## Section A: Health Facilities

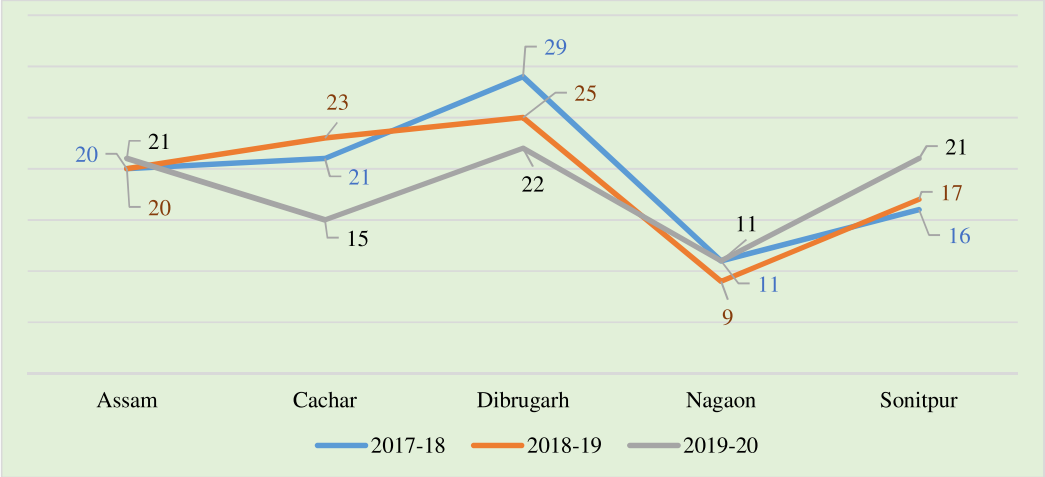
### 4.5 Overview of Health facilities and indicators in the sampled districts

#### (a) Maternal Mortality Ratio and Infant Mortality Ratio

Maternal health refers to the health of women during pregnancy, childbirth and the post-partum period, whereas prenatal health refers to health from 22 completed weeks of gestation until seven completed days after birth.

Maternal Mortality Ratio (MMR) is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 1,00,000 live births. Since the number of live-births in the sampled districts were less than 1,00,000, audit was unable to comment on MMR in those districts. The rate of Infant Mortality Ratio (IMR[37]) in Assam and the four sampled districts having majority of tea gardens is shown in **Chart 4.3.**

**Chart 4.3: IMR in the State and sampled districts**




As can be seen from **Chart 4.3**, IMR in the sampled districts was comparable to the State IMR during the year 2019-20.

Further, Audit assessed the availability of health infrastructure and facilities in the sampled districts as discussed in the succeeding paragraphs:

#### (b) Public Health facilities

Availability of health facilities in close proximity is essential for access to sound health care. The Central and State Governments have introduced various interventions for providing quality health facilities to the general population. Indian Public Health Standards (IPHS) provides normative requirement of various health facilities based on population. As per IPHS norms, there has to be a Sub Centre (SC), Primary Health Centre (PHC) and Community Health Centre (CHC) for every 5,000, 30,000, and 1.20

[37] Per thousand live births.

lakh population respectively. Based on the population in the sampled districts[38] as per Census 2011, availability of health facilities as per IPHS norms is shown in **Table 4.1**.

**Table 4.1: Availability of health infrastructure in tea garden sampled districts**

| Health infrastructure | | | Cachar | Dibrugarh | Nagaon | Sonitpur | Total |
|---|---|---|---|---|---|---|---|
| Status of availability of | SCs | Required | 347 | 265 | 565 | 385 | **1,562** |
| | | Available | 270 | 231 | 354 | 275 | **1,130** |
| | | Shortfall | 77 *(22)* | 34 *(13)* | 211 *(37)* | 110 *(29)* | **432 (28)** |
| | PHCs | Required | 58 | 44 | 94 | 64 | **260** |
| | | Available | 33 | 30 | 80 | 58 | **201** |
| | | Shortfall | 25 *(43)* | 14 *(32)* | 14 *(15)* | 6 *(10)* | **59 (23)** |
| | CHCs | Required | 14 | 11 | 24 | 16 | **65** |
| | | Available | 5 | 7 | 15 | 7 | **34** |
| | | Shortfall | 9 *(64)* | 4 *(36)* | 9 *(38)* | 9 *(56)* | **31 (48)** |

***Source: Health & Family welfare website.*** ***Figures in parenthesis indicate percentage.***

It can be seen from **Table 4.1**, there was shortage of SCs, PHCs and CHCs by 13 to 37 *per cent*, 10 to 43 *per cent* and 36 to 64 *per cent* respectively which indicates the gaps in availability of health facilities.

### (c) Antenatal Care

A proper antenatal check-up provides necessary care to the mother and helps identify any complications of pregnancy such as anaemia, pre-eclampsia and hypertension, *etc*. As per the Maternal Health Division, Ministry of Health and Family Welfare, all eligible pregnant women (PW) are required to be registered and minimum four Antenatal Care (ANC) check-up are to be conducted. All the investigations done and dates of visits have to be recorded in the Mother & Child Protection (MCP) card and the same is required to be updated in the Reproductive & Child Health (RCH) Register. Position of ANC check-up done during 2017-18 to 2019-20 is shown in **Table 4.2**.

**Table 4.2: Position of Antenatal Care (ANC) done in the four sampled districts**

| Name of district | Year | Number of PW registered for ANC | | No. of PWs received up to four or more ANC check-ups | TT2 or TT booster given to PWs | Number of PW received | |
|---|---|---|---|---|---|---|---|
| | | Total | Within first trimester | | | IFA tablets | Calcium |
| Cachar | 2017-18 | 39,489 | 34,635 *(87.7)* | 33,576 *(85)* | 37,689 *(95.4)* | 38,422 *(97.3)* | 1,357 *(3.4)* |
| | 2018-19 | 40,012 | 35,489 *(88.7)* | 34,282 *(85.7)* | 37,756 *(94.4)* | 39,841 *(99.6)* | 26,887 *(67.2)* |
| | 2019-20 | 40,421 | 35,932 *(88.9)* | 35,492 *(87.8)* | 39,124 *(96.8)* | 40,197 *(99.4)* | 39,442 *(97.6)* |
| Dibrugarh | 2017-18 | 24,995 | 21,762 *(87.1)* | 19,197 *(76.8)* | 22,995 *(92)* | 24,907 *(99.6)* | 8,498 *(34)* |
| | 2018-19 | 24,154 | 22,239 *(92.1)* | 21,660 *(89.7)* | 22,470 *(93)* | 24,100 *(99.8)* | 12,818 *(53.1)* |
| | 2019-20 | 23,867 | 21,298 *(89.2)* | 19,939 *(83.5)* | 21,597 *(90.5)* | 23,776 *(99.6)* | 21,492 *(90)* |
| Sonitpur | 2017-18 | 36,512 | 32,917 *(90.2)* | 29,742 *(81.5)* | 34,029 *(93.2)* | 34,914 *(95.6)* | 1,044 *(2.9)* |
| | 2018-19 | 35,564 | 31,671 *(89.1)* | 29,715 *(83.6)* | 31,989 *(89.9)* | 34,860 *(98)* | 4,169 *(11.7)* |
| | 2019-20 | 36,153 | 32,484 *(89.9)* | 32,484 *(89.9)* | 33,300 *(92.1)* | 34,633 *(95.8)* | 19,545 *(54.1)* |
| Nagaon | 2017-18 | 67,596 | 53,017 *(78.4)* | 55,156 *(81.6)* | 62,001 *(92.0)* | 66,963 *(99.0)* | 6,332 *(9.4)* |
| | 2018-19 | 68,503 | 56,756 *(82.2)* | 56,606 *(82.6)* | 57,476 *(83.9)* | 70,676 *(103.2)* | 28,675 *(41.9)* |
| | 2019-20 | 69,047 | 52,358 *(76.4)* | 57,141 *(82.7)* | 61,735 *(89.4)* | 70,366 *(101.9)* | 67,723 *(98.1)* |

***Source: HMIS data.*** ***Figures in parenthesis represent per cent.***

[38] Cachar: 17,36,617; Dibrugarh: 13,26,335; Nagaon: 28,23,768; and Sonitpur: 19,24,110.

As can be seen from **Table 4.2**, during the period between 2017-18 and 2019-20:

- The total number of PWs who had received four or more ANC check-ups ranged between 77 *per cent* and 90 *per cent* in the four sampled districts.
- During audit of DH, Nagaon, it was found from the minutes of the Maternal Death Review (MDR) Committee that lack of proper ANC had been recorded as one of the several reasons for maternal deaths. In DH Nagaon, it was noticed that out of 114 deaths reviewed by the Committee, lack of ANC was one of the reasons for maternal deaths in 101 cases.
- The number of Second dose of Tetanus Toxoid Immunisation (TT2) or Booster dosages administered to pregnant women of Districts Nagaon, Sonitpur and Dibrugarh declined in 2018-19.
- Distribution of Calcium tablets have shown improvement and increased significantly from 3.4 *per cent* in 2017-18 to 98 *per cent* in 2019-20. However, test-checked health facilities of sampled tea garden districts could not provide information regarding ANC and distribution of IFA and Calcium tablets to pregnant women.

### (d) Institutional deliveries

As can be seen from **Table 4.3**, the percentage of home deliveries have been steadily declining and institutional delivery is increasing which is a positive indicator.

**Table 4.3: Status of home and institutional delivery in sampled district**

| Name District | Year | Cachar | Dibrugarh | Nagaon | Sonitpur |
|---|---|---|---|---|---|
| Number of Home deliveries | 2019-20 | 1,227 | 47 | 4,439 | 2,879 |
| | 2018-19 | 1,341 | 58 | 4,550 | 2,912 |
| | 2017-18 | 1,881 | 89 | 5,523 | 3,730 |
| Institutional deliveries (Public Institutions *plus* Private Institutions) | 2019-20 | 44,137 | 25,266 | 58,407 | 32,780 |
| | 2018-19 | 41,355 | 24,012 | 55,154 | 31,952 |
| | 2017-18 | 40,672 | 23,502 | 54,703 | 30,969 |
| Total reported deliveries | 2019-20 | 45,364 | 25,313 | 62,846 | 35,659 |
| | 2018-19 | 42,696 | 24,070 | 59,704 | 34,864 |
| | 2017-18 | 42,553 | 23,591 | 60,226 | 34,699 |
| Percentage of institutional deliveries to total reported deliveries | 2019-20 | 97.3 | 99.8 | 92.9 | 91.9 |
| | 2018-19 | 96.9 | 99.8 | 92.4 | 91.6 |
| | 2017-18 | 95.6 | 99.6 | 90.8 | 89.3 |

***Source: HMIS data.***

A comparison of figures of total reported deliveries (**Table 4.3**) with that of number of pregnant woman registered for ANC (**Table 4.2**) showed that there was difference in the figures of pregnant women registered for ANC and total number of reported deliveries in the sampled districts and distribution of IFA tablets to PWs without registering them (Nagaon District during 2018-19 and 2019-20) which indicated improper monitoring, maintenance of records and data reliability.

The status of maternal and infant deaths in the sampled districts during 2018-19 to 2019-20 is shown in **Table 4.4**.

**Table 4.4: Position of maternal and infant deaths in the sampled districts**

| | Total reported deliveries | | Total Number of reported live births | | Maternal deaths | | Infant deaths | |
|---|---|---|---|---|---|---|---|---|
| | **2018-19** | **2019-20** | **2018-19** | **2019-20** | **2018-19** | **2019-20** | **2018-19** | **2019-20** |
| *Assam* | *5,92,973* | *6,08,156* | *5,84,655* | *6,00,797* | *1,031* | *1,009* | *11,676* | *12,418* |
| Cachar | 42,696 | 45,364 | 41,684 | 44,317 | 154 | 138 | 967 | 682 |
| Dibrugarh | 24,070 | 25,313 | 23,659 | 24,912 | 67 | 89 | 601 | 551 |
| Nagaon | 59,704 | 62,846 | 58,678 | 61,959 | 62 | 66 | 525 | 703 |
| Sonitpur | 34,864 | 35,659 | 34,633 | 35,613 | 73 | 77 | 578 | 733 |

***Source: HMIS data.***

It can be seen from **Table 4.4** that out of the four sampled districts, in three districts, there has been an increase in maternal deaths in 2019-20 as compared to 2018-19 while infant deaths increased in Nagaon and Sonitpur districts. Child Death Review was not conducted by the DH. Hence the causes of infant death could not be analysed in audit.

## 4.6 Health Facilities in the Tea Gardens

The Assam Plantations Labour Rules, 1956 envisages that every employer must provide for a garden hospital. If the garden management does not maintain a garden hospital, the tea estate needs to maintain a dispensary[39] and has to have a lien on the beds of a neighbouring garden or another hospital to the scale of 15 beds per 1,000 workers, provided such a hospital is situated within a distance of five kms from the garden office.

Rules 36 and 37 of APLR provide specifications for garden hospital and group hospital along with the roles that they are intended to perform[40]. However, none of the tea gardens had any group hospital managed/maintained by the garden management, over and above the tea garden hospital.

In the context of tea tribes, it was seen in audit that the conditions of TGHs test-checked were not satisfactory. The facilities available in the TGHs were lacking in various aspects as discussed in the following paragraphs.

### (a) Availability of Tea Garden Hospitals/Dispensaries

**There are a total of 800 tea gardens in Assam, out of which 414 have TGHs, 210 have dispensaries, and the remaining 176 tea estates have no healthcare facilities. This means that 386 tea gardens do not have TGHs, with 176 of them lacking any medical facilities whatsoever.**

There are a total of 800 tea gardens in Assam. The data in respect of availability of healthcare facilities in the tea garden areas is shown in **Table 4.5**.

[39] As per Rule 36 of APLR, 1956, a dispensary should have two detention beds, adequate sitting arrangement for OPD patients, wash room and one water point.

[40] The garden hospitals are intended to be the centre of preliminary health care and primarily deal in provision of OPD services, treatment of minor IPD cases related to infection, pre-natal and post-natal care, and normal childbirth cases. The group hospitals on the other hand are envisaged to be the centre of elaborate diagnosis and treatment and are meant to deal with the cases referred from the garden hospitals.

**Table 4.5: Availability of tea garden hospital/dispensary**

| Total no. of Tea Gardens | No. of Tea gardens having TGH | No. of tea gardens having dispensaries | No. of tea estates having no healthcare facility | Percentage of shortfall in respect of TGH | Percentage of shortfall in respect of no healthcare facility |
|---|---|---|---|---|---|
| 800 | 414 | 210 | 176 | 48 | 22 |

It can be seen from table that 386 tea gardens do not have TGHs. Out of those 386 tea gardens, 210 had provision of dispensary while the remaining 176 had no provision for any sort of healthcare facility in the tea garden areas.

All the test-checked TEs (40) fulfil the criteria to maintain a TGH in the garden. However, it was observed that only 26 TEs were managing TGHs (including 12 PPP mode hospitals- supported by NHM), 10 TEs had facility of dispensaries while the remaining four did not provide any sort of medical facilities for workers. The 10 TEs having a dispensary and the four TEs having no medical facilities did not have a lien with the neighbouring hospital, despite the fact that a Government Health Facility was available within five kms of the periphery of eight TEs. Thus, 14 of the test-checked TEs lacked medical facilities as a result of which the workers of those TEs had to travel one to 15 km to visit the nearest government hospital for treatment. List of TEs and availability of hospitals therein are shown in **Appendix-4.1**.

**(b) Availability of infrastructure in sampled TGHs**

**During the physical verification, it was found that nine out of 26 hospitals, including four under PPP mode, were in poor condition with broken ceilings, cracked walls, and unhygienic minor Operation Theatres (OTs)/wards/dressing rooms. Seven dispensaries also had deteriorating buildings.**

The APLR provides that every hospital shall be a building of sound and permanent construction and will have different departments for treatment. In the course of physical verification of hospitals, it was observed that the building of nine[41] (including four PPP mode hospitals) out of 26 hospitals were in bad condition with broken ceiling, cracked walls, broken doors and windows and, unhygienic conditions in the minor Operation Theatres (OTs)/wards/dressing rooms. The condition of the buildings of seven dispensaries[42] was also found to be bad. Drinking water facility was not available in 15 (including one PPP mode hospital)[43] out of 26 hospitals. The provision of attached lavatory in the in-patient ward was absent in all the test-checked hospitals leading to inconvenience to patients. Kitchen facility for cooking meals for in-patients was available in 21 hospitals only. The walls of the kitchen had cobwebs and coating of coal ash.

None of the drug stores of TGHs had refrigerators for storing temperature sensitive drugs. Further, the hospitals were also lacking in availability of departments for treatment. The details of building infrastructure and availability of departments in

[41] Amluckie, Burrapahar, Doloo, Manohari, Poloi, Salonah, Sephinjjuri, Shyamguri, Tinkharia.
[42] Bhubrighat, Kurkoorie, Longai, Megha, Mohmora, Rukong, Satispur.
[43] Seven hospitals and eight dispensaries.

TGHs are shown in **Appendix 4.2**. The photographs below show the extent of deficient infrastructure in TGHs.

<table>
<tr>
<td> 

Unhygienic dispensary room at Megha dispensary, Dibrugarh</td>
<td> 

Cracked wall of OPD building at Salonah TGH, Nagaon</td>
<td> 

Non-functional lab equipment at Longai TGH, Karimganj</td>
</tr>
<tr>
<td> 

Unhygienic ward at Doloo hospital, Cachar</td>
<td> 

Non-functional minor OT/dressing room at Poloi hospital, Cachar</td>
<td> 

Damaged IP ward at Manohari hospital, Dibrugarh</td>
</tr>
</table>

### (c) Availability of Manpower in sampled TGHs

**Out of 26 Tea Garden Hospitals, only 15 had full-time medical practitioners, while others either had visiting doctors or were managed by part-time doctors. Additionally, seven out of 12 PPP mode hospitals lacked full-time medical practitioners. Similarly, all 10 tea garden-managed dispensaries did not have adequate medical staff as per APLR guidelines. All these impacted service delivery and workers' health in both TGHs and dispensaries.**

To provide the specified services in the TGHs, the APLR mandates presence of a full time qualified medical practitioner assisted by a pharmacist, ANM/GNM, midwife and health assistant. Audit observed that out of 26 TGHs, a full-time medical practitioner was available only in 15 TGHs while five hospitals had provision of a visiting medical practitioner. Six hospitals had no doctor. In 12 PPP mode hospitals test-checked, a fulltime medical practitioner was not available in seven hospitals (six had a visiting medical practitioner and there was no doctor in one hospital). Similarly, the APLR mandates presence of a visiting doctor, a pharmacist and a midwife in dispensaries. Audit scrutiny showed that in 10 tea garden managed dispensaries, provision for visiting medical practitioners was available in six dispensaries and four dispensaries were running without doctors. The visiting doctors need to visit the hospitals on a daily basis for a fixed duration, but it was observed that the doctors visited for only one to three days in a week. In the absence of doctors in 10 dispensaries, the pharmacists and nurses were prescribing the treatment. The Advisory Board on Health of Labour and Welfare Department had also time and again stressed upon the appointment of doctors in tea estates having a shortfall, but no action was taken thereon.

### (d) Availability of paramedical staff in TGHs

Of the 26 hospitals, nurses were available in 21 hospitals, pharmacists in 26 and health assistants in 21 hospitals. In 10 dispensaries, midwife and pharmacists were available in seven and five dispensaries respectively.

Thus, the TGHs and the dispensaries which were available against the TGHs did not have adequate human resources as prescribed under the rules which adversely impacted the service delivery in hospitals and the health of the workers.

### (e) Position of delivery, maternal and infant death in the test-checked TEs

The Government health centres did not maintain data of maternal and infant deaths separately for tea tribes. In view of this, audit could not analyse the maternal and child health of tea tribes with those of the State figures. During audit, 19 out of 26 health centres test-checked had provided data related to maternal and infant deaths in the tea garden hospitals which is shown in **Table 4.6**.

**Table 4.6: Position of delivery, maternal death and infant death in 19 tea garden hospitals**

| Year | Total deliveries | No. of maternal deaths | No. of infant deaths | *Per cent* of maternal deaths | *Per cent* of infant deaths |
|---|---|---|---|---|---|
| 2017-18 | 1,379 | 4 | 13 | 0.29 | 0.94 |
| 2018-19 | 1,462 | 5 | 21 | 0.34 | 1.44 |
| 2019-20 | 1,536 | 8 | 22 | 0.52 | 1.43 |

It can be seen from **Table 4.6** that the rate of maternal and infant deaths in 2017-18 were 0.29 *per cent* and 0.94 *per cent* respectively which had increased to 0.52 *per cent* and 1.43 *per cent* respectively during 2019-20. The higher maternal/infant deaths is linked to various issues like lack of infrastructure, human resources in healthcare system, lack of proper sanitation and safe drinking water facilities in residential areas of tea workers, high illiteracy rate and low income. These issues are vital and play an important role in health seeking behaviour of people.

### (f) Response of workers on hospital facilities

Out of the 590 respondents to the audit survey, 165 (28 *per cent*) expressed their dissatisfaction over the available medical facilities in the hospitals and stated that health was the most pressing problem for them because of non-availability of full-time doctors and medicines for various illnesses. On the other hand, the doctors of two tea estates stated in writing that their life was at risk because the population of tea gardens sometimes turned aggressive claiming shortfall in treatment. Similar comments were also offered verbally by the doctors of other tea estates. This further underlines the inadequate availability of health facilities in tea estates, and the strained doctor-patient relationship caused by the same.


***Interaction with the worker's during beneficiary survey, Nahorani tea estate, Sonitpur***

***Recommendation 10:*** *Labour and Welfare Department should enforce the APLR strictly to ensure manpower and infrastructure as per Indian Public Health Standards to all TGHs by the tea garden managements.*

## Appendix-4.1

*{Reference to paragraph-4.6 (a)}*

### Availability of garden hospitals and nearest Government hospital with distance

| Sl. No. | Name of ALC Zone | Name of Tea Estate | Types of health facility provided | Lien with the neighbouring hospital | Name of the nearest Govt. health facility | Distance of the nearest Government health facility |
|---|---|---|---|---|---|---|
| 1 | Cachar | Amranagar | Nil | Not available | Udharbond PHC | 12 Km |
| 2 | | Bhubrighat | Dispensary | Not available | Patharkandi BPHC | 8 Km |
| 3 | | Dewan | Garden hospital | Not applicable | Joypur CHC | 5 Km |
| 4 | | Doloo | Garden hospital | Not applicable | Borkhola PHC | 6 Km |
| 5 | | Jalanagar | Nil | Not available | Bhubrigaht, SC | 1 Km |
| 6 | | Kalinagar | Garden hospital | Not applicable | RK nagar PHC | 4 Km |
| 7 | | Kurkoorie | Dispensary | Not available | Kailin CHC | 3 Km |
| 8 | | Longai | Dispensary | Not available | Patharkandi BPHC | 8 Km |
| 9 | | Poloi | Garden hospital | Not applicable | Dholai PHC | 3 KM |
| 10 | | Sephinjuri | Garden hospital | Not applicable | Patharkandi BPHC | 15 Km |
| 11 | Dibrugarh | Balijan (N) | Garden hospital | Not applicable | Mahatma Gandhi Model Hospital | 5 Km |
| 12 | | Bokel | Garden hospital | Not applicable | Lahowal PHC | 7 Km |
| 13 | | Budha | Nil | Not available | Lahowal PHC | 15 Km |
| 14 | | Dikom | Garden hospital | Not applicable | Lahowal PHC | 7Km |
| 15 | | Greenwood | Garden hospital | Not applicable | Lahowal PHC | 8Km |
| 16 | | Kaliapani | Dispensary | Not available | Naharani PHC | 3 Km |
| 17 | | Kharjan | Garden hospital | Not applicable | Chabuwa Model Hospital | 4 Km |
| 18 | | Khowang | Garden hospital | Not applicable | Tiloi CHC | 5 Km |
| 19 | | Mahadeobari | Dispensary | Not available | Bordubi PHC | 1 Km |
| 20 | | Manohari | Garden hospital | Not applicable | Lahowal PHC | 7Km |
| 21 | | Mayajan | Dispensary | No | Sicia Bokoloni, PHC | 3 Km |
| 22 | | Megha | Dispensary | Not available | Dimo PHC | 7 KM |
| 23 | | Mohmora | Dispensary | Not available | Demow PHC | 2 Km |
| 24 | | Moran | Garden hospital | Not applicable | Tiloi CHC | 10 Km |
| 25 | | Rukong | Dispensary | Not available | Namrup PHC | 4 Km |
| 26 | | Satispur | Dispensary | Not available | Nahorani PHC | 10 Km |
| 27 | | Thanai | Garden hospital | Not applicable | Roughmoria MPHC | 3 Km |
| 28 | | Tingkhong | Garden hospital | Not applicable | Naharani PHC | 10 Km |
| 29 | Nagaon | Amluckie | Garden hospital | Not applicable | Samaguri, BPHC | 10 Km |
| 30 | | Burrapahar | Garden hospital | Not applicable | Jakhalabanda CHC | 22 Km |
| 31 | | Kellyden | Garden hospital | Not applicable | Simona Bosti, BPHC | 5 KM |
| 32 | | Salonah | Garden hospital | Not applicable | Simona Bosti, BPHC | 3 KM |
| 33 | | Sukanjuri | Nil | Not available | Bamuni PHC | 5 Km |
| 34 | Sonitpur | Gingia | Garden hospital | Not applicable | Gingia PHC | 4 Km |
| 35 | | Mijicajan | Garden hospital | Not applicable | Borpukhri PHC | 7 Km |
| 36 | | Monabari | Garden hospital | Not applicable | Gingia PHC | 5 Km |
| 37 | | Nahorani | Garden hospital | Not applicable | Rangapara PHC | 2 Km |
| 38 | | Shyamguri | Garden hospital | Not applicable | Dhekiajuli CHC | 13 Km |
| 39 | | Tinkharia | Garden hospital | Not applicable | Dhekiajuli CHC | 12 Km |
| 40 | | Tulip | Garden hospital | Not applicable | Sirajuli Model Hospital | 3 Km |

## Appendix-4.2

*{Reference to paragraph-4.6 (b)}*

**Infrastructures details and availability of departments in TGHs**

| Name of ALC Zone | Name of Tea Estate | Whether IPD facility provided? | MMW | FMW | Mater-nity Ward | Isolation Ward | TB Ward | Labour room | Kitchen | Minor OT & dressing | Drug store and drug dispensing counter | Drinking water facility available in hospital | Washroom/ toilet facility available in hospital | Separate consultation room available for doctor | Adequate sitting arrange-ment in OPD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cachar | Dewan | Yes | Yes | Yes | No | No | No | Yes | No | Yes | Yes | Yes | Yes | Yes | No |
| | Doloo | Yes | Yes | Yes | No | No | No | No | No | Yes | Yes | No | No | Yes | No |
| | Kalinagar | Yes | Yes | Yes | Yes | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | No |
| | Poloi | No | No | No | No | No | No | No | NA | No | No | No | No | Yes | No |
| | Sephinjuri | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes |
| Dibrugarh | Balijan (N) | yes | Yes | Yes | Yes | Yes | Yes | Yes | yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Bokel | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Dikom | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Greenwood | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Kharjan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Khowang | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Manohari | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Moran | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Thanai | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Tingkhong | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Nagaon | Amluckie | No | No | No | No | No | No | No | NA | No | Yes | No | No | Yes | Yes |
| | Burrapahar | Yes | Yes | Yes | No | No | No | No | NA | Yes | Yes | Yes | Yes | Yes | Yes |
| | Kellyden | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Salonah | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

| Name of ALC Zone | Name of Tea Estate | Whether IPD facility provided? | MMW | FMW | Mater-nity Ward | Isolation Ward | TB Ward | Labour room | Kitchen | Minor OT & dressing | Drug store and drug dispensing counter | Drinking water facility available in hospital | Washroom/ toilet facility available in hospital | Separate consultation room available for doctor | Adequate sitting arrange-ment in OPD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sonitpur | Gingia | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Mijicajan | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Monabari | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Nahorani | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Shyamguri | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Tinkharia | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| | Tulip | Yes | Yes | Yes | Yes | No | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |

*NA: Not Applicable*