



GOVERNMENT OF MIZORAM
Health & Family Welfare
2018-2019
RESULT FRAMEWORK DOCUMENT

SECTION 1: VISION, MISSION, FUNCTIONS AND OBJECTIVES

Vision	Provide equitable, Accessible and Affordable quality health care services for all .
Mission	Providing quality health care through preventive and curative health services,improving maternal and child health, encouraging population, stabilisation, developing human resources for health services and revamping local health traditions
Functions	<ol style="list-style-type: none"> 1. Provide Primary Health Care-Preventive,Promotion,Curative and Rehabilitation 2. Management of Health institutions and Provisions of Laboratory services for all diagnostics 3. Strengthening IEC/BCC services 4. Improvement of School Health Services 5. Enforcement of Health related regulatory matters in the state 6. Promotion of Nutritional Education,Services and Environmental sanitations 7. Promotion of intersectoral coordination for better health services 8. Promotion of Community Action for Health (CAH)
Objectives	<ol style="list-style-type: none"> 1. Control of Communicable and Non-Communicable Diseases including HIV/AIDS 2. Promotion of Community Action for Health (CAH) 3. Reduction in Infant Mortality Rate (IMR) 4. Reduction in Maternal Mortality Ratio (MMR) 5. Improving Maternal and Child Health 6. Ensuring Population Stabilization 7. Enforcement of Health related regulatory matters in the state 8. Promotion of Adolescent Health 9. Development of AYUSH Hospitals & Dispensaries including IEC under AYUSH Programme

SECTION 2: OBJECTIVES, SUCCESS INDICATORS AND TARGETS

#	Objectives	Wgt.	Actions	Wgt.	Success Indicators	Wgt.	Unit	Trend / Criteria Value				
								Excellent	Very Good	Good	Fair	Poor
								100%	90%	80%	70%	60%
1	Control of Communicable and Non-Communicable Diseases including HIV/AIDS	35	[1.1]Control of Tuberculosis	6	[1.1.1]Total cases detected	3	Nos.	2250	2046	1800	1575	1350
					[1.1.2]Success Rate	3	Percentage	97.70	88.85	78.18	68.39	58.62
			[1.2]To improve Malaria Surveillance	3	[1.2.1]Annual Blood Examination Rate (ABER)	3	Percentage	18.56	16.88	14.84	12.90	11.13
			[1.3]To reduce mortality and morbidity due to Malaria	4	[1.3.1]Annual Parasitic Incidence (API)	4	Nos. as per 1000	4.74	5.27	6.32	7	7.4
			[1.4]Control of Blindness	5	[1.4.1]New Cataract case detected	1	Nos.	2398	2000	1918	1678	1438
					[1.4.2]No. of screening school children for refractive errors	2	Nos.	4510	4100	3608	3157	1320
					[1.4.3]Cataract surgery performed successfully	2	Nos.	2200	2000	1760	1540	1320

			[1.5]Control and reduction of burden due to HIV/AIDS	10	[1.5.1]Percentage of HIV positive pregnant women cover with multi drug regimen	2	Percentage	82	75	66	57	49			
			[1.5.2]General Awareness on HIV/AIDS through Mass media	2	Nos.	1650	1500	1320	1155	990					
			[1.5.3]Percentage of eligible patient started on ART	2	Percentage	93	85	74	65	55					
			[1.5.4]Number of ANC tested for HIV	2	Nos.	26950	24500	21560	18865	16170					
			[1.5.5]Percentage of Voluntary Blood Donation	2	Percentage	88.46	80.42	70.76	61.92	53.07					
			[1.6]Mental Health	2	[1.6.1]Early detection and treatment of mental illness patients	1	Nos.	13200	12000	10560	9240	7920			
					[1.6.2]School visit (Secondary and Higher) for increasing awareness and reducing stigma related to mental health problems	1	Nos.	220	200	176	154	132			
			[1.7]To reduce and control of tobacco use prevalence and resultant diseases	5	[1.7.1]Public awareness programmes	2	Nos.	550	500	440	385	330			
					[1.7.2]Training of health care workers, enforcement officials, etc.	2	Nos.	88	80	70	61	52			
					[1.7.3]Tobacco quit rate	1	Percentage	17.35	15.78	13.78	12.14	10.45			
			2	Promotion of Community Action for Health (CAH)	5	[2.1]Health Insurance Scheme for BPL and APL Families	5	[2.1.1]No of claims settled under Mizoram State Health Care Scheme (MSHCS)	5	Nos.	6820	6200	5456	4774	4092
			3	Reduction in Infant Mortality Rate (IMR)	15	[3.1]Promotion of Institutional deliveries	5	[3.1.1]Institutional deliveries	5	Nos.	16500	15000	13200	11550	9900
[3.2]Full immunization of children	5	[3.2.1]No. of children fully immunized				5	Nos.	17600	16000	14080	12320	10560			
[3.3]Number of beneficiaries receiving JSSK	5	[3.3.1]Number of sick infant availing JSSK				5	Nos.	2750	2500	2200	1925	1650			
4	Reduction in Maternal Mortality Ratio (MMR)	5	[4.1]Increase in ANC checkup	5	[4.1.1]Women completing 3 ANCs	5	Nos.	13970	12700	11176	9779	8382			
5	Improving Maternal and Child Health	10	[5.1]Support through Janani Suraksha Yojana (JSY)	10	[5.1.1]JSY beneficiaries (Mother components)	5	Nos.	13200	12000	10650	9240	7920			
					[5.1.2]JSY beneficiaries (ASHA components)	5	Nos.	14300	13000	11440	10010	8580			
6	Ensuring Population Stabilization	6	[6.1]Number of sterilized	3	[6.1.1]No. of sterilized	3	Nos.	1210	1100	968	847	726			
			[6.2]Intra Uterine Device (IUD) insertion	3	[6.2.1]No. of IUD inserted	3	Nos.	2365	2150	1892	1655	1419			
7	Enforcement of Health related regulatory matters in the state	6	[7.1]Enforcement of COPTA	1	[7.1.1]Checking done by Anti Tobacco Squad.	1	Nos.	330	300	264	231	198			
			[7.2]Enforcement of Food Safety & Standard Act 2006	[7.2.1]License issued to manufacturer of food item	2	Nos.	132	120	105	92	79				
				[7.2.2]Registration of Food Business Operators	2	Nos.	440	400	352	308	254				
			[7.3] Enforcement of Drugs & Cosmetic Act 1940	1	[7.3.1]Drugs Store Inspection	1	Nos.	770	700	616	539	462			
8	Promotion of Adolescent Health	4	[8.1]Prevention of Anaemia	4	[8.1.1]Number of beneficiaries receiving Weekly Iron Folic Supplement	4	Nos.	1375000	1250000	1100000	962500	825000			
9	Development of AYUSH Hospitals & Dispensaries	4	[9.1]Provisions of medicines at District Hospital	4	[9.1.1]Attendance of patient at OPD (AYUSH)	4	Nos.	49500	45000	39600	34650	29700			

including IEC under AYUSH Programme										
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SECTION 3: ACRONYM

#	Name	Description
1	ABER	Annual Blood Examination Rate
2	AIDS	Acquire Immune Deficiency Syndrome
3	ANC	Anti-Neonatal Centre
4	API	Annual Parasitic Incidence
5	APL	Above Poverty Line
6	ART	Antiretroviral
7	ASHA	Accredited Social Health Activist
8	AYUSH	Ayurveda Yoga Naturopathy Unani Sidha & Homeopathy
9	BPL	Below Poverty Line
10	CAH	Community Action for Health
11	COPTA	Cigarettes & Other Tobacco Product Act
12	HIV	Human Immunodeficiency Virus
13	IEC	Information Education Communication
14	IMR	Infant Mortality Rate
15	IPC	Inter-personal Communication
16	IUD	Intra Uterine Device
17	JSSK	Janani Sishu Suraksha Karyakram
18	JSY	Janani Suhraksha Yojana
19	MMR	Maternal Mortality Rate
20	OPD	Out Patient Department
21	PLHIV	People Living with HIV
22	TB	Tuberculosis
23	WIFS	Weekly Iron Folic Supplement

SECTION 3: DESCRIPTION AND DEFINITION OF SUCCESS INDICATORS

#	Success Indicator	Description	Measurement	Data Source
1.1.1	Total cases detected	Under RNTCP, active case finding is not pursued. Case finding will be passive. Patient representing themselves with symptoms suspicious of tuberculosis are screened through 3 sputum smear examination and sputum microscopic examination done at designed RNTCP microscopy centres	The revised definition of a new sputum smear +ve pulmonary TB case is based on the presence of at least one acid fast bacilli (AFB+) in at least one sputum sample in countries with a well functioning external quality assurance (EQA) system	Periodic report of the Districts RNTCP, Mizoram
2.2.2	Success Rate	Tuberculosis treatment success rate is the percentage of all new tuberculosis cases (or new and relapse cases for some countries) registered under a national tuberculosis control programme in a given year that successfully completed treatment, with or without bacteriological evidence of success ("cured" and "treatment completed" respectively).	Annual new case detection rate null (ANCDR) is defined as No. of new cases detected during the year multiplied by 100000 and then divided by population as on 31st March	Periodic reports of Revised National Tuberculosis Control Programme (RNCTP), Mizoram.
3.2.1	Annual Blood Examination Rate (ABER)	As per guideline of WHO, Blood examination for Malaria has to be carried out for all fever cases in high prevalent area like Mizoram so as not to miss any malaria cases	ABER = Total number of Blood Slide Collection/Examination in a year/Total population x 100	Periodical report of SVBDCP
4.3.1	Annual Parasitic Incidence (API)	It is the most commonly used index of measuring the incidence of malaria, and is highly sensitive. It defined as the number of confirmed cases of malaria per thousand persons during the year in the community under surveillance.	API= Total No. of positive slides for malaria parasites in a year x 1000/total population under surveillance.	Periodic report of District Vector Borne Diseases Control Programmes
5.4.1	New Cataract	New cases of cataract detected during the month/year in the OPD, Cataract	Total Nos. of new cataract	All districts

	case detected	survey, eye screening camp etc.	cases found per monthly within the state.	Headquarters.
6.5.2	No. of screening school children for refractive errors	School age children constitute a particularly vulnerable group where uncorrected refractive errors may have a dramatic impact on learning capability and educational potential	Total Nos. of refractive errors found when visiting school.	Reports has been received from all districts headquarters.
7.6.3	Cataract surgery performed successfully	the lens inside your eye that has become cloudy is removed and replaced with an artificial lens (called an intraocular lens, or IOL) to restore clear vision. The procedure typically is performed on an outpatient basis and does not require an overnight stay in a hospital or other care facility.	Total No. of cataract surgery done successfully	All districts Headquarters
8.5.1	Percentage of HIV positive pregnant women cover with multi drug regimen	All ANC who are found HIV +ve are linked to ART and covered with multi drug regimen.	No. of positive ANC on multi drug regimen against no of ANC tested HIV +ve.	No. of ANC tested is taken from SIMS. No of multi drug regimen initiated on positive ANC is taken from ART
9.6.2	General Awareness on HIV/AIDS through Mass media	To reach the masses at a wide level both in rural and urban areas are widely used to educate and inform the public on HIV and its related issues. Spots on specific issues, documentaries, discussions, talk programs are continuously broadcasted from TV and Radio for HIV prevention and control as well as to provide better care and support for those already infected with the virus.	The effective of the activities can be measured by whether HIV has increased or decreased at testing centres. Whether there is no uptake of services at the various service centres the state	HIV Testing Centres and ART Centres
10.7.3	Percentage of eligible patient started on ART	Treatment with HIV medicines (called ART) is recommended for everyone infected with HIV. ART helps people with HIV live longer, healthier	No of PHLIV on ART against No of PLHIV	ART Master line list.
11.8.4	Number of ANC tested for HIV	8336 – As per new PPTCT guidelines, all ANC should be screened for HIV and Syphilis in order to eliminate Parent to child transmission of HIV/Syphilis.	Numbers of ANC tested against the estimated no of pregnancy	No of ANC tested is taken from SIMS. No of estimated pregnancy is taken from statistics of Health Department
12.9.5	Percentage of Voluntary Blood Donation	As per NACO/NBTC guidelines collection of blood from regular (repeat) voluntary non – remunerated blood should be the main source of blood supply through phased increase in donor recruitment and retention	Voluntary Blood Donation = Total Voluntary blood collection/Total blood collection x 100	Monthly/Periodic reports of Blood Safety from all Blood Banks and SIMS
13.6.1	Early detection and treatment of mental illness patients	It is measure of the incidence (and prevalence) of mental case	Total Number of attendees (and OPD's, IPDs and Free Clinics at District Mental Health Programmes (DMHP)	Monthly DMHP reports.
14.7.2	School visit (Secondary and Higher) for increasing awareness and reducing stigma related to mental health problems	No section of the Society is immune to Mental Illness, Therefore awareness has to start at an early age. Hence school going children are targetted for the purpose.	All Government and Non Government Middle & Private Schools (Secondary & Higher) are visited	Monthly DMHP reports
15.7.1	Public awareness programmes	To tackle the high tobacco use prevalence in the state awareness campaign encompassing various means such as school, community and church based programme, mass media campaign, development of various IEC materials is carried out.	Total No of Public Awareness Programme conducted	Periodic Report of National Tobacco Control Programme (monthly report)
16.8.2	Training of health care workers, enforcement officials, etc.	As per NTCP operational guidelines training and capacity building of relevant stakeholders has to be carried out by both State Cell and District Cell. Health Care providers are to be trained so that they are equipped to provide cessation services if required. Other stakeholder such as enforcement officials, civil society organisations, NGO's, Govt. Officials, etc. are to be trained on various topics which should include introduction of and key provisions under NTCP, Tobacco Control Acts, prevalence of tobacco use, health effects, socio-economic consequences, etc. Suggestive training plan which include no. of training target per year is also indicated in the operational guideline.	Total No. of Training conducted in various places within the state	Periodic Report of National Tobacco Control Programme (monthly report)
17.9.3	Tobacco quit rate	Tobacco Quit rate indicates the number of tobacco quitters from Tobacco Cessation Clinic Clients. Quit rate is calculated from last one year follow up. TCC is available in all districts with separate quit rate, the average of which is taken as the State quit rate	Tobacco Quit Rate= No of quit/Follow up x 100	Periodic Report of National Tobacco Control Programme (monthly report)
2.1.1	No of claims	Mizoram State Health Care Society and RSBY are both health insurance	While the number of	Mizoram State Health

	settled under Mizoram State Health Care Scheme (MSHCS)	schemes,RBY being a scheme under the ministry of H&FW while MSHCS is Mizoram own innovative scheme, MSHCS covers the general population of Mizoram exerting central & state Government servants and their dependants while RSBY covers the BPL,MNREGA Job card Holders throughout the state and weavers & vendors within Aizawl city,besides the BPL. It covers the medical and surgical hospitalization expenses,providing quality health care to the beneficiaries.While MSHCS is being implemented by the Mizoram State Health care Scheme on a self-finance basis,RSBY is being implemented using an insurance provider.	enrolled beneficiaries is a very important indicator to measure the success of the Scheme,it is only an annual exercise. thus the number of claims settled is the most important indicator to measure the success of the Scheme on a monthly basis.	Care's in house software system arising from claims submitted by the patients
3.1.1	Institutional deliveries	In order to reduce infant and maternal mortality the best action that can be included increasing the institutional delivery for the state	Total Number of institutional deliveries including the following health facilities - Hospital, CHC/Dispensary/Urban Health CentrePHC/SC/Ayush Hospital etc.	Total number of deliveries in defined areas
4.2.1	No. of children fully immunized	No. of children aged between 9 to 11 month who have received the following vaccine without missing - BCG; Penta - 1,2,3 doses; OPV - 1,2,3; f- IPV - 1,2; Measles - 1	No. of children below 1 year who have received the following vaccine without missing - BCG; Penta - 1,2,3 doses; OPV - 1,2,3; f- IPV - 1,2; Measles - 1/Total live birth x 100	Health Information Management System
5.3.1	Number of sick infant availing JSSK	Janani Shishu Suraksha Karyakram (JSSK) benefits can be given to all pregnant women delivering at Govt. health facilities including normal deliveries and caesarean, and sick infants upto 1year admitted at Govt. health facilities The Scheme also includes 1. Transportation for both Pregnant women and sick infants from: a)Home to Institutions b) Institutions to Home c)Referral to higher centers 2. Diagnostics 3. Drugs and Consumables 4. Blood transfusion and 5. Diet for Pregnant women	Actual No. of Sick Infants availing JSSK during 1st QR 2017-18 is given below 1.Transport – 534 2. Drugs – 509 3. Diagnostics - 103	Monthly Report collected from all 9 districts.
4.1.1	Women completing 3 ANC's	No. of women who have opted method for spacing - IUCD insertion/Copper T 380/375	No. of pregnant women who received 4 or more ANC check up during the reporting month/No. of Total ANC registered x 100	Health Information Management System
5.1.1	JSY beneficiaries (Mother components)	Pregnant women after having completed at least 3ANCs and delivery at Public or Accredited Private Hospitals, are given JSY Mother component. However this incentive differs as given below: Rural - Rs.700/- Urban - Rs.600/-	Actual No. of JSY Mother Beneficiaries during 1st QR 2017-18 is given below- Rural -3077 Urban – 1101	Monthly Report collected from all 9 districts.
6.2.2	JSY beneficiaries (ASHA components)	ASHA workers are given entitlements for JSY in both rural and urban if she follows the points given below: 1. Identify pregnant woman as a beneficiary and report or facilitate registration at SC for ANC 2. Assist the pregnant woman in receiving at least three ANC checkups 3. Counsel for institutional delivery and escort the beneficiary women to the pre-determined health center for safe delivery ASHAs who assist pregnant woman at least three ANC checkups are given ASHA ANC Component as below: Rural-Rs.300/- Urban-Rs.200/- And ASHAs who escort pregnant woman to deliver at Govt. health institutions are given ASHA Delivery Component as below :Rural-Rs.300/- Urban-Rs.200/-	Actual No. of JSY ASHA Beneficiaries during 1st QR 2017-18 is given below Rural -2375 Urban -358	Monthly Report collected from all 9 districts.
6.1.1	No. of sterilized	No. of eligible couple who have opted FP method for male sterilization (NSV) + female sterilization/tubectomy (Laparoscopic, Minilap (Interval and post partum minilap)	No. of male permanent sterilized (NSV) + No. of female sterilized by Tubectomy x 10/ No. of Eligible couple x 100	Health Information Management System
7.2.1	No. of UID inserted	No. of female who have opted FP method for spacing - IUCD insertion/Copper T 380/375	No. of female who have opted FP method for spacing - IUCD insertion/Copper T 380/375 X 5.5/ No. of Eligible couple x 100	Health Information Management System
7.1.1	Checking done by Anti Tobacco Squad.	As per NTCP operational guidelines, every district constituted enforcement squad(Anti Tobacco Squad) responsible for regular enforcement drive to monitor any violation under COTPA 2003 and other relevant tobacco control laws such as Food Safety and Standard Act 2006, Legal Metrology Act and Juvenile Justice Act. etc.	Total No. of Anti Tobacco squad drives conducted	Periodic Report of National Tobacco Control Programme (monthly report)
8.2.1	License issued to manufacturer of food item	As per provision of FSS Act 2006, all food business operators have to get registration under the FSS Act. It is a mandatory requirement for all Food Business Operators.	Number of newly licensed food business operators who applied for the same and duly issued	Reports from online Food Licensing System
9.3.2	Registration of Food Business Operators	As per provision of FSS Act 2006, all food business operators have to get registration under the FSS Act. It is a mandatory requirement for all Food Business Operators.	No of newly registered for Food Business Operators who applied the same and duly issued	Report from online Food Registration System
10.3.1	Drugs Store Inspection	To monitor the quality of Drugs, and to regulate the procurement, storage and distribution of drugs as per provision of Drugs & Cosmetics Act 1940 & Rules 1945.	Total number of inspecting drugs store within the state	Report received from Drugs Enforcement of all districts.
8.1.1	Number of beneficiaries	Adolescent in the age of 10-19 years on every monday (52 times in a year) at Govt. & Govt. aided schools and Aganwadi centres for out of school	The success of the program is calculated by number of	Data is generated at Aganwadi centres for

	receiving Weekly Iron Folic Supplement	adolescent girls. WIFS is given for the prevention of anaemia among adolescents.	adolescent consuming 4 IFA Tablets per month against targeted beneficiaries as below - No. of adolescent consuming 4 IFA Tab in the month/No. of adolescent covered under WIFS X 100	out of schools adolescent girls using reporting format and at Govt. & aided schools reporting format. Reporting are compiled at CMO offices for each district and then to Directorate.
9.1.1	Attendance of patient at OPD (AYUSH)	Medicines has been procured and distributed to each District Hospitals, Community Health Centres and Public Health Centres as per sanction by Government of India	As per monthly Proforma provided by Ministry of AYUSH and each Proforma has been submitted to the Ministry of AYUSH at First week of every month.	As per monthly Proforma Report submitted by each Medical Officers posted on District Hospitals, Community Health Centres and Public Health Centres.

SECTION 4: SPECIFIC PERFORMANCE REQUIREMENTS FROM OTHER DEPARTMENT

#	Organization	Success Indicator	Requirements	Justification	Quantify Requirements	What happen if requirement is not met
1	Department of Local Administration STATE	No of claims settled under Mizoram State Health Care Scheme (MSHCS) Number of beneficiaries receiving Weekly Iron Folic Supplement	Local Council/Village Council and NGOs for better registration on health scheme	Giving information to the public	One Local Council/Village Council for each District	Registration may not be achieved properly.
2	Excise & Home Department STATE	Tobacco quit rate Drugs Store Inspection	For effective implementation of Narcotic Drugs and Psychotropic Substances Act.	For keeping law and order	-	-
3	National Health Mission, Ministry of Health & Family Welfare, Govt. of India CENTRAL	Women completing 3 ANCs No. of children fully immunized Number of sick infant availing JSSK JSY beneficiaries (Mother components) JSY beneficiaries (ASHA components) Annual Parasitic Incidence (API) Number of beneficiaries receiving Weekly Iron Folic Supplement Attendance of patient at OPD (AYUSH) Annual Blood Examination Rate (ABER) Total cases detected Success Rate No. of sterilized No. of UID inserted Percentage of HIV positive pregnant women cover with multi drug regimen General Awareness on HIV/AIDS through Mass media Percentage of eligible patient started on ART Number of ANC tested for HIV Percentage of Voluntary Blood Donation Public awareness programmes Training of health care workers, enforcement officials, etc. No. of screening school children for refractive errors Cataract surgery performed successfully Early detection and treatment of mental illness patients School visit (Secondary and Higher) for increasing awareness and reducing stigma related to mental health problems Checking done by Anti Tobacco Squad. Tobacco quit rate New Cataract case detected	For funding	All are centralised schemes and the state does not have its own resources to support the activities.	Implementing the project	The activities will not be possible to execute.
4	Public Health Engineer (PHE) STATE	Annual Parasitic Incidence (API)	For providing safe drinking water for sanitation	-	-	The activity may not be succeeded
5	Department of ICT STATE	Annual Parasitic Incidence (API) Public awareness programmes General Awareness on HIV/AIDS through Mass media	Internet connectivity	for better and effective mass awareness on health programme	3mbps speed	The activity may not be achieved.
6	Power & Electricity Department STATE	Training of health care workers, enforcement officials, etc. Cataract surgery performed successfully	Electricity will be required while training conducted	Training instrument devices mostly required electricity	-	The activity may not be achieved properly
7	Department of Social Welfare STATE	No. of children fully immunized	Supplement of nutrition and immunization	-	-	-

8	Department of School Education STATE	School visit (Secondary and Higher) for increasing awareness and reducing stigma related to mental health problems No. of screening school children for refractive errors	For facilitating medical examination, provision of spectacles and use of space for out reach activities like pulse polio. Health camps and also for treatment of emergency patients in out breaks	To conduct screening school children for refractive errors and other ailments.	-	A number of children having physical problems may not be detected which result in weakness in their proper growth, etc.
9	Non-Government Organisation STATE	Percentage of Voluntary Blood Donation Public awareness programmes	For conducting blood donation campaign	Mostly people donated their blood though conducting blood donation campaign.	-	Without Voluntary Blood Donor Organisations, efficiency in blood can not met in the blood bank.

SECTION 5: OUTCOME / IMPACT OF DEPARTMENT

#	Outcome / Impact of Department	Joint Responsibility for this Outcome / Impact	Success Indicator	Unit	2016-2017	2017-2018	2018-2019
1	Reduction in infant mortality	Social Welfare, Local Administration, Public Health Engineer	IMR	Per 1000 Live Birth	17	16	15
2	Reduction in Maternal Death	Education, Social Welfare, Public Health, Transport	MMR	No. Per 100000 Live Birth	97	90	85
3	Control of Communicable & Non-Communicable Diseases	Power & Electricity, Social Welfare, Education, PWD, Local Council, NGOs etc.	Annual Blood Examination Rate (ABER)	Percentage	16.88	18.80	20.5
4	Control of Communicable & Non-Communicable Diseases.	Power & Electricity, Social Welfare, Forest, Local Council, LAD & NGO etc.	Total Tuberculosis detected	Nos.	2046	2250	2500
5	Health Insurance Scheme	I & PR, Cable Operator, LC/VC, NGOs, etc.	No. of claims settled under Healthcare scheme	Nos	6237	6700	6900

"What gets measured, gets done"

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