ADC (Health)

Govt. of Assam

OFFICE OF THE JT.DHS Cum MEMBER SECRETARY,
NATIONAL HEALTH MISSION, DISTRICT HEALTH SOCIETY, SONITPUR
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OFFICE OF THE DISTRICT COMMISSIONER SONITPUR, TEZPUR 23 JUN 2026

Letter No: JDHS/SON/PRAGATI/2026/745 **Date:** 23rd June, 2026

To,
The District Commissioner,
Sonitpur, Tezpur.

Sub: Submission of data for the PRAGATI Video Conference (VC) session scheduled on 24th June, 2026 – reg.

Ref: Office of the Chief Secretary Letter No. SO/CS/MISC/2026/25, Dated 05th June, 2026.

Sir,

With reference to the subject cited above, I have the honour to inform you that the required information and data concerning the Health & Family Welfare Department, Sonitpur, have been successfully compiled for the upcoming PRAGATI meeting.

In this regard a hard copy of the submitted summary text is enclosed herewith for your kind perusal and ready reference.

Yours faithfully,

Joint Director of Health Services
Sonitpur, Tezpur

Enclo: As stated above.
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TB Mukt Bharat Abhiyaan

Sl. No.	Issue	Reply	Stage/ Flag (Fully resolved/ unresolved)
1	Ensure 100% of patients use TB Mukt Bharat App & Khushi Chatbot	We are lacking in uses of the app by patients (less than 10%) Challenges - most of the patients do not have Android mobile We have registered 30 Nikshay Mitras and 7 volunteers through this app	Unresolved We have directed all our field staff to ensure uses of the App and chatbot by the patients and To assist them to download &install the App.
2	Improve TPT coverage for eligible individuals after ruling out active TB	TPT coverage is 52% (green zone) We are working on it to cover 100%	Resolved
3	Improve utilization of existing X-ray machines and 100% screening among vulnerable populations, high-risk villages/wards and congregate settings	X-ray machines utilization is 157% Till date Conducted Shivirs in 156 High-risk villages coverage is 82% (green zone) and congregate setting covered 5 Screened more than 42% of vulnerable populations (green zone) need do cover 100%	Partially resolved We have accelerated screening of vulnerable populations And making maximum utilization of our existing x- ray machines and NAAT machines
4	Sustain upfront NAAT testing &strengthen differentiated TB care for all TB patients	Achievement in upfront NAAT Testing is 98% (green zone) Differential TB care coverage is 80% (green zone)	Resolved
5	Timely disbursement of Ni-kshay Poshan Yojana DBT benefits & sustain Ni-kshay Mitra initiative to ensure monthly Poshan Kit distribution	NTEP team are facing problem with aadhar base face authentication for NPY benefits Started external payment with approval of State authorities	Partially resolved

Reproductive and Child Health (RCH)

Sl. No	Issue	Reply	Stage/Flag (Fully resolved /unresolved)
1	Establishment and operationalize Mother and Newborn Care Unit (MNCUs) at high load district Hospital	Presently MNCU not available at District Hospital	Resolved
2	State continue mobilization effort for increasing institutional deliveries	• Total deliveries increased from **21,893 (2023-24)** to **24,646 (2025-26)**, an increase of **2,753 deliveries (12.6%)**. • Institutional deliveries increased from **21,394** to **24,487**, showing improved utilization of health facilities. • Home deliveries declined sharply from **499** to **159**, a reduction of **68%**. • Institutional delivery rate improved from **98% to 99%**, indicating continued progress towards safe childbirth practices.	Resolved
3	State to strengthen full ANC coverage by improving the uptake of four or more antenatal care (ANC) services	**Analysis (Short Report):** The total number of new pregnant women registered for ANC in Sonitpur increased from **19,114 in FY 2023-24** to **19,765 in FY 2024-25**, showing a growth of **651 registrations (3.4%)**. However, in **FY 2025-26**, registrations slightly declined to **19,530**, a decrease of **235 registrations (1.2%)** compared to the previous year. Overall, ANC registration has	Resolved

Sl. No	Issue	Reply	Stage/Flag (Fully resolved /unresolved)
		remained stable over the last three years, indicating consistent coverage of maternal health services in the district, with only minor year-to-year variations.	
4	State to strengthen the identification and management of high risk pregnancies and high risk postnatal mothers to reduce the preventable maternal deaths	Early registration, formulating Micro Birth plan and identification of high risk pregnant women are done during quality ANC. They are tagged as HRPW and are closely followed up. A separate register for HRPW is maintained for close follow up and monitoring their progress. Mandatory PMSMA & e-PMSMA on 9th & 19th of every month respectively are done.	Resolved
5	Strengthen care around birth practices for newborn survival with focused approach on At – risk new born and children	For quality of services during birth, continuous efforts are made to equip the workforce in Labor room. The Nurses are trained in Skill Birth Attendant (SBA) training, Facility Based New Born Care (FBNC) Training, NSSK Training, IMNCI Training, Still Birth Training, KMC Training etc.	Resolved
6	Strengthen referral transport mechanisms to reduce delay in accessing emergency obstetric and newborn care,	Referral transport mechanism is predefined right at the time of registration during the preparation of Micro Birth Plan. However, this may change if the pregnant women	Resolved.

Sl. No	Issue	Reply	Stage/Flag (Fully resolved /unresolved)
		is identified as high risk in the later stage. All delivery points are equipped with 108 ambulance stationed at the facility for quick referral in emergency. Also, 39 nos. of patient transport van (PTV) has been provided to tea garden hospitals specifically for quick referral and emergency management.	