, and the staff was aware of Untied Fund. JAS fund was used for conducting outreach activities, buying chairs, cleaning of rooms etc.</li> <li>• Desktop, laptop was available but not functional.</li> </ul>

			<ul style="list-style-type: none"> <li>• One of the facility rooms was filled with obsolete items and expired medications (repurposed as a designated space for the laboratory, pharmacy, or other essential services).</li> <li>• BMW management was poor.</li> <li>• Facility was extremely unclean, with a noticeable layer of dirt even covering the BMW bins.</li> <li>• Electrical wiring was disorganized.</li> </ul>
9.	<b>Kokila SHC-AAM</b>	<ul style="list-style-type: none"> <li>• Population Covered: 2701</li> <li>• CHO- 01</li> <li>• MPW(M)-02</li> <li>• ANM-02</li> <li>• ASHAs: 02</li> <li>• Others: 05</li> </ul>	<ul style="list-style-type: none"> <li>• Infrastructure was poor. Water supply was available but the pipeline not functioning properly. Electricity was available, but no power backup. No designated spaces for registration, OPD, laboratory, etc., even toilet was not available. No residential facilities.</li> <li>• Average Footfall: 45 (Jan to March 2025)</li> <li>• Drugs available: 18 nos. Diagnostics available: 08 tests.</li> <li>• Rainwater seeps into the facility through the roof.</li> <li>• Packaged mineral water bottle are being procured for drinking.</li> <li>• CHO were trained on CPHC expanded packages except on- MNS.</li> <li>• ANM have not received SBA training.</li> <li>• Immunization rates have dropped because of resettlement, and there is no ASHA worker assigned to the 1,500 population for this area.</li> <li>• JAS constituted but meeting were not regular; staffs were aware of both JAS and the Untied Fund.</li> <li>• Desktop, laptop was available and 02 ASHAs were provided smart phones but not in use.</li> <li>• There was no mechanism in place for BMW management.</li> </ul>

### Key observations on visited AAMs:

**Infrastructure:** There was sufficient infrastructure and space for parking, waiting area, separate toilets, OPD room etc. as per norms in all visited AAMs but needed strengthening. Kokila SHC-AAM requires a new building & staff quarters as the existing building was in dilapidated condition.

### HR & Training

- All Staffs of PHC-AAM including ASHAs were not trained on the concept of CPHC and Expanded packages of Services. Poma PHC-AAM staffs received training on CPHC but not aware about the content of the CPHC expanded packages.
- The Rural Training Centre of TRIHMS located at CHIPUTA PHC. However, PHC-AAM did not maintain an intern roster. Support from TRIHMS is needed to develop a proper intern roster and clearly define the roles and responsibilities of the interns.
- PHC-AAMs were not compliant with the concept of CPHC except Tarraso PHC-AAM. (wellness activities, expanded packages, reporting etc.)

**Drugs:** DVDMS was not being fully utilized in any of the AAMs, except Tarasso PHC-AAM. Diagnostic services are inadequate, with only 5–10 diagnostics available at the facilities, compared to the State Essential Diagnostics List (EDL) of 36 and the National of 64.

**IT system:** Teleconsultations were happening only in Tarasso PHC-AAM and Sopo SHC-AAM. Visited PHC-AAMs have not used NCD portal, E-Sanjeevani and DVDMS.

**Financing/provider payment reforms:** The RKS/JAS register was found missing in all facilities except Tarasso PHC-AAM. Other facility staff reported that the JAS register has been with the Block Account Manager for several years. Staff were unaware about the availability of untied funds at Chiputa PHC-AAM, Poma PHC-AAM, Toru PHC-AAM, Ompuli SHC-AAM.

#### **Service Delivery:**

- Amongst the four visited PHC-AAMs, only Tarasso PHC-AAM is functioning as a delivery point.
- OPD load at PHC-AAM is low but at the Sub Centre-AAM OPD the patients were more.
- IEC materials at the PHC and Sub Centre-AAMs are minimal, with the exception of Tarasso PHC-AAM and Sopo SHC-AAM.
- Since SOPO SHC-AAM is NQAS certified, it can be considered a model AAM, and the other SHC-AAMs may adopt similar practices to enhance their performance.
- Tarasso PHC-AAM needs to take up NQAS certification, (with additional support required from certified external assessors from the state).

#### **Recommendations–**

1. TRIHMS may reassess its plan to determine whether it should continue with adoption of Toru PHC-AAM, Durpang, and Ompuli SHC-AAM, as these facilities have the problem of required HR, poor infrastructure and service delivery.
2. CHIPUTA PHC-AAM should prepare a roster and action plan for interns. The TRIHMS Rural Training Centre should design the roster in a way that ensures all interns are posted at the SHC and PHC-AAM for community-level activities.
3. All staff, including ASHAs posted at the AAMs adopted by TRIHMS, should undergo re-orientation on NHM and CPHC to achieve better outcomes.
4. All adopted AAMs need to ensure the display of Citizen Charter, Staff List, Essential Drug List, Diagnostics list, Emergency Contact Nos & nearby Referral Centres, correct IEC materials, Timing, Site Map at the facility; outdated and incorrect materials may be replaced.
5. NHM should issue a new order regarding adoption of the AAMs by TRIHMS and need to ensure all logistics as mentioned in point no 6, 9 & 10.
6. A committee to be formed under Medical College, TRIHMS for the effective planning, implementation and monitoring of AAM adoption project with representatives from all departments. The dept. of Community Medicine will coordinate the same.
7. All drugs and supplies, including near-expiry stock, should be organized and properly stored in the designated area in all facilities.
8. The state NHM should ensure regular supply and availability of diagnostics and medicines. Training to be initiated for all AAM team members on the CPHC expanded package of services. TRIHMS may be involved in such training along with State Trainers.

9. Emphasized that teleconsultations should be conducted with a focus on quality rather than quantity.
10. All staff at the AAMs adopted by the medical college should be oriented on service delivery to ensure effective performance.
11. State/district need to strategize operationalization of all VHSNCs and JAS as release of untied fund was an issue (No JAS register & Staffs were unaware of RKS/JAS Untied fund).
12. State may consider proposing an Innovation and Learning Centre (ILC) in the State Plan, which can be managed and operated by TRIHMS.

### Glimpses of the Visit:



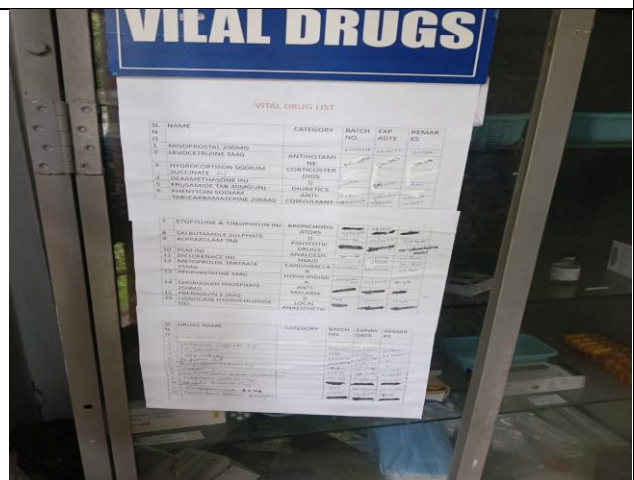
**Image 1: Discussion with PHC team regarding TRIHMS Rural Training Centre**



**Image 2: Visiting team with Sopo SHC-AAM staff**



**Image 3: Crash Cart provided by TRIHMS at Tarasso PHC-AAM**



**Image 4: Vital Drugs at Sopo SHC-AAM**



**Image 5 : Wall stickers in Wellness Room at Sopo SHC-AAM**



**Image 6: Ambulance donated by NEEPCO to Sopo SHC-AAM**



**Image 7: Patient Waiting area at Sopo SHC-AAM**



**Image 8: Unpacked diagnostics at Toru PHC-AAM**



**Image 9: Color coded bins at Tarasso AAM**



**Image 10: Kokila SHC-AAM**

## Annexure I (Action Plan of TRIHMS for AAM adoption)

**GOVERNMENT OF ARUNACHAL PRADESH  
OFFICE OF MISSION DIRECTOR  
NATIONAL HEALTH MISSION  
NAHARLAGUN**

**NO. HWC/2018/7** **Dated Naharlagun, 20<sup>th</sup> January, 2021**

**Notification**

In pursuance of Government of India D.O. No. Z-28016/9/2019 NHM I, Dated 11<sup>th</sup> June 2020, the following Health and Wellness Centres are adopted by Tomo Riba Institute of Health and Medical Sciences (TRIHMS), Naharlagun for mentoring and capacity building of primary health care team in delivering expanded ranges of Comprehensive Primary Health Care.

Sl. No	Name of HWC	Type of facility	District	Sl. No	Name of HWC	Type of facility	District
1	Durpang	HWC SC	Papum pare	6	Tarasso	HWC PHC	Papum pare
2	Ompuli	HWC SC	Papum pare	7	Chiputa	HWC PHC	Papum pare
3	Kokila	HWC SC	Papum pare	8	Poma	HWC PHC	Papum pare
4	Sopo	HWC SC	Papum pare	9	Toru	HWC PHC	Papum pare
5	Pichola	HWC SC	Papum pare	10	Mengio	HWC PHC	Papum pare


Further, a joint physical survey of the adopted HWC to be carried out by team of TRIHMS and HWC.

**Sd/-(P Parthiban), IAS**  
Secretary (HFW)  
Govt. of Arunachal Pradesh  
Itanagar

**NO. HWC/2019/1** **Dated Naharlagun, 20<sup>th</sup> January, 2021**

Copy to:

1. The Secretary (H& FW), GoAP for information please.
2. PA to MD-NHM, GoAP for information please.
3. The DHS, Naharlagun, GoAP, Naharlagun for information please.
4. The Director (FW), GoAP, Naharlagun for information please.
5. THE Director TRIHMS, Naharlagun for information and necessary action please.
6. The DMO Papum Pare, GoAP for information and necessary action please.
7. The DNO-HWC, Papum Pare, GoAP for information and necessary action please.
8. Office copy.

  
**(C. R. Khampa), APCS**  
Mission Director- NHM  
Govt. of Arunachal Pradesh, Naharlagun

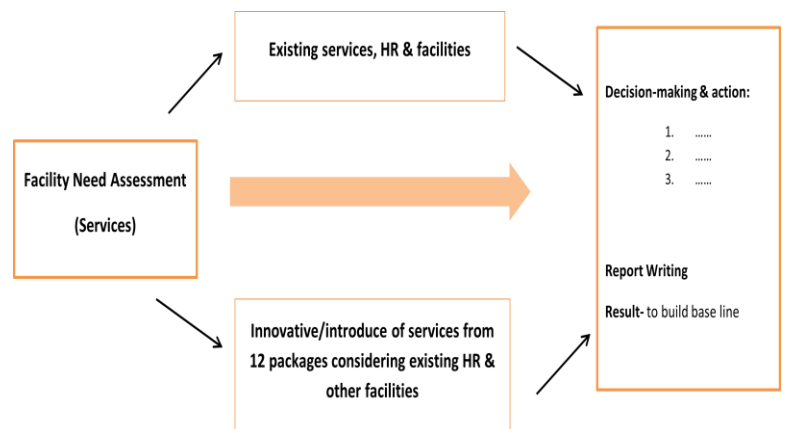
## Annexure II (Action Plan of TRIHMS for AAM adoption)

### Assessments: I

- CPHC checklist
- HR – Staffs recruited & Skill level assessment based on 12 packages services.
- Drugs-Essential Drug list.
- Services – existing and scope of improvement.
- Others.

### Purpose –

- To know facility status
- What services provided
- What services can be introduced (12 packages)
- Challenges-Logistic & HR



- Research

**Assessment 2:**

- Locally challenges
- Out-reach services – RI etc.
- ANC, PNC, Newborn
- Scope
- To know about the impact of National Health Programme at a community level
- Research



**Flow Chart to adopt AAMs:**

