

ANNUAL REPORT OF TRIPURA NURSING COUNCIL

AGARTALA

MAY'2015



DIRECTORATE OF HEALTH SERVICES

3rd Floor

Pt. Nehru Complex, Gurkhabasti,

Agartala, WEST TRIPURA.

**CELEBRATION OF “INTERNATIONAL NURSES’DAY’2015”
AND 12TH ANNUAL PRIZE GIVING CEREMONY;
195th BIRTH ANNIVERSARY OF FLORENCE NIGHTINGALE.**

THEME:

2015:Nurses: A Force for ChangeCare Effective, Cost Effective.

Nurses have an important contribution to make in health services planning and decision-making, and in development of appropriate and effective health policy. They can and should contribute to public policy related to preparation of health workers, care delivery systems, health care financing, ethics in health care and determinants of health.

The cost of healthcare is rising worldwide, placing a heavy financial burden on health Systems and populations globally. Nurses, as the single largest profession in the health workforce, are well positioned to drive efficiency and effectiveness improvements while providing quality care and attaining optimal patient and population outcomes.Nurses are concerned and understand the landscape of healthcare delivery including financing, cost effectiveness and resource management, cost of healthcare and access to care.The decisions that every nurse makes multiple times a day in everyday practice can make a vital difference in the efficiency and effectiveness of the entire system. Nurses are at the core of attaining the best quality/access/cost balance. It is therefore essential that nurses and policy makers focus on the nursing role in care effective and cost effective healthcare systems as a key priority and determinant for achieving equity, delivering Universal health coverage and ultimately improving health outcomes globally.

The theme for IND 2015,

Nurses: A Force for Change: Care Effective, Cost Effectivereflects ICN’s commitment for action to strengthen and improve health systems around the World. It leverages the contribution that nurses can make and acknowledges that as a profession we reach people that other practitioners never see both in urban and in rural and remote communities. In short, global health cannot be achieved without nurses and without our proactive contributions and participation at all levels of the healthcare system.

Significance of the Day:-

International Nurses' Day is celebrated annually on **12 May**, the anniversary of the founder of modern day nursing, Florence Nightingale's birthday. Nursing is the largest health care profession in the world and nurses are the key of achieving the Millennium Development Goals. Nurses are well trained and educated for maintaining the health and wellness of the patients through all the aspects like psychologically socially and etc.

Nurses have deep practical knowledge of delivering best health care services. National Nurses associations play an important role in making nurses well informed, advised, encouraged and supported to deliver better work.

National Nurses associations' works with the governments and non-government organizations to strengthen the health care systems as well as create conditions maximizing the nurse's contribution.

It is celebrates with an aim for increasing public awareness about the nursing and nurses contribution towards the health care innovation. Nurses are fast and first point of contacting for health services and innovatively practiced to provide free health check up to the industries indicating their willingness of improving the health of staffs to meet all the local needs to improve the physical, mental and wellbeing of the clients as well as society.

About the theme,2015:

Why nurses should engage in healthcare financing and policy?

The ICN Code of Ethics for Nurses (ICN 2012b) underpins the nurses' professional responsibility to provide a continuum of care and also the wider advocacy role of nurses for equity and social justice. The roles of nurses in addressing the social determinants of health and in reducing violence against women and children are some examples of additional nursing contributions to society. Engagement of nurses in development of sound health policy dialogue is key to realising the nursing potential.

Improved work environments and reduced ratios of patients to nurses were associated with increased care quality and patient satisfaction the study also found that deficits in hospital care quality were common and concluded that improvement of hospital work environments might be a relatively low cost strategy to improve safety and quality in hospital care and to increase patient satisfaction. While the global nursing shortage is hurting healthcare systems and patients, it also has negative impacts on nurses. Effect of nursing shortage of Nurses Communities demand excellence of nurses in patient care. In turn, nurses deserve that their working conditions and pay be commensurate with the quality of their care. In much of the world, however, the socio-economic welfare of nurses is poor or inadequate.

Some nurses work in very difficult conditions. In both developed and developing nations, nurses are stressed and overburdened by increased workloads. The nursing shortage has meant that nurses often work long hours under stressful conditions, which can result in fatigue, injury and job dissatisfaction.

Nurses in countries with shortages carry heavy workloads and are exhausted, as other nursing staff has left for better-paid jobs in the private sector or for opportunities abroad. Job dissatisfaction is on the rise due to increased workloads, longer hours and not having the resources to provide quality care (Aiken et al. 2013).

For these reasons, and more, ICN is committed to improving the workplace safety for nurses globally through its projects, including the Leadership for Negotiation programme and the Positive Practice Environments (PPE) campaign. Launched in 2010, the PPE campaign aimed to improve the quality of health services by raising awareness, identifying good practice and developing tools for managers and health professionals, and implementing national and local projects to improve practice environments. The campaign promoted safe, cost-effective and healthy workplaces, thus ultimately strengthening health systems and improving patient safety.

Achieving quality care at low cost will require nurses' leadership for change so they continue to be cost-effective and care-effective professionals. A proper understanding of the processes and mechanisms of health financing is fundamental to nursing's leadership and advocacy for health equity and universal health coverage. Principal financing models for healthcare Health financing and provision of

healthcare are more effective if they are closely linked. Financing mechanisms need to allow universal access to care without putting a heavy burden on the poor. This means putting in place a sound financing model that removes barriers to access -such as out-of-pocket payment, distance and travel time to the health facility -and to high quality care.

There are several ways of financing mechanisms for healthcare services (WHO 2010b; Macdonald 2009).

These include:

Tax-based financing: This is the most widely used model of financing in most of sub-Saharan Africa and South Asia.

In this model, health services are paid for out of general government revenue such as income-tax, import duties, and tobacco and alcohol taxes. In general, this mechanism is pro-poor. However, concerns with Quality of care and access to care may discourage the poor from using Health services.

Social insurance financing or pooled funding:

In this mechanism health services are paid through contributions to a health fund such as those by employees and employers. This ensures that the financial risk of having to pay for healthcare is borne by all members of the pool and not by the individuals who get ill. Membership is compulsory, but for some groups such as the self-employed, it may be voluntary.

Private insurance: People pay regular premiums related to the cost of providing services to them. This may mean people who are in high health risk group pay more and those at low risk pay less. This model is mostly found in developed countries where there is some form of national health system such as Canada and the UK. The rich still take additional insurance in order to obtain private services or to access services not covered by the national health system. Membership is voluntary.

User fees or direct payments:

In this mechanism there is no insurance or mutual sharing of cost and people make out-of-pocket payment directly for the healthcare services they use. Making people pay at the point of delivery discourages them from using services, particularly health promotion and disease prevention services, and encourages them to postpone timely visits to seek healthcare. This system may also push people into financial difficulties.

Focusing on the poor

When financing universal health coverage, it is important that policies are 'pro-poor' and should not exclude those who cannot contribute or make insurance contributions. The important elements of a 'pro-poor' Health care financing systems are (Macdonald 2009):

- Contributions to costs of healthcare are linked to ability to pay
 - The poor are protected from financial risk associated with illness
 - Services are accessible-including geographical Accessibility and quality
- To achieve universal health coverage, financing systems must enable people to use a continuum of health services –health promotion, disease Prevention, treatment and rehabilitation –without financial hardship. However, in many countries, millions of people cannot use health services because of direct payments at the time of service or are impoverished because of out-of-pocket payments. Prepayment mechanisms such as pooling of funds remove financial obstacles and thus increase access to services in times of need (WHO 2010b).

What can nurses do to improve health system efficiency?

Nurses as a force for change have opportunities to improve efficiency and reduce waste. In collaboration with other health professionals and decision-makers, nurses and other health professionals can

- Improve prescribing guidance, information, training and Practice
- Educate individuals and communities on detection and surveillance of counterfeit medicines
- Develop and implement clinical and evidence based best practice Guidelines
- Implement task-shifting and other ways of matching skills to needs
- Adhere to and champion infection control procedures, improve hygiene standards in hospitals; provide more continuity of care; undertake more clinical audits
- Monitor hospital performance and use the data to guide clinical decision
- Reduce administrative burdens
- Evaluate and incorporate into policy evidence on the costs and impact of interventions, technologies, medicines, and policy options

Nurses are at the core of the health system providing cost effective and care effective services, however, the current global nursing shortage will continue to be a major challenge to run health systems efficiently.

Costeffectiveness analysis (CEA) enables decision-makers to quantify health benefits in terms of “health” rather than in monetary terms measured in health outcomes; such as number of diarrheal diseases prevented, life-years saved, or improved quality of life (Neumann 2005). It is used to determine which intervention achieves a specific outcome with less cost by comparing two or more healthcare interventions.

For example, a cost effectiveness analysis can be done to compare immunisations given by physicians with those given by nurses to determine which group achieves better outcomes with less cost. Another example can be comparing two drugs for hypertension to determine which drug produces desired outcome at less cost. The interventions are compared in terms of their costs and of their health outcomes or health benefits. The intention is to achieve healthcare outcomes with fewer resources, which leads us to a related concept of “**care effectiveness**”. In analysis of costeffectiveness, we also need to consider “care effectiveness” which means care that is based on scientific evidence and produces the intended results or outcomes (Newhouse & Poole 2005).

In reference to nurses, care effectiveness is the extent to which health problems are solved and the degree to which outcomes are achieved. If we add costeffectiveness to this definition, it means nurses achieve the intended health outcomes at less cost, with quality as an underpinning element.

CELEBRATION OF “INTERNATIONAL NURSES’DAY’2015”.

Organizing Committee:

- **Chairman and President:** Director of Health Services/President, Tripura Nursing Council..
- **Convener:** Registrar, Tripura Nursing Council.
- **Joint Convener:** Smt. Santi Pal, S/T, Tripura Nursing Council, Agartala.
Smt. Anjali Debnath, S/N, AGMC & GBP Hospital.
- **Members include:**
All PNOs / Principal of the Nursing Training Institutes.
- **Treasurer:** Smt. Swapna Debbarma, LDC, TNC, Agt.

• **Distinguish Guests are:**

1. Hon’ble Health Minister, Govt. of Tripura - Inaugurator and Chief Guest,
2. The Secretary, H&FW, Govt. of Tripura – Guest of Honor.
3. M.D.NRHM, Govt. of Tripura - Special Guest
4. The Director Medical Education, Govt. of Tripura - ,,
5. The Principal, Tripura College of Nursing, Hapania, ,,

Director of Health Services and Family Welfare & Preventive Medicine, the President of Tripura Nursing Council will preside over the Programme.

4. Budget: Estimated Budget prepared by the Registrar, TNC, on the basis of following heads after obtaining number of participants from all Nursing Training Institutes and expenditure incurred will be made from the TNC Fund.

The **Heads of Budgets** are as follows: -

- a. Hall rent
- b. Hall decoration
- c. Stationeries.
- d. Books for prizes.
- e. Refreshment.
- f. Scientific session
- g. Transport.
- h. Advertisement.
- i. Photo
- j. Cultural programme.
- k. Overhead expenditure

5. The following Sub-Committee was prepared:

• **Scientific session Committee:**

Joint Convener: PNOs NTI, AGMC&GBPH and DR.BRAMNS, Agartala.

Member include: Principal, ILS Nursing Institute, Agartala.

Quiz Master:

Smt. Parbati Debi, Principal, TSCON, Tulakuna, Agartala.

Smt. Sumitra Pal, Assist. Professor, INS, Durjoynagar.

• **Invitation and Publicity Committee:**

Joint Convener: Smt. Anjali Debnath, S/N, AGMC&GBPH,

Smt. Jatna Datta, S/N, Acting Tutor, Dr. BRAMNS,

Members include:

Representative from School & College of Nursing, TIPS, Hapania

Food & Refreshment:

Joint Convener: Smt. Banani Bhowmik, S/N, A/T, NTI, AGMC & GBPH, Agartala.

Smt. Debi Chakra borty, Assit. Professor, Tripura College of Nursing, Hapania.

Members include:

Sri. Simul Sarkar, S/N, IGM Hospital, Agt.

Sri Surajit Bhowmik, S/N, IGM Hospital, Agt.

• **Cultural Committee:**

Joint Convener: Smt. Alaka Saha, S/T, Dr. BRAMNS, Agartala.

Smt. Papiya Das, NTI, AGMC & GBPH, Agartala.

Members include:

Representative from School & College of Nursing, TIPS, Hapania

• **Prize Distribution Committee:**

Smt Rita Bhattacharjee, S/T, Dr. BRAMNS, Agartala.

Smt. Jharna Das, S/N, A/T, NTI, AGMC & GBPH,

Smt. Arupa Lodh, S/N, Acting Tutor, Dr. BRAMNS,

Theme for this year is:

“2015 - Nurses: A Force for Change: Care Effective, Cost Effective”.

The programme will be celebrated in two sessions:

1st session:

Scientific Session: Presentation of the Theme among the Nursing Teaching Faculties of all institutions will be organized and conducted by NTI, AGMC & GBPH, Dr. BRAMNS and ILS Nursing Institute at 12 noon to 3 p.m. It will be followed by an Open Quiz Competition among the audience.

2nd Session:

Nurses Day and Prize Distribution Ceremony of the Council Examination will be inaugurated by the distinguished guest at 5 p.m. and it will be followed by cultural programme among the Nursing Students at 7 pm to 8 pm.

BY LAWS OF TRIPURA NURSING COUNCIL.

1. THE TRIPURA NURSING COUNCIL **ACT, 1986.**
2. THE TRIPURA NURSING COUNCIL **RULES, 1987.**
3. THE TRIPURA NURSING COUNCIL **REGULATIONS** (EDUCATIONAL ESTABLISHMENT & EXAMINATION etc.)**1990.**

YEARLY EVENT CALANDER

1. REGISTRATION OF STUDENT NURSES WITHIN ONE MONTH AFTER ADMISSION.
2. CONDUCT EXAMINATION TWICE IN THE YEAR,
i.e. 28th 'FEBRUARY, 30th AUGUST'.
3. PUBLICATION OF RESULT WITHIN ONE MONTH AFTER EXAMINATION.
4. PROVIDING DIPLOMA CERTIFICATES.
5. PROVIDING QUALIFYING REGISTRATION CERTIFICATES WITHIN 15 DAYS AFTER RECEIVING APPLICATION.
6. FOLLOW THE SYSTEM OF RECIPROCAL REGISTRATION WITHIN 15 DAYS OF RECEIVING NOC.
7. INSPECTION & AFFILIATION OF DIFFERENT NURSES TRAINING INSTITUTIONS ONCE IN THE YEAR.
8. CONDUCT WORKSHOP & TRAINING OF NURSING PERSONNEL.
9. HELD ELECTION EVERY FIVE YEARS INTERVAL.
10. CELEBRATE INTER-NATIONAL NURSES' DAY ON 12TH MAY OF EVERY YEAR.
11. AUDIT OF TRIPURA NURSING COUNCIL IN THE MONTH OF APRIL IN EACH YEAR.

ORGANIZATIONAL STRUCTURE OF THE TNC

(EXISTING)

PRESIDENT

VICE-PRESIDENT

REGISTRAR (IN- CHARGE)

SISTER TUTOR (ON DEPUTATION)

L.D.C

GROUP 'D'

PROFILE:

The Tripura Nursing Council **REGULATORY BODY** is under the Government of Tripura, Health & Family Welfare department. The Tripura Nursing Council **Act, 1986** enacted by, the Legislative Assembly of Tripura in the **THIRTY SEVENTH YEAR OF THE REPUBLIC OF INDIA,** to provide for constitution of a Nursing council for Tripura in order to regulate teaching in general nursing, midwifery, auxiliary nursing midwifery, health visitors or public health nursing in the State and for matters connected therewith and incidental thereto.

AIMS & OBJECTIVES:

- To implement the rules & regulations of Indian Nursing Council throughout the State regarding the different training policies and programs in the field of Nursing.
- To maintain the minimum standards of educations and training of various nursing programs throughout the state prescribed by the Indian Nursing Council.
- To inspect and affiliate the different Nursing Institutions throughout the State as per Indian Nursing Council norms.
- To maintain State Nurses' Register for Registration of Nursing Personnel under the council.
- To organize and conduct various training programs and workshops under the development of Nursing Services scheme.

FUNCTIONS:

- Students Registration
- Conduct Examinations & published result.
- Supplies Midwifery Case Book for GNM & ANM Students throughout the state.
- Provide Qualifying Registration of Nursing Personnel.
- Maintain Reciprocal System of Registration as per INC norms.
- Inspection & affiliation of Institutions.
- Conduct Election of the Body of the Council every five year.
- Amendment of new Rules and Regulations as per requirements.
- Renewal of Registration every five year interval.
- Implementation of various rules & regulations and Syllabus for different Nursing Courses prescribed by the Indian Nursing Council.
- Maintain uniform standard of Nursing Education throughout the State under the guidance of the Indian Nursing Council, New Delhi.
- Follows all instructions of the Indian Nursing Council.

Committees of the Council: -

The Tripura Nursing Council composed of the following **Committees:**

1. The General Body Committee
2. The Executive Committee
3. The Education Committee
4. The Advisory Committee.

Sources of Income:

1. Affiliation Fees from the Nursing Institutions @ Rs. 3,000/- per year.
2. Registration Fees of students @Rs.100/- per students on admission to the course.
3. Qualifying Registration fees @Rs. 200/- per nursing personnel.
4. Additional Registration fees @Rs. 300/- per nursing personnel.
5. Registration Renewal fees @ Rs. 200/- every five year interval
6. Examination fees of students @Rs. 35/- for each Theory paper and Rs. 25/- for each Practical paper.
7. Duplicate Qualifying Registration fees @ Rs. 200/- per Registration certificates.
8. Duplicate Additional Qualifying Registration fees @ Rs. 300/- per Registration certificates.
9. Duplicate Mark sheet, Admit card/student Registration @ Rs. 100/-

**AVAILABLE FACILITIES OF NURSING EDUCATION
IN TRIPURA.**

I.TOTAL NUMBER OF NURSING COURSE IN DIFFERENT NURSING INSTITUTIONS FUNCTIONING IN THE STATE:-

SL.NO.	NAME OF PROGRAMME	INSTITUTIONS				TOTAL
		GOVT.	PVT.	SOCIETY RUN	PPP MODEL	
1.	ANM	2	-	-	1	3
2.	GNM	2	3	-	-	5
3.	B.SC.NURSING(BASIC)	-	2	1	1	4
4.	POST-BASIC NURSING	B.SC.	-	1	-	1
5.	M.SC.NURSING	-	1	1	-	2

II. DETAILS OF NURSING TRAINING INSTITUTION FUNCTIONING IN THE STATE OF TRIPURA

SL. NO	NAME OF INSTITUTIONS	GOVT. /PVT.	LOCATION	TRAINING PROGRAMME	INTAKE CAPACITY
1.	ANM®TRAINING INSTITUTE	GOVT.	UDAIPUR,GOMA TI DIST.	ANM®COURSE	40
2.	MPW(F)TRAINING INSTITUTE	GOVT.	UNAKOTI DIST.	ANM®	25
3.	Nurses Training Institute, Agt.	Govt.	West Dist.	GNM(F)	50
4.	DR. BRAM Nursing School, Agt.	Govt.	West Dist.	GNM(M)	50
5.	Institute of Nursing Science, Durjoynagar	Pvt.	West Dist.	i. GNM ii. B.Sc.(N) iii. P.B.B.Sc.(N) iv. M.Sc.(N)	50 40 30 12
6.	ILS Nursing Institute, Agt.	Pvt.	West Dist.	GNM	40
7.	Tripura Sundari College of Nursing, Tulakuna,	Pvt.	West Dist.	i) GNM ii) B.Sc.(N)	40 50
8	Tripura College of Nursing, Hapania,	Society Run	West Dist.	i) B.Sc.(N) ii) M.Sc.(N)	60 12
9.	School of Nursing TIPS, Hapania,	PPP Model	West Dist.	i) ANM® ii) B.Sc.(N)	60 40

Statistical Statement of Tripura Nursing Council as on 8.5.2015

The total numbers of qualified nursing personnel in the State Registers as on **8. 5. 2015** are as follows:

- 1. M.Sc. Nurses:** 33 Female Nursing Personnel (13 in Govt. Services- 2 Principal Nursing Officer, 7 Sister-Tutor, 4 Staff Nurses) and 20 in Private Sectors.
- 2. B. Sc. Nurses: 285** (245 Female and 40 Male).
- 3. Post-Basic B. Sc. Nurses:** 106 (103 Female and 3 Male).
- 4. Diploma in Public Health Nurses:** 35 (Female).
- 5. Diploma in Nursing Education and Administration:** 21(Female).
- 6. General Nurse and Midwife: 2471** (2314Female and 157Male).
- 7. Auxiliary Nurse and Midwives (old):** 599(Female).
- 8. Multipurpose Health Workers (F)/RANM:** 763 (733Female and 30 Male).
- 9. Female Health Supervisors:** 65(Female)

Annual conducts of the Tripura Nursing Council, 13th May'2014 to 8th May'2015 as bellows: -

- 1) **NURSING EDUCATION**: Nursing education is being imparted in the following Nursing Institutions:

ANM COURSE

- a) ANM Training Institute, Udaipur, Gomati Tripura.
- b) MPW (F) Training Institute, Kailashahar, Unokoti Tripura.
- c) School of Nursing, TIPS Hapania, West Tripura.
- d) MPW (M) Training Institute, CMO (West), Palace Compound, expected to start 2 years ANM[®] Course w.e.f. 2015-16 academic years with 100 intake capacity.

GNM COURSE

- a) Nurses Training Institute, AGMC & GBP Hospital, West Tripura.
- b) Dr. BRAM Nursing School (Male GNM),
Old Govt. Music College Campus, Agartala, West Tripura.
- c) INS, Durjoynagar, Agartala, West Tripura,
- d) ILS Nursing Institute, Capital Complex, Agartala, West Tripura.
- e) Tripura Sundari College of Nursing, Tulakuna, West Tripura.

B.Sc. NURSING COURSE.

- a) Tripura College of Nursing, Hapania, West Tripura.
- b) Institute of Nursing Science, Durjoynagar, Agartala, West Tripura.
- c) Tripura Sundari College of Nursing, Tulakuna, West Tripura.
- e) College of Nursing, TIPS, Hapania, West Tripura.

POST-BASIC B.Sc. NURSING COURSE.

* Institute of Nursing Science, Durjoynagar, Agartala, West Tripura.
9A, Mantribari road, Agartala.

M.Sc. Nursing Course:

a) Tripura College of Nursing, Hapania, West Tripura.

b) Institute of Nursing Science, Durjoynagar, Agartala, West Tripura.

As per the regulations & policy of Indian Nursing council, New Delhi, vide No. 1-5/GB-CIR/2010, INC, dated 28th August'2010, the regulations are accepted & implemented by Tripura Nursing Council with the approval of the Government of Tripura as follows:

- i) Last date for admission to any Nursing programme is on **30th September** every year.
- ii) Chance for the supplementary attempts in favour of each subject maximum **4 attempts** (1 main + 3 supplementary).
- iii) **Eligibility Criteria** for admission to GNM 3 years Course is H.S. +2 stage with Science preference will be implemented w.e.f. 2015 – 16 academic session & ANM 2 years Course is also H.S.+2 Stage passed already implemented w.e.f. the academic session 2013-14.
- iv) **Examination System i.e.** System of **OSCE/OSPE** for evaluation of ANM[®] course is also implemented throughout the state w.e.f. August'2014.

v) Council conducted **Examination** on 30th **August'** 2014 to 20th **September'**2014, and 28th **February'**2015 to 20th **March'**2015.

vi) **Published Results :**

Results of Examination held on **30th August'2014 to 20th September'2014**, as bellows:

In GNM Course:

***1st Year:** Total Candidates appeared and re-appeared 219.
Successfully passed 113.

***2nd Year:** Total Candidates appeared 192.
Successfully passed 136.

***Final Year:**Total Candidates appeared and re-appeared 172.
Successfully passed 154.

Results of Examination held on **28th February'2015 to 20th March'2015**as bellows:

In GNM Course:

***1stYear:** Total Candidates re-appeared103.
Successfully passed 79.

***2ndYear:** Total Candidates appeared 86.
Successfully passed 79.

***Final year:** Total Candidates appeared and re-appeared 32.
Successfully passed 30.

Results of Examination held on **30th August'2014 to 20th September'2014**, as bellows:

***1st Year ANM®:** Total Candidates appeared and re-appeared 96.

Successfully passed 72.

***Final Year ANM®:** Total Candidates appeared 16.

Successfully passed 15.

Results of Examination held on **28th February'2015 to 20th March'2015** as bellows:

IN ANM Course:

***1st year:** Total Candidates appeared and re-appeared 23.

Successfully passed 21.

***Final year:** Total Candidates appeared 3.

Successfully passed 2.

- vii) **Inspection and Affiliation:** TNC conducted inspection and permitted for continuation of the courses in the following institutions:
- a) NTI, AGMC & GBP Hospital: For continuation GNM Course.
 - b) Dr. BRAM Nursing School: For continuation Male GNM Course.
 - c) INS, Durjoynagar: For continuation GNM, Post-Basic B.Sc. Nursing Basic B.Sc. Nursing and M.Sc.Nursing courses.
 - d) ILS Nursing Institute: For continuation of GNM Course.
 - e) Tripura Sundari College of Nursing, Tulakuna: For continuation of GNM course only and Basic B.Sc. Nursing Course is to be decided.
 - f) TIPS School of Nursing: For continuation ANM course and Basic B.Sc. Nursing Course.

g) Tripura College of Nursing, Hapania: for continuing B.Sc Nursing and M.Sc. Nursing Course in 4 specialty subjects, like Master in Medical-Surgical Nursing, Pediatric Nursing, Obstetrics and Gynecological Nursing and Mental Health and Psychiatric Nursing.

ix) Registration of Nursing personnel:

- a) Qualifying registration ongoing.
- b) The system of reciprocal registration.
- c) Renewal of registration after 5 years ongoing.
- d) Addition of Additional Qualification.
- e) System of online registration is developed.
- f) System of live registration – under process.

2) INSERVICE EDUCATION & TRAINING:

- a) Tripura Nursing council organized 2 days' Workshop on **Competency Assessment of in-service GNM Staffs** at Pragna Bhaban, Gurkhabasti, with the financial support of **National Health Mission**, Government of Tripura, Agartala.
- b) The Council conduct an orientation training (3 days) for implementation of ANM[®] Syllabus and Examination System of **OSCE/OSPE** w.e.f. September' 2013 for Teaching Faculty of all Nursing Training Institute with financial support of Indian Nursing Council, New Delhi.
- c) Implemented 2 years course of ANM[®] throughout the state under the guidance of Indian Nursing Council, New Delhi.

- d) Established **Mini Skills Laboratory** in the ANM Training Institute, Udaipur, Gomati Tripura attached to the District Hospital, Udaipur as well as in MPW (F) Training Institute, Kailasahar which is under process.
- e) On behalf Tripura Nursing Council, Registrar, TNC along with one Principal Nursing Officer and one Senior most Sister-Tutor of the State attended **TOT** programme on **RKSK in NIH &FW, Munirca, New Delhi, with the financial support of National Health Mission, Government of Tripura, Agartala.**
- f) On behalf Tripura Nursing Council, Registrar, TNC as State Nodal Officer attended the one day Workshop on **Scheme Monitoring Information System** for Nursing which is developed by the Ministry of Health and Family Welfare, Government of India.
- g) Under the Global Fund of HIV/AIDS, Tuberculosis and Malaria organized by the College of Nursing Kalkatta, with the financial support of Indian Nursing Council, New Delhi, 12 Teaching Faculty from different Nursing Training Institution of our State attended the **TOT** programme sent by TNC.

3) Nursing service and Administration:

* On behalf of **Nursing cell**, Government of Tripura, for Administrative Set up of Tripura Nursing Services (Nursing Education and Research, Hospital Nursing Services and Public Health Services) proposal for restructuring the organogram of Tripura Nursing Services designed by the TNC and submitted to the Department of health & Family Welfare, Govt. of Tripura, which is under process.

*Participate in State Level Survey of different Health Institutions for placement of different category of Nursing Personnel according to the Indian Nursing Council.

*The proposal of Govt. of India, regarding career development of ANM & GNM Staffs is processing by the council.

*Participated in the workshop for development of new roles and responsibilities as well as job responsibilities of ANM Health workers conducted by government of Assam in collaboration with the Ministry of Health and family welfare, Government of India, New Delhi.

*Participated in development of **Nursing and Midwifery Portal** in India, in Assam organized by FHI360 in collaboration with the Ministry of Health and family welfare, Government of India, New Delhi.

* Project proposal is prepared and send **to the Govt. of India for STRENGTHENING THE 2 GOVT. GNM SCHOOL OF NURSING IN THE YEAR OCTOBER '2010, @ RUPEES 25 LACS PER SCHOOL, reminder submitted and WAITING FOR THE SANCTION.**

* Project proposal is prepared and send **to the Govt. of India, for new opening of ANM School in Dhalai District, attached to the District Hospital, Kulai, Dalai District and it is accepted and under consideration of Government of India.**

* Project proposal is prepared and send **to the Govt. of India (MOU), for introduction of 2 years ANM course in the existing MPW(M) Training Institute, Palace Compound, Agartala, It is approved and sectioned. Now waiting for release of fund and implementation of ANM® from the academic session 2015-16 onwards. To increase intake capacity in MPW (F) Training Institute, Kailasahar, Unokoti District, also under consideration of Government of India.**

***Proposal submitted for strengthening and up gradation of the existing Government Nursing Institutions and it is under consideration of Government of India.**

***Proposal submitted for conducting Short course Training Programme for different category of Nurses and it is under consideration of Government of India.**

*** Planning for development of a model Training Centre for Implementation of the STRENGTHENING COMPETENCY BASED TRAINING OF HEALTH CARE PROVIDERS FOR REPRODUCTIVE MATERNAL ,NEWBORN & CHILD HEALTH (RMNCH) SERVICES.**

***Planning for preparation of a Model Village for implementation of the various pre-service skill practices by the ANM® Trainees.**

***Planning for implementation of post diploma course prescribed by the INC such as MIDWIFERY PRACTITIONER COURSE.**

4) Nursing Research:

Tripura Nursing Council participated in the Research Project w.e.f. 9th April'2012 to 13th April'2012, conducted by the National Health & Family welfare Department with the help of ICMR, New Delhi, on Topic:

“NURSING MANAGEMENT OF RCH SERVICES IN NORTH EASTERN STATES OF INDIA”:

Achievements of TNC'2015:

- i) Developed and hosted **website of Tripura Nursing council**, with the support of Directorate of Information Technology, Government of Tripura, Agartala.
- ii) Tripura Nursing Council is included in the list of **20 short listed website**, Government of Tripura, prepared by Directorate of Information Technology, Government of Tripura, Agartala.
- iii) Registered **Nurses Data Base** (soft copy) is prepared and uploaded in the website of Tripura Nursing Council.
- iv) System of **ON LINE REGISTRATION** is almost completed.

○ Demands for future:

To enrich the **TRIPURA NURSING COUNCIL**, proposed for:

- Own Council Building

- **Human Resources:** Permanent post of Registrar, Deputy Registrar, one Computer Operator and one UDC.
- **One Vehicle.**

Merit List of GNM students in the TNC Examination year'2014.

<i>SL. No</i>	<i>Name of students with registration number</i>	<i>Marks obtained</i>	<i>Position</i>	<i>Name of Institution</i>
1.	Md. Rahul Islam	1220,81.33%	1 ST	Dr. BRAMNS, Agartala
2.	Sri Swapan De	1219,81.26%	2 ND	Dr. BRAMNS, Agartala
3.	Sri Diptanu Sutradhar	1197,79.8%	3 RD	Dr. BRAMNS, Agartala

List of GNM Students Obtaining Distinction Marks 1st year council Examination August'2014.

<i>SL. No</i>	<i>Name of students</i>	<i>Marks obtained</i>	<i>Subject</i>	<i>Name of Institution</i>
1.	Abul Hossein	86	Community Health Nursing - I	Dr. BRAM Nursing School, Agartala
2.	Nityananda Roy Talukder	84	Community Health Nursing - I	Dr. BRAM Nursing School, Agartala
3.	Prasenjit Biswas	81	Community Health Nursing - I	Dr. BRAM Nursing School, Agartala
4.	Sushankar Roy	81	Community Health Nursing - I	Dr. BRAM Nursing School, Agartala
5.	Supriti Majumder	81	Community Health Nursing - I	INS, Durjoynagar

List of 2nd year GNM Students Obtaining Distinction Marks Council Examination August'2014.

<i>SL. No</i>	<i>Name of students</i>	<i>Marks obtained</i>	<i>Subject</i>	<i>Name of Institution</i>
1.	Smt. Debsree Ghosh	80	Mental Health and Psychiatric Nursing(Theory)	ILS Nursing Institute, Agartala

**List of 3rd year GNM Students Obtaining Distinction Marks
Council Examination August'2014.**

<i>SL. No</i>	<i>Name of students</i>	<i>Marks obtained</i>	<i>Subject</i>	<i>Name of Institution</i>
1.	Swapan De	83	Community Health Nursing - II	Dr. BRAM Nursing School, Agartala
2.	Abantika Das	82	Community Health Nursing - II	ILS Nursing Institute, Agartala
3.	Bishnupada Biswas	81	Community Health Nursing - II	Dr. BRAM Nursing School, Agartala
4.	Gopal Krishna Shil	81	Community Health Nursing - II	Dr. BRAM Nursing School, Agartala
5.	Diptanu Sutradhar	80	Community Health Nursing - II	Dr. BRAM Nursing School, Agartala

National Florence Nightingale Award'2015.

- **Mrs. Anupama Kar, Sister-Tutor, Nurses Training Institute, AGMC & GBPH, Agartala**