

Tea Garden Master Database Format		
(One time reporting format. To be submitted on or before 25th May 2015)		
A	Demographic Profile	
A.1	Name of the District:	
A.2	Name of the Health Block/ Block PHC:	
A.3	Name of the Tea Garden	
A.4	Name of the Owner/ Company	
A.5	Association Name (ABITA/ ATA/ NETA/ TAI, etc)	
B	Population of the Tea Garden	
B.1	Population	Permenent
B.2		Seasonal
B.3		Total Population
C	Status of Health Infrastructure in the Tea Garden	
C.1	Whether Hospital available in the Tea Garden (Yes/No)	
C.2	If Hospital available, in the Tea Garden	
C.2.1	Status of the Tea Garden Hospital	Name of the Tea Garden Hospital
C.2.2		Number of Functional Beds in the Hospital
C.2.3		Functional Labour Room available (Yes/No)
C.2.4		Functional NBCC available (Yes/ No)
C.2.5		Functional NBSU available (Yes/ No)
C.2.6		Functional OT available (Yes/ No)
C.2.7		Functional Laboratory available (Yes/No)
C.2.8		Number of Doctors in position
C.2.9		Number of Staff Nurses in position
C.2.10		Number of ANMs in position
C.2.11		Number of Pharmacists in position
C.2.12		Number of Laboratory Technicians in position
C.2.12	Whether accredited for JSY	

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C.2.13	PPP with NHM	Whether under PPP with NHM (Yes/ No)	
C.2.14		If under PPP with NHM since which year	
C.2.15		If under PPP with NHM whether Ambulance received (Yes/No)	
C.2.16		Total Fund Received (Up to 31st March 2015)	
C.2.17		Total Expenditure (Up to 31st March 2015)	
C.2.18		Whether SOE/ UC submitted (Yes/ No)	
C.2.19	Referral Transport Facility	Number of Ambulances	
C.2.20		Number of Patients Transported	
C.2.21		Number of Pregnant Women/ Mothers transported	
C.2.22		Whether 108/102 service cover the Tea Garden	
C.3	If Hospital not available, in the Tea Garden		
C.3.1	How the Health Services are provided to the Tea Garden Population (Please mention in detail)		
C.3.2.1	Linked Facility for OPD, ANC & Immunization	Name of the Hospital	
C.3.2.2		Type of Hospital (Govt./ Private)	
C.3.3.1	Linked Facility for Delivery	Name of the Hospital	
C.3.3.2		Type of Hospital (Govt./ Private)	
D	ASHA & Mothers Club		
D.1.1	ASHA	Whether ASHA is in position in the Tea Garden (Yes/ No)	
D.1.2		Name of the ASHA with Contact No	
D.2.1	Mothers' Club	Whether Mothers Club Formed (Yes/ No)	
D.2.2		Date of formation of Mothers Club	
E	Status of Maternal and Infant Death		
E.1.1	Number of Maternal Deaths in the Tea Garden Area	2014-15	
E.1.2		2013-14	
E.1.3		2012-13	

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E.2.1	Number of Infant Deaths in the Tea Garden Area	2014-15	
E.2.2		2013-14	
E.2.3		2012-13	
E.3.1	Number of Child (0-5 years) Deaths in the Tea Garden Area	2014-15	
E.3.2		2013-14	
E.3.3		2012-13	
E.4.1	Number of Deaths due to Malaria in the Tea Garden Area	2014-15	
E.4.2		2013-14	
E.4.3		2012-13	
E.5.1	Number of Deaths due to AES/JE in the Tea Garden Area	2014-15	
E.5.2		2013-14	
E.5.3		2012-13	
F	Performance for the year 2014-15 (1st April 2014 to 31st March 2015)		
F.1	Target	Total number of Pregnant Women in the Tea Garden area	
F.2		Total number of Infants (0-1 year) in the Tea Garden area	
F.3	Performance for the year 2014-15 (1st April 2014 to 31st March 2015)	Number of Pregnant Women received at least one ANC checkup	
F.4		Number of Pregnant Women received 3 or more ANC checkup	
F.5		Number of pregnant women identified having severe anemia (Hb <7)	
F.6		Number of Institutional Deliveries from the Tea Garden area	
F.7		Number of Home Deliveries from the Tea Garden area	
F.8		Number of Infants received Meseales vaccination	
F.9		Number of Infants fully immunized	
F.10		Number of Outdoor Patients in the Tea Garden Hospital	
F.11		Number of Indoor Patients in the Tea Garden Hospital	
F.12		Number of patients referred to other hospital	

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F.13		Number of Pregnant Women referred to other Hospital	
F.14		Number of PPIUCD / IUCD inserted	
F.15		Number of Male Sterilization	
F.16		Number of Female Sterilization	

Seal & Signature of the Manager

Date:

Name:

Note:

Please send the signed hard copy of the report to

The Mission Director National Health Mission, Assam Saikia Commercial Complex G. S. Road, Christianbasti, Guwahati - 781005
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Soft copy of the report to be sent to

misnrhm.assam@gmail.com