

CITIZEN'S CHARTER 2020
DIRECTORATE OF HEALTH SERVICES
HEALTH & FAMILY WELFARE DEPARTMENT
GOVERNMENT OF MIZORAM

VISION & MISSION

VISION :

Increase life expectancy and improve physical quality of life of the people of Mizoram so that they attain highest level of physical, mental, spiritual health and contribute towards the development of the state.

MISSION :

- Provide quality healthcare services.
- Provide preventive and curative health services
- Improving maternal, child health & child health ratio.
- Developing human resource for health.
- Population stabilization.
- Revamping of local health traditions including AYUSH and usage of common medicinal plants.

MAIN SERVICES:

| Sl. No | Services delivered by the department/ office | Responsible official with designation | Email & Mobile No. | Process for delivery of service within the department/ office | Documents, if required for obtaining the service to be submitted by citizen/client | Fee, if any |
|--------|--|--|--|---|---|-------------|
| 1 | Grant-in-aid for TB Patient | Dr. Lalramliana Dy. Director (G), DHS | dhsmizoram@gmail.com 9436158041 | Issue of application form/cross checking/examination | 1) Chairman, Local Council/Village Council recommendation (Residency & Non-Govt. servant) 2) BDO Certificate-Khua/Veng, natnahming, BPL No. 3) MO Certificate-enkawltu Doctor hnen atangin. | Nil |

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|---|--------------------------------------|--|--|--|---|-----------------------------|
| 2 | Grant-in-aid for Fell Diseases | Dr. Robert L.Khawlhring SNO, Mental Health, DHME | dhmemiz@gmail.com 9436151430 | Issue of application form/cross checking/examination. | <ol style="list-style-type: none"> 1) Chairman, Local Council/Village Council recommendation (Residency & Non-Govt. servant) 2) BDO Certificate-Khua/Veng, natna hming, BPL No. 3) MO Certificate-enkawltu Doctor hnen atangin. | Nil |
| 3 | Grant of Drugs Licence | Lalsawma, Jt. Director (Food & Drugs) | mizoramfda2@gmail.com | Issue & receive application form/examination and spot verification | <ol style="list-style-type: none"> 1) Educational qualification certificate(Xerox) 2) Passport size photo- 6 nos. 3) Pharmacist Registration Certificate(Xerox) 4) Adhaar/Voter ID (Xerox) 5) Plan layout of the premises 6) Recommendation of Chairman/ President, Local/ Village Council 7) Recommendation of President, NGO 8) Treasury Challan of fee payment – 2(two) copies | 3,000/- for 5 (five) years. |
| 4 | Grant of Drugs Manufacturing Licence | Lalsawma, Jt. Director (Food & Drugs) | mizoramfda2@gmail.com | Issue of application form/Spot verification with central team. | <ol style="list-style-type: none"> 1) Plan layout of the premises 2) List of the competent technical staffs 3) Educational qualification certificate of Technical staffs 4) Experience Certificate of the Technical Staffs 5) List of equipments 6) Treasury Challan of fee payment – 2(two)copies | 7,500/- for 5(five) years. |

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|---|---|--|------------------------------|--|--|--|
| 5 | Registration of Petty Food Business Operation | 1. Lalrinkimi Pachuau, Food Safety Officer for Aizawl East Urban & Rural Aizawl District | lrkpachuau@gmail.com | Issue of application Form- A/examination and spot verification | 1) Adhaar Card/Electoral ID(Xerox) 2) Passport size photo – 1(one)copy | 100/- per year |
| | | 2. John Laldingliana, Food Safety Officer for Aizawl West Urban & Rural | Laldinglianajohn97@gmail.com | | | |
| | | 3. K.Lalngilneia, Food Safety Officer, Lunglei Urban & Rural and Lawngtlai Urban & Rural | mangilakhawlhiring@gmail.com | | | |
| | | 4. C.Ramdinmawii, Food Safety Officer for Champhai Urban & Rural | Ramdin14@yahoo.com | | | |
| | | 5. R.Vanlalsiama, Food Safety Officer for Siaha Urban & Rural | Siama_r@yahoo.co.in | | | |
| | | 6. R.Vanlalruata, Food Safety Officer for Kolasib Urban & Rural | Vanlalruata90@gmail.com | | | |
| | | 7. Sarah Laldintluangi, Food Safety Officer for Serchhip Urban & Rural | Sarahvangchia7@gmail.com | | | |
| | | 8. Timothy Thanchungnunga, Food Safety Officer for Mamit Urban & Rural | timothychungga@yahoo.com | | | |
| 6 | License of Petty Food Business Operation | 1. F.Lalliantluanga, Designated Officer for Aizawl 'W', Champhai & Serchhip Districts. | lalliantluanga@gmail.com | Issue of application form- B/Examination and Spot verification | For retailer. Wholesaler, Distributor 1) Food Safety Management Paln 2) List of directors 3) Adhaar Card/Electoral ID(Xerox) For Manufacturer and Processor. 1) Food Safety Management Paln 2) List of directors | Rs.2000 /- Retailer /Whole seller/Distributor or per year. Rs.3000 /- and above for Manufacturer |
| | | 2. H.Vanlalnghaka, Designated Officer for Lunglei, Lawngtlai & Siaha District. | Valahnialum5@gmail.com | | | |
| | | 3. Lalchhandama, Designated Officer for Aizawl 'E', Kolasib & Mamit Districts. | lalsandamadco@gmail.com | | | |

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|--|--|--|--|--|--|-------------------|
| | | | | | 3) Adhaar Card/Electoral ID(Xerox) 4) Blue print of manufacturing unit 5) List of equipments 6) List of Food to be manufactured 7) Photograph of manufacturing unit. | and Prosecutor |
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SERVICE DELIVERY STANDARD

| Sl.No. | Services delivered by the department/office | Stipulated time limit for delivery of service (days/weeks/months) | Remarks, if any |
|--------|--|--|-----------------|
| 1 | Grand-in-aid for TB Patient | Within 30 days (if fund is available) | |
| 2 | Grand-in-aid for Fell Diseases | Within 30 days (if fund is available) | |
| 3 | Grant of Drugs Licence | Within 30 days of receipt of an application, if the condition are satisfied by Licensing Authority | |
| 4 | Grant of Drugs Manufacturing Licence | Within 60 days of receipt of an application, if the condition are satisfied by Licensing Authority | |
| 5 | Registration of Petty Food Business Operator | Within 30 days of receipt of an application, if register authority satisfied with safety, hygiene and sanitary conditions of the premises. | |
| 6 | License of Petty Food Business Operation | Within 60 days of receipt of an application, if the condition are satisfied by Licensing Authority | |

GRIEVANCE REDRESS MECHANISM :

| Sl.No. | Name of the Responsible officer to handle public greivance in the department/office | Contact Number | Email | Time limit for redress of grievance |
|--------|---|--------------------------------------|--|-------------------------------------|
| 1 | Dr.H.Lalchungnunga Diretor of Health Services, Dinthar, Aizawl | 9436140208 | dhsmizoram@gmail.com | 3 days |
| 2 | Dr. T.Lalmangaihi Director of Hosp. & Medl. Edu. Sectt. Complex, Khatla | 9436140528 | dhmemiz@gmail.com | 3 days |
| 3-4 | Lalsawma, Joint Director (F & D), Diretorate of Health Services, Dinthar, Aizawl | 0389- 2313694 (Fax) 9436152192 | Mizoramfda2@gmail.com | 20 days |
| 5-6 | Lalsawma, Dy. Food Safety Commissioner, Office of the Commissioner of Food Safety, Health & Family Welfare, Dinthar, Aizawl | 0389- 2313694 (Fax) 9436152192 | mizoramfoodsafetycommissioner@mail.com | 20 days |

LIST OF STAKEHOLDERS/CLIENTS

| Sl.No. | Stakeholders/Clients |
|--------|-------------------------------|
| 1 | Citizen |
| 2 | Medical Staff |
| 3 | Registered Pharmacist |
| 4 | NGOs |
| 5 | Village Council/Local Council |
| 6 | BDOs |

EXPECTATION OF THE DEPARTMENT/OFFICE FROM THE CITIZENS/SERVICE RECIPEINTS

| Sl.No. | Expectations of the department/office from citizens/service recipient |
|--------|---|
| 1 | Submission of application and all required documents, cross checking, time line stipulated. |
| 2 | Submission of application and all required documents, cross checking, time line stipulated. |
| 3 | Submission of application and all required documents, paid/updated fee/accept and act in accordance with rules & regulations (if any) |

CITIZEN'S CHARTER
For
DISTRICT CHIEF MEDICAL OFFICES UNDER HEALTH SERVICES

MAIN SERVICES

| SI No | Services delivered by the department/ office to citizens or other departments / organisation including non-governmental organisations | Responsible official with designation | Email and Mobile (Phone No.) | Process for delivery of service within the department/ office | Documents, if any, require for obtaining the service to be submitted by citizen/client | Fees, if any, for the services with amount |
|-------|---|---------------------------------------|---|--|--|--|
| 1 | Processing of drug licence | Asst. Director, FDA. | cmokulikawn@gmail.com (9862363454) cmoaizawleast@gmail.com (9612183470) Lunglei.cmo@gmail.com (9436152102) cmo.champhai@gmail.com (9436376607) cmoserchhip@gmail.com 9436146398) cmolti@gmail.com (9436370550) cmomamit@g | Application form sent to the Director, Food and drug Administration, Aizawl. | Application form to be submitted along with 1.Education Certificate 2.Aadhar/Voters Id 3. Pharmacist registration Certificate 4. Passport size photo (7copies) 5.Acknowledgment by VC/YMA | Rs. 300 |

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|---|--|-------------------------|--|--|--|---|
| | | | mail.com (9436144061) cmokolasib@gmail.com (9436154624) cmosiaha@gmail.com (9436149663) | | | |
| 2 | Processing of Food licencing | Asst. Director, FDA. | -do- | Application form sent to the Director, Food and drug Administration, Aizawl. | Application form to be submitted along with 1. Photocopy of Aadhar or Voters Id 2. One Passport size photo | Business involving below Rs.12 lakhs= Rs100 for one year. Business involving above Rs.12 lakh= Rs 2000 for one year |
| 3 | Issue of Food Registration | Asst. Director, FDA. | -do- | Application form submitted to Asst. Director, FDA. | | Rs. 100 |
| 4 | Implementing JSY Programme | DPM/Acctt. Manager, NHM | -do- | Provision of incentive given mother who deliver at Government institution it was provided @ Rs 700 for rural areas and @ Rs 600 for urban area | Discharge certificate ANC check up certificate | Nil |
| 5 | Implementing JSSK Programme for Pregnant | DPM/Acctt. Manager, NHM | -do- | Pregnant women who approached Institution for | Vehicle ticket | Nil |

| | | | | | | |
|---|--|-------------------------|------|--|--|-----|
| | women | | | <p>delivery given incentive in term of Transportation @ Rs 800</p> <p>Drugs @ Rs 350</p> <p>Lab @ Rs 200</p> <p>Blood @ Rs 300</p> <p>Diet @ Rs 300</p> | | |
| 6 | Implementing JSSK Programme for sick infant | DPM/Acctt. Manager, NHM | -do- | <p>Provision of incentive given to Sick infant who approached Institution in term of Transportation @ Rs 800</p> <p>Drugs @ Rs 300</p> <p>Lab @ Rs 200</p> <p>Blood @ Rs 300</p> | <p>2019-20</p> <p>Transportation -631</p> <p>Drugs -584</p> <p>Lab - 104</p> | Nil |
| 7 | Free medical check up for Pregnant women under PMSMA programme | DPM/Acctt. Manager, NHM | -do- | Provision of free medical check up and free laboratory test (Hb, Urine RE, HIV, Syphilis, Heb B, ultrasound) for Pregnant women | 1232(42%)pregnant women undergone ANC check up through PMSMA | Nil |
| 8 | Programme for Performance based incentive for pregnant | DPM/Acctt. Manager, NHM | -do- | Provision of special referral transportation incentive @ Rs 3000 per patient of villagers from interior villages | Witness by Medical Officer | Nil |

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|----|--|-------------------------|------|--|---------------------|-----|
| | women | | | where pregnant women has to be carried to institution for delivery | | |
| 9 | Programme for IUCD insertion | DPM/Acctt. Manager, NHM | -do- | Provision of incentive @ Rs 20 to the mother who had done insertion of Copper T | | Nil |
| 10 | Programme for Female Sterilization (Tubectomy) | DPM/Acctt. Manager, NHM | -do- | Provision of incentive @Rs 745 per head to the mother who had done sterilization | Medical certificate | Nil |
| 11 | Programme for Male Sterilization (Vasectomy) | DPM/Acctt. Manager, NHM | -do- | There is a provision for male sterilization but till date no one provided | nil | Nil |
| 11 | Medical Mobile Unit | DPM/Acctt. Manager, NHM | -do- | Provision of free Medical check up in many villages | | Nil |
| 12 | RBSK programme | DEIC Manager | -do- | Provision of free health check up to school children (0-18years) and Weekly Iron Folic Acid (WIFS) supplementation | | Nil |
| 13 | DEIC | DEIC Manager | -do- | Provision of free health check up for 0-18 years and early detection and treatment of children disability | | Nil |

SERVICE DELIVERY STANDARD

| SI No | Services delivered by the department/ office to citizens or other departments/ organisation including non-governmental organisations | Stipulated time limit for delivery of service (days/ weeks/ months) | Remarks, if any |
|-------|--|--|-----------------|
| 1 | Processing of drug licence | 8 months | |
| 2 | Processing of Food licencing | 5 months | |
| 3 | Issue of Food Registration | 3 days | |
| 4 | JSY | After discharge within 1 months | |
| 5-6 | JSSK | While giving treatment | |
| 7 | PMSMA | While attending ANC at Hospital | |
| 8 | Programme for Performance based incentive for pregnant women | After discharge within 1 month | |
| 9 | Programme for IUCD insertion | Within one month | |
| 10 | Programme for Female Sterilization (Tubectomy) | Within one month | |
| 11 | Programme for Male Sterilization (Vasectomy) | Within one month | |
| 12 | MMU | Daily or Selected days, if fund available. | |
| 13 | RBSK | Selected Days | |
| 14 | DEIC | Selected Days | |

GRIEVANCE REDRESS MECHANISM

| SI No | Name of the responsible officer to handle public grievance in the department/ office | Contact number | Email | Time limit for redress of grievances |
|-------|--|----------------|--|--------------------------------------|
| 1 | Dr. Lalthlamuana Chief Medical Office for Lunglei | 9436370550 | cmo.lunglei@gmail.com | 1 week |
| 2 | Dr.Chawngthanchhunga Chief Medical Office for Aizawk W | 9436147022 | cmokulikawn@gmail.com | 1 week |
| 3 | Dr. Hmingthanmawii Chief Medical Office for Aizawl East | 9436154624 | cmoaizawleast@gmail.com | 1 week |
| 4 | Dr.C.Hnicho Chief Medical Office for Siaha | 9436149663 | cmosiaha@gmail.com | 1 week |
| 5 | Dr. R.Lianmawia Chief Medical Office for Champhai | 9436145734 | cmochamphai@gmail.com | 1 week |
| 6 | Dr.Lalhlimpuia Chief Medical Office for Kolasib | 9436143505 | cmokolasib@gmail.com | 1 week |
| 7 | Dr.Laldawngliana Chief Medical Office for Serchhip | 9436146398 | cmoserchhip@gmail.com | 1 week |
| 8 | Dr.L.C.Liana Chief Medical Office for Lawngtlai | 9436147956 | cmolti@gmail.com | 1 week |
| 9 | Dr. Vanlalabela Chief Medical Office for Mamit | 9436144061 | cmomamit@gmail.com | 1 week |
| | | | | |

LIST OF STAKEHOLDERS/CLIENTS

| SI No | Stakeholders/Clients |
|-------|------------------------------|
| 1 | Citizen |
| 1 | Non-Government Organisations |
| 2 | Local/Villages Councils |
| | Church Leaders |

| | |
|---|---------------------------------------|
| 3 | |
| 4 | Rogi Kalyan Samity (RKS) |
| 5 | Medical Staff/ASHA |
| 6 | Village Health & Sanitation Committee |

EXPECTATIONS OF THE DEPARTMENT/ OFFICE FROM CITIZENS/ SERVICES RECIPIENTS

| SI No | Expectations of the department/office from citizen/service recipients |
|--------------|--|
| 1 | Time lines stipulated, if any, for completion of formalities for the service delivery are to be adhered to. |
| 2 | To cooperate by producing particular details viz. ID Proof, Contact Number, etc. if demanded |
| 3 | Registered to health centres longwith required documents. |
| 4 | Regular medical checkup may be followed as per health expert's prescription. |
| 5 | To lodge a complaint within fixed date & time of the transaction/availing a service relating to any deficiency in service. |
| 6 | Keeping all required document to produce as and when needed. |

CITIZEN'S CHARTER FOR

COMMUNITY HEALTH CENTRE, PRIMARY HEALTH CENTRE and SUB CENTRE, etc.

MAIN SERVICES

| SI No | Services delivered by the department/ office to citizens or other departments/ organisation including non-governmental organisations | Responsible official with designation | Email and Mobile (Phone No.) | Process for delivery of service within the department/ office | Documents, if any, require for obtaining the service to be submitted by citizen/client | Fees, if any, for the services with amount |
|-------|--|---------------------------------------|------------------------------|---|---|--|
| 1 | Out Patient Department (OPD) | Medical Officer | Concerned CMO Office | 9:00 am – 3:00 pm (during office hours) | Registration at OPD Counter | Rs. 10/- |
| 2 | Emergency Service | Medical Officer | Concerned CMO Office | 24 Hrs. | Registration at OPD Counter | Rs. 10/- |
| 3 | Visiting Hours | Medical Officer & Duty Nurse | Concerned CMO Office | 6:00 – 8:00 am & 3:00-5:00 pm | Visiting Card issued by Hospital | Nil |
| 4 | Indoor Patient Services | Medical Officer | Concerned CMO Office | Free diet, Lab. X-ray, Nursing Services | Doctor's prescription | Nil |
| 6 | Issue of Medical Certificate/Fitness Certificate | Medical Officer | Concerned CMO Office | Those who taking treatment from the Centre on working day. | Doctor's prescription | User charge |
| 7 | X-Ray & Laboratory | Technician | Concerned CMO Office | On working day excluding Sunday & Holiday | Doctor's prescription | User charge |
| 8 | Janani Suraksha Yojana (JSY) | Block Account Manager | Concerned CMO Office | Provision of incentive given mother who delivered at Govt. Institution @ Rs. 700 for rural areas and Rs. 600 for urban areas. | 1.Registration Card of Sub-Centre 2. ANC checkup certificate 3. Discharge certificate | Nil |
| 9 | Janani Shishu | Block Account | Concerned | Free | 1. Medical | Nil |

| | | | | | | |
|----|--|-----------------------|----------------------|---|---|-----|
| | Suraksha Karyakram (JSSK) for pregnant women | Manager | CMO Office | transportation for pregnant women @ Rs. 800/-, drugs @ Rs. 350/- Lab @ Rs. 200/- Blood @ Rs. 300/- and Diet @ Rs. 300/- | Certificate 2. Vehicle ticket | |
| 10 | Janani Shishu Suraksha Karyakram (JSSK) for sick infant | Block Account Manager | Concerned CMO Office | Free transportation for pregnant women @ Rs. 631/-, drugs @ Rs. 584/- Lab @ Rs. 104/- - | 3. Medical Certificate 4. Vehicle ticket | Nil |
| 11 | Pregnant Women under PMSMA | Block Account Manager | Concerned CMO Office | Free Medical checkup and free lab test (Hb, Urine RE, HIV, Syphilis, Heb B and Ultrasound) | 1. Registration card at Sub-centre | |
| 12 | Programme for Performance based incentive for pregnant women | Block Account Manager | Concerned CMO Office | Provision of special referral transportation incentive @ Rs 3000 per patient of villagers from interior villages where pregnant women has to be carried to institution for delivery | Medical Officer certificate | Nil |
| 13 | Programme for IUCD insertion | Block Account Manager | Concerned CMO Office | Provision of incentive @ Rs 20 to the mother who had done insertion of Copper T | | Nil |
| 14 | Programme for Female Sterilization (Tubectomy) | Block Account Manager | Concerned CMO Office | Provision of incentive @Rs 745 per head to the mother who | Medical certificate | Nil |

| | | | | | | |
|----|---|-----------------------|----------------------|---|--------------|-----|
| | | | | had done sterilization | | |
| 15 | Programme for Male Sterilization (Vasectomy) | Block Account Manager | Concerned CMO Office | There is a provision for male sterilization but till date no one provided | nil | Nil |
| 16 | RKSK programme | DEIC Manager | Concerned CMO Office | Provision of free health check up to school children (0-18yrs) and Weekly Iron Folic Acid (WIFS) supplementation | | Nil |
| 17 | DEIC | DEIC Manager | Concerned CMO Office | Provision of free health check up a for 0-18 years and early detected and treatment of children disability | | Nil |
| 18 | National Ambulance Service (NAS) | Supervisor | Concerned CMO Office | Help line 102 (Toll Free) | Mobile Phone | |

SERVICE DELIVERY STANDARD

| SI No | Services delivered by the department/ office to citizens or other departments/ organisation including non-governmental organisations | Stipulated time limit for delivery of service (days/ weeks/ months) | Remarks, if any |
|-------|--|--|--|
| 1 | OPD | Monday to Saturday excluding Sunday & Holiday (9:00 to 3:00 pm) | The CHC & PHC provides quality minimum assured services set by Indian Public Health Standard |

| | | | |
|------|---------------------------------|---|--|
| 2 | Emergency Service | 24 x 7 hrs | |
| 3 | Visiting Hours | 6:00 - 8:00 AM & 3:00 - 5:00 P.M. | |
| 4 | Indoor Patient Service | 24 X 7 hrs. | |
| 6 | Medical Certificate | 1 Hour (if document approved) | |
| 7 | X-Ray & Laboratory | Same day | |
| 8 | JSY | Same day (if fund is available Or After discharge within 1 month) | |
| 9-10 | JSSK | While taking treatment in the hospital | |
| 11 | PMSMA | While attending in the hospital | |
| 12 | Performance for based incentive | After discharge within one & half month | |
| 13 | IUCD Insertion | Within one month of delivery | |
| 14 | Tubectomy | -do- | |
| 15 | Vasectomy | -do- | |
| 16 | RKSK | Every Monday | |
| 17 | DEIC | | |
| 18 | NAS | After dial Call Centre and within 1 hrs. | |

Sub Center & Health Clinics

MAIN SERVICES

| | | | | | | |
|---|--|----------------|--|-----------------------------------|----------------------------------|-----|
| 1 | Ante Natal Care – ANC Registration, TT Injection, Distribution of Iron Folic Acid, Mosquito Bednet, etc. | Health Workers | | Office Hours | Maternal & Child Protection Card | Nil |
| 2 | Post Natal Care – Home visit for mother & child health, Health Education, etc. | Health Worker | | Working days 12:00 Noon Onward | Maternal & Child Protection Card | Nil |
| 3 | Full Immunization | Health Worker | | Office Hours | Maternal & Child Protection Card | Nil |
| 4 | Family Planning & Contraception – Provision of condoms, oral pills and emergency contraceptives. | Health Worker | | Office Hours | OP Registration | Nil |
| 5 | Curative Service – Minor ailment including fever, diarrhoea, worm infestation, ORS & first aid etc. | Health Worker | | Office Hours | Registration Book/Referral Card | Nil |

SERVICE DELIVERY STANDARD

| | | | |
|---|-------------------|--|--|
| 1 | ANC | On a given checkup day Or Office hours | |
| 2 | PNC | Daily on office hours | |
| 3 | Full Immunization | On a given Immunization day | |
| 4 | Family Planning | Daily during Office Hours | |
| 5 | Curative Service | Daily during Office Hours | |

GRIEVANCE REDRESS MECHANISM

| SI No | Name of the responsible officer to handle public grievance in the department/ office | Contact number | Email | Time limit for redress of grievances |
|-------|--|--------------------------|-----------------------------|--------------------------------------|
| 1 | Concerned Chief Medical Officer | Concerned CMO Contact No | Concerned CMO email address | 1 week |
| | | | | |

LIST OF STAKEHOLDERS/CLIENTS

| SI No | Stakeholders/Clients |
|-------|---------------------------------------|
| 1 | Citizen, |
| 2 | Non Government Organisation (NGOs) |
| 3 | Local/Village Council |
| 4 | Village Health & Sanitation Committee |

EXPECTATIONS OF THE DEPARTMENT/ OFFICE FROM CITIZENS/ SERVICES RECIPIENTS

| SI No | Expectations of the department/office from citizen/service recipients |
|-------|---|
| 1 | Keeping the Centre & its surroundings neat and clean. |
| 2 | The Centre is No Smoking Zone and Smoking is punishable. |
| 3 | Providing permanent building for the health centre |

