

e-BOOK

**Important Achievements of
Health & Family Welfare Department
Government of Mizoram
(2019-2020)**



**Issued by
Directorate of Health Services
Health & Family Welfare Department
Mizoram : Aizawl**

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About the Department

The Health & Family Welfare Department, Government of Mizoram is the Administrative Department headed by the Principal Director. It is responsible for overseeing and coordinating the functions of the 2 (two) Directorates:

- Directorate of Health Services (DHS) and
- Directorate of Hospital & Medical Education(DHME)

Directorate of Health Services, is responsible for establishment, administration, regulation and monitoring of Medical and Health Institutions along with handling the necessary supporting infrastructure within the state, medical education, food safety and drug control and monitoring and implementation of various programs related to public health and disease control.

Directorate of Health Services, MCH&FW (Maternal and Child Health and Family Welfare) is responsible for monitoring and implementation of the centrally sponsored schemes implemented in the State to cater to the health needs of women and children.

Directorate of Hospital & Medical Education : Directorate of Medical Education is entrusted with the responsibility of maintaining & implementing hospitals, teaching & training, further studies and research programmes in the medical field and other patient care services.

State Hospitals (SHs) report directly to the state directorate and are autonomous in function. SHs have bed strengths ranging from 100 plus to 500 and provide specific services like specialized mother and child facilities, specialized paediatric treatment facilities, 24-hour emergency facilities, etc.

District hospitals (DHs) with bed strengths ranging from 30 number of beds plus to 200 number of beds are an essential component of the district health system and function as a secondary level of health care which provides curative, preventive and promotive healthcare services to the people in the district. Every district is expected to have a district hospital linked with the public hospitals/health centres down below the district such as Sub-district/Sub-divisional hospitals, Community Health Centres, Primary Health Centres and Sub-centres

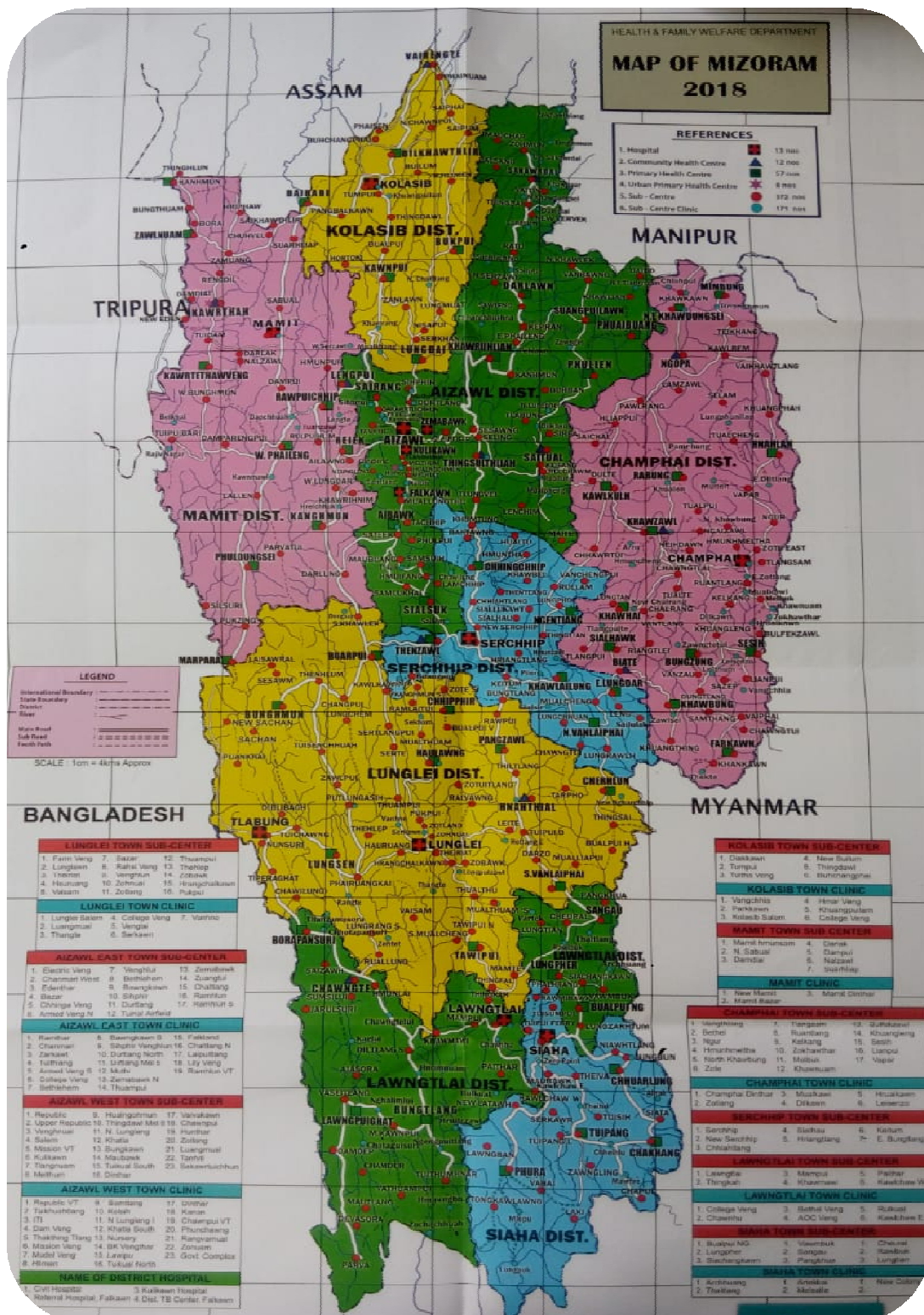
Sub-district/Sub-divisional Hospitals (SDHs) are below the district and above the block level (CHC) hospitals and also act as First Referral Units with bed strength ranging from 10 number of beds to 30 number of beds. Specialist services are provided through these sub-district hospitals. These hospitals should play an important referral link between the Community Health Centres, Primary Health Centres and sub-centres. Sub-District Hospitals are at Tlabung, Kulikawn, Hnahthial, Saitual and Khawzawl in Mizoram.

IMPORTANT STATUS

1	Total Population	10,97,206 (2011)
2	Total Villages	830 (2011)
Health Infrastructure		
1	Medical College	1
2	District Hospital	9
3	State Cancer Research Institute (Tertiary Centre)	1
4	Sub-District Hospital	5
5	Community Health Centre	9
6	Primary Health Centre	61
7	Urban Primary Health Centre	8
8	Main Centre	81
9	Sub-Centre	374
10	Sub-Centre Clinic	175
11	Main Centre	81
12	Central Medical Store	1
13	Blood Bank	8
14	No. of Doctors	481
15	Dental Surgeon	45
16	MO, AYUSH	68
17	Nos. of Staff Nurse (Regular= 412 + 66 (MIMER), Contract= 391)	869
18	Health Worker : Regular (M=254, F=299) CSS Contract : (M=70, F=226) State Contract : (M=1, F=0) M.R. (Skill II) : (M=19, F=19)	888
19	Nos. of ASHA	1091

GOVERNMENT HOSPITALS (2019 – 2020)

Sl. No.	Name of Hospitals	No. of Beds
1	Civil Hospital, Aizawl	270
2	Kulikawn Hospital, Aizawl	50
3	Civil Hospital, Lunglei	150
4	District Hospital, Champhai	75
5	District Hospital, Serchhip	60
6	District Hospital, Saiha	45
7	District Hospital, Kolasib	60
8	District Hospital, Mamit	30
9	District Hospital, Lawngtlai	34
10	Referral Hospital, Falkawn (including TB Hospital)	267
11	Mizoram State Cancer Institute (MSCI)	50
	Total	1104



VARIOUS ACHIEVEMENTS UNDER HEALTH & FAMILY WELFARE DEPARTMENT

I. DIRECTORATE OF HEALTH SERVICES

Tunhnaiah kan Department building Sub-Centre te, Staff Quarter te leh Primary Health Centre te a lo awngrawp/tlakbal tak avang hian hengho thawm thatna tur hian Sorkar atangin a hnuai mi ang hian sum hmuh a ni –

1. **NABARD XXIV** - **Rs. 940,53,000/-**
(PHC- 5 nos., Sub-Centre – 12 nos., MO Quarter – 2 nos.)
2. **State Priority Programme (SPP)** - **Rs. 903,93,500/-**
(PHC – 1 no., CMO Office – 2 nos., Sub-Centre – 12 nos.)
3. **New Economic Development Policy (NEDP)** - **Rs. 122,12,717/-**
(PHC – 1 no., Staff Quarter – 7 nos.)

Multi-Disciplinary Training Centre (MDTC), ITI Veng, Aizawl ah **Rs. 650,00,000/-** senga sak zawh a ni tawh a. Tunah hian hawn mai theih tura ruahmanna kalpui mek a ni.

Directorate of Health Services Office Building thar tur MINECO hmunah **Rs. 550,00,000/-** senga sak mek a ni bawh a. Tin, building sak chhunzawmna tur additional fund **Rs. 170,00,000/-** hmuh belh a ni.

Comprehensive Spastic Children Care Complex, Bawngkawn, Aizawl ah **Rs. 774,17,000/-** senga sak pawh zawh a ni tawh.

Tunhnaiah hian Primary Health Centre (PHCs) pali (4) hawn phalna Sorkar atangin hmuh a ni, chungte chu –

1. Thingsai Primary Health Centre
2. Ratu Primary Health Centre
3. Zobawk Primary Health Centre
4. Tuipuibari Primary Health Centre

NABARD 2018-2019 RIDF XXIV HNUAIA HNATHAWHTE

Sl. No.	Name of Construction Work	District	Amount (Rs. in lakhs)
1	Darlawn Primary Health Centre	Aizawl East	140.21
2	Mimbung Primary Health Centre	Champhai	140.21
3	Khawlailung Primary Health Centre	Serchhip	140.21
4	Phura Primary Health Centre	Saiha	140.21
5	South Vanlaiphai Primary Health Centre	Lunglei	140.21
6	New Eden Sub-Centre	Mamit	15.12
7	North Sabual Sub-Centre	Mamit	15.12
8	Suarhliap Sub-Centre	Mamit	15.12
9	Hnahthial Sub-Centre	Lunglei	15.12
10	Leite Sub-Centre	Lunglei	15.12
11	Hrangchalkawn Sub-Centre	Lunglei	15.12
12	Darzo Sub-Centre	Lunglei	15.12
13	Pukpui Sub-Centre	Lunglei	15.12
14	Zohmun Sub-Centre	Aizawl East	15.12
15	Palsang Sub-Centre	Aizawl East	15.12
16	Sub-Centre (Type-I) at New Eden	Mamit	16.07
17	Sub-Centre (Type-I) at Darzo	Lunglei	16.07
18	Medical Officer's quarter (Type-III) at South Vanlaiphai Primary Health Centre	Lunglei	28.12
19	Medical Officer's quarter (Type-III) at Phura Primary Health Centre	Saiha	28.12
	TOTAL		940.63

(Rupees nine crores forty lakhs sixty three thousand) only.

NABARD RIDF XXV HNUIAIA HNATHAWHTE

S. No	Name of Construction Work	District	Amount (in Rs.)
1	Suangpuilawn Primary Health Centre	Aizawl	₹ 2,41,50,700
2	Sialsuk Primary Health Centre	Aizawl	₹ 2,41,50,700
3	Farkawn Primary Health Centre	Champhai	₹ 2,54,76,500
4	Bilkhawthlir Primary Health Centre	Kolasib	₹ 2,37,66,000
5	Bualpui Ng Primary Health Centre	Lawngtlai	₹ 2,61,26,200
6	Pangzawl Primary Health Centre	Lunglei	₹ 2,58,94,000
7	Reiek Primary Health Centre	Mamit	₹ 2,48,02,000
8	South Vanlaiphai Sub-Centre	Lunglei	₹ 18,22,000
9	Tuipui D Sub-Centre	Lunglei	₹ 18,22,000
10	Chawngtui South Sub-Centre	Serchhip	₹ 17,63,000
11	Suangpuilawn Type III quarter	Aizawl	₹ 41,51,000
12	Bualpui Ng PHC Type III quarter	Lawngtlai	₹ 44,90,000
13	Pangzawl PHC Type III quarter	Lunglei	₹ 44,50,000
14	Reiek PHC Type III quarter	Mamit	₹ 41,51,000
15	Tuipui D SC Type I quarter	Lunglei	₹ 16,82,000
16	Chawngtui South SC Type I quarter	Serchhip	₹ 16,27,000
	Total		₹ 20,03,25,000

Rupees Twenty Crores, Three Lakhs Twenty-Five Thousand & Eight Hundred only

State Priority Programme (SPP) hnuia hnathawhte 2018-2019

S.No	Name of Construction Work	District	Amount (in INR)
1	Construction of Sangau Primary Health Centre (PHC) building	Lawngtlai	1,45,74,900
2	Construction of Lunglei CMO Office building	Lunglei	2,50,85,500
3	Construction of Mamit CMO Office building	Mamit	2,50,85,500
4	Construction of Upper Sakawrdai Sub-Centre Clinic building	Aizawl	15,12,300
5	Construction of North Khawdungsei Sub-Centre Clinic building	Aizawl	15,12,300
6	Construction of Lenchim Sub-Centre building	Aizawl	15,12,300
7	Construction of Buhban Sub-Centre building	Aizawl	15,12,300
8	Construction of Tualbung Sub-Centre building	Aizawl	15,12,300
9	Construction of Parva Sub-Centre building	Lawngtlai	15,12,300
10	Construction of Ajasora Sub-Centre building	Lawngtlai	15,12,300
11	Construction of Chamdur P Sub-Centre building	Lawngtlai	15,12,300
12	Construction of Lungsen Sub-Centre Clinic building	Lunglei	15,12,300
13	Construction of Damdai Sub-Centre building	Mamit	15,12,300
14	Construction of Tuahzawl Sub-Centre Clinic building	Mamit	15,12,300
15	Construction of Kawrtethawveng Sub-Centre building	Mamit	15,12,300
16	Repair & renovation of Sub-Centre buildings and quarters	Mizoram	75,00,000
TOTAL			9,03,93,500

Rupees Nine Crores, Three lakhs Ninety Three thousand Five Hundred only

NEW ECONOMIC DEVELOPMENT POLICY (NEDP) 2018-2019
HNUAIA HNATHAWHTE

Sl. No.	Name of Construction Work	District	Amount
1	Construction of Tuipang PHC Building	Saiha	1,44,83,943
2	Construction of Type-II Quarters (No. a) at Tuipuibari PHC (Thingsai)	Hnahthial	17,37,391
3	Construction of Type-II Quarters (No. b) at Tuipuibari PHC (Cherhlun)	Hnahthial	17,37,391
4	Construction of Type-II Quarters (No. c) at Tuipuibari PHC	Mamit	17,37,391
5	Construction of Type-III Quarters at Tuipuibari PHC (Thingsai)	Hnahthial	26,06,690
6	Constructiion of Type-I Quarters (No. a) at Tuipuibari PHC (Thingsai)	Hnahthial	14,64,618
7	Constructiion of Type-I Quarters (No. b) at Tuipuibari PHC (Hnahthial)	Hnahthial	14,64,618
8	Constructiion of Type-I Quarters (No. c) at Tuipuibari PHC	Mamit	14,64,618
	TOTAL		1,22,12,717

II. Name of Directorate of Hospital & Medical Education.

I. INTRODUCTION:

The Directorate of Hospital & Medical Education is one of the two wings of the Health & Family Welfare Department, Government of Mizoram with a separate Budget since 2006-2007, it is a social service sector encompassing most of the aspects of human life and a secondary health care Department. It has also inter-sectoral role and linkages with majority of the Department for the service to the people of Mizoram. Since its inception, it is look after eight (8) Districts Hospitals viz. Aizawl, Lunglei, Lawngtlai, Mamit, Kolasib including Mizoram State Cancer Institute/Cancer Hospital, Zerbaw, Kulikawn Hospital, State Referral Hospital Falkawn along with three (3) Medical Institutions viz. School of Nursing, Lunglei and Thingdawl, Mizoram College of Nursing (MCON), Falkawn.

GOVERNMENT HOSPITALS (2018 – 2019)

Sl. No.	Name of Hospitals	No. of Beds
1	Civil Hospital, Aizawl	270
2	Kulikawn Hospital, Aizawl	50
3	Civil Hospital, Lunglei	150
4	District Hospital, Champhai	75
5	District Hospital, Serchhip	60
6	District Hospital, Saiha	45
7	District Hospital, Kolasib	60
8	District Hospital, Mamit	30
9	District Hospital, Lawngtlai	34
10	Referral Hospital, Falkawn (including TB Hospital)	267
11	Mizoram State Cancer Institute (MSCI)	50
	Total	1104

NON - GOVERNMENT (PRIVATE) HOSPITALS (2018 – 2019)

Sl. No.	Name of Hospitals	No. of Beds
1	Presbyterian Hospital, Durtlang	355
2	Christian Hospital, Serkawn	100
3	Greenwood Hospital, Bawngkawn	87
4	Adventist Hospital, Seventh Day Tlang	50
5	Nazareth Hospital, Chaltlang	38
6	Bethesda Hospital, Bawngkawn	100
7	Aizawl Hospital & Research Centre, Mission Veng	145
8	Vaivenga Hospital & Research Centre, Dawrpui	22
9	Grace Nursing Home, Electric Veng	32
10	Ebenezer Medical Centre, Chawnpui, Aizawl	84
11	Maraland Gospel Centenary Hospital, Saiha	60
12	Lairam Christian Medical Centre, Lawngtlai	50
13	Alpha Hospital, Kulikawn	35
14	Med-Aim Adventist Hospital, Champhai	22
15	B.N. Hospital Kulikawn	59
16	Nazareth Nursing Home, TumpuiKolasib	20
17	Hope Hospital, Lunglei	35
18	Faith Hospital, Lunglei	30
19	D.M Hospital, Champhai	30
20	CityHospital, MissionVeng	62
21	LRM Hospital, Ramhlun, Aizawl	67
22	Redeem Hospital, College Veng, Aizawl	26
23	John William Hospital, Lunglei	30
24	Mercy Hospital (RD&RC), Serchhip	15
	Total	1553

- Tlabung Sub Divisional Hospital is under the establishment of Dte. Of Health Services included in Government Hospitals.

OUT – PATIENT & IN – PATIENTS DURING 2019 – 2020

Sl. No.	Hospitals	No. of Out-Patients	No. of In-Patients
1	Government Hospitals	737160	47553
2	Non- Government Hospitals	283877	50833

- Report of 2019-2020 is being complied for publication.

MEDICAL TREATMENT & REFERRAL :

1. No. of patients referred outside Mizoram during 01.04.2019 to 31.03.2020 – 2627 nos.
2. The Hospital where patients were referred most – AMRI Hospital, Kolkata.

LIST OF RECOGNISED HOSPITALS FOR SPECIALIZED TREATMENT FOR EMPLOYEES ALONG WITH THEIR DEPENDENTS UNDER GOVERNMENT OF MIZORAM :

1. Down Town Hospital, Guwahati , Assam.
2. Dr.B.Baruah Cancer Institute, GopinathNazar Road, Guwahati.
3. Institute of Neurological Science ,Dispur , Guwahati.
4. Sri SankaradevaNetralaya, Beltola, Guwahati.
5. IndrasprathaAppollo Hospital, Mathura Road, New Delhi.
6. Fortis Escorts Heart Institute, Metro Station, New Delhi.
7. Indian Spinal Injuries Centre, VasantKunj, New Delhi.
8. National Heart Institute,EastKaillash, New Delhi.
9. SitaramBartia Institute of Science & Research, NRPC Colony, New Delhi.
10. St. Stephens Hospital, TizHazari, New Delhi
11. AIIMS, Ansari Nagar, New Delhi
12. Max Super Speciality Hospital, MandirMarg, Saket, New Delhi
13. TATA Memorial Hospital, Parel, Mumbai
14. Christian Medical College, Vellore, Tamil Nadu
15. Frontier Lifeline Hospital, Chennai, Tamil Nadu
16. Bethany Hospital, Shillong, Meghalaya
17. NarayanaHrudalaya Institute of Cardiac Science, Bengaluru
18. Shija Hospitals & Research Institute, Imphal, Manipur
19. Apollo Hospital, Telegana State, Hyderabad

20. Apollo Hospital, Greams Road, Chennai
21. Excelcare Hospital, Guwahati, Assam
22. Supercare Hospital, Demthring, Shillong
23. Moolchand Hospital, near Moolchand Metro Station, New Delhi
24. N.H. Rabindranath Tagore (International Institute of Cardiac Sciences), Kolkata, West Bengal.

The Budget in respect of Directorate of Hospital & Medical Education for the last three years is as detailed under:

2017-2018	State	- Rs. 16,652.92 lakh
	CSS	- Rs. 11,383.08 lakh
2018-2019	State	- Rs. 23,598.79 lakh
	CSS	- Rs. 10,018.66 lakh
2019-2020	State	- Rs. 18,985.15 lakh
	CSS	- Rs. 820.26 lakh

ACTIVITIES OF THE DEPARTMENT & FUTURE PERSPECTIVE

In order to offer good health care to the people of Mizoram, the Department has been initiated steps for building good infrastructures, diagnostic equipments as well as increase in man-power. Steps are also taken to avoid large no. of patients being referred outside the State, for investigations and treatment as heavy financial loss is incurred to the Government exchequer.

• NEW ECONOMIC DEVELOPMENT POLICY (NEDP)

The NEDP is being implemented since 2016 – 2017 under Health & Medical Sector as tabulated under:-

During 2016 – 2017

An amount of Rs 9.00 crore was allocated for improvement of Health Care facilities at District Hospitals of Mizoram. The Medical equipments & instruments are successfully installed & commissioned, the intended benefit of the scheme being availed by the needy patients in the state.

An amount of Rs 28.00 crore was allocated for improvement & augmentation of State Referral Hospital, Falkawn, Mizoram. The medical equipments & vital instruments are successfully installed and commissioned. The Civil works portion viz. developments of Hospital Complex viz. Retaining wall, internal road (formation cutting) are successfully completed.

During 2017 – 2018

An amount of Rs 20.00 crore was allocated for improvement of Health Care facilities at District Hospitals of Mizoram. The Medical equipments & instruments are

successfully installed & commissioned, the intended benefit of the scheme being availed by the needy patients in the state.

An amount of Rs 15.00 crore was allocated for improvement of State Referral Hospital, Falkawn - purchase of MRI Scan Machine and installation of separate electric transformer.

During the Financial year 2018 – 2019, fund is allocated as detailed under:

Sl.No	Name of Scheme	Allocation of fund
1.	Improvement of Health Care facilities in all district Hospitals. 1. Civil Hospital, Aizawl 2. Civil Hospital, Lunglei 3. District Hospital, Saiha 4. District Hospital, Champhai 5. District Hospital, Kolasib 6. District Hospital, Serchhip 7. District Hospital, Lawngtlai 8. District Hospital, Mamit 9. Kulikawn Hospital	Rs 20.00 crore
2.	Improvement of State Referral Hospital, Falkawn.	Rs 20.00 crore
3.	Establishment of Emergency & Trauma Centre at Civil Hospital, Aizawl and Lunglei.	Rs7.50crore
4.	Construction of Bio-Digester at Civil Hospital, Aizawl	Rs. 0.50 Crore
5.	Construction of staff quarter at Civil Hospital, Lunglei and Siaha	Rs 8.76 crore
	Grand Total	Rs56.76crore

• SOCIO-ECONOMIC DEVELOPMENT POLICY (SEDP)

The Govt. of Mizoram allocated an amount of Rs. 139.30 lakh during 2019-2020 for upgradation of Civil Hospital, Aizawl as detailed under and the works in progress.

- | | |
|--|----------------|
| 1. Replacement of Steel windows and ventilation with Aluminium frames and renovation of Pharmacy Canteen | Rs. 59.89 lakh |
| 2. Construction of Bracewall cum footpath | Rs. 40.08 lakh |
| 3. Renovation of Gynaecology Building (Basement) for shifting CSSD. | Rs. 16.47 lakh |
| 4. Renovation of Hospital Kitchen | Rs. 15.93 lakh |
| 5. Renovation of DNB Hostel (Male Building) | Rs. 6.93 lakh |

In addition to the above, an amount of Rs. 18.34 lakh was allocated for installation of EPABX Cabling for Civil Hospital, Aizawl under SEDP during 2019-2020. Necessary action for the said installation is under process.

- **ESTABLISHMENT OF GNM SCHOOLS**

The Department has also initiated to establish **4(four) GNM Schools under Ministry of Health & Family(Nursing Division), Government of India, at Champhai, Siaha, Kolasib and Serchhip**, the construction of three school buildings i.e. GNM Serchhip, Champhai and Siaha is undertaken and on the verge of completion. GNM Thingdawl, Kolasib was completed and 1st Batch of GNM students admitted on December, 2017. Necessary action being taken up for opening of GNM School Champhai, Serchhip, Saiha.

- **ESTABLISHMENT OF FULL FLEDGED CANCER HOSPITAL, ZEMABAWK**

The Ministry of H&FW, (Cancer Research Section) Government of India has conveyed an Administrative Approval of **Rs. 44.27 crore** with a funding pattern of **90:10** for upgradation of the existing Mizoram State Cancer Institute, Zemabawk, Aizawl. The project includes purchase of high tech equipments and construction of Hospital building. A purchase order for installation of Linear Accelerator (LINAC-Varian TrueBeam) was already issued and Civil works portion of the project is in full swing. The Government of India has already released an amount of **Rs. 1464.00 lakh** as 1st installment. State Matching Share amounting to Rs 1.62 crore has already been released by the Govt. of Mizoram and an allocation of Rs 300.00 lakh was received from the Govt. of Mizoram for custom charges.

- **CONSTRUCTION OF DIRECTORATE BUILDING**

The Directorate of Hospital & Medical Education is recently accommodated at the new constructed building, New Secretariat Complex, Khatla, Aizawl. The Building was constructed by State PWD under SPA with an approved cost of Rs 825.01 lakh. The Govt. of Mizoram has allocated Rs 2.56 crore for vertical extension of the Directorate Building; fund had already transferred to State PWD and it is successfully completed.

- **ACTION PLAN FOR THE NEXT FIVE YEAR PLAN**

Since the Hospitals hi-tech machines, diagnostic equipments and construction of buildings as well are out of bounds from the state budget, fund has been sought to the funding agencies stated above, the on-going projects with funding pattern of 90:10 is as below:-

Sl. No	Name of Project	Approved cost (Rs in lakh)	Status of project
1	Improvement of CSSD at 5(five) Hospitals in the state of Mizoram viz. Civil Hospital Aizawl, Lunglei, Districts Hospital Saiha, Kolasib, Serchhip under NEC.	Rs 300.00	Completed

2	Procurement of CT Scan (16 slice) at Civil Hospital Aizawl under NEC.	Rs 280.00	Completed
3	Strengthening of Cardiology Department at Civil Hospital Aizawl under NEC.–	Rs 499.00	Completed
4	Establishment of State Medical Library at Civil Hospital Aizawl	Rs 361.18	Completed
5	Strengthening of Dental Department at Civil Hospital Aizawl along with District Hospitals in the state of Mizoram under NEC.	Rs 443.76	Completed
6	Procurement of CT Scan Machine (16 slice) for Civil Hospital, Lunglei under NEC.	Rs 228.00	Completed
7	Bio-Medical Waste Management System for district hospital Lawngtlai, Champhai, Serchhip, Mamit under NEC.	Rs 468.00	The project achievement is 90%. Installation of incinerators being done.
8	Construction of Main Building of School of Nursing, Synod Hospital, Durtlang, Mizoram.	Rs 833.00	The project achievement is about 30%
9	Construction of 100-Bedded Hospital Saiha under NLCPR.	Rs 1593.00	Work in progress – 95% achievement as per State P.W.D. report.
10	Construction of 50-Bedded Hospital, Lawngtlai under NLCPR.	Rs 1191.51	Work in progress – 95 % achievement as per State P.W.D. report.
11	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, Civil Hospital, Aizawl under CSS, Ministry of H & FW	Rs 1027.20	Work order issued on 13.09.2018 and it is to be commenced soon.
12	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Lawngtlai under CSS, Ministry of H & FW	Rs 494.20	Civil Works in progress.
13	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Siaha under CSS, Ministry of H & FW	Rs 494.20	Civil Works in progress..
14	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Kolasib under CSS, Ministry of H & FW	Rs 494.20	Civil Works in progress.
15	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Champhai under CSS, Ministry of H & FW	Rs 494.20	Civil Works in progress.
16	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Serchhip under CSS, Ministry of H & FW	Rs 494.20	Civil Works in progress.
17	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, Civil Hospital, Lunglei under CSS, Ministry of H & FW	Rs 494.20	Civil Works in progress.

Over and above, the Department has submitted the following project proposal

Sl.No	Name of the project proposal submitted to various funding agency	Estimated Cost
1	Upgradation of Civil Hospital, Aizawl	Rs. 95.83 Crore
2	Upgradation of Civil Hospital, Lunglei	Rs. 27.43 Crore
3	Upgradation of existing CHC into new District Hospitals- Hnahthial Saitual Khawzawl	Rs. 33.57 Crore Rs. 31.76 Crore Rs. 21.06 Crore
4	Ambulance for all District Hospital	Rs. 1.5 Crore
5	Upgradation of District Hospital, Kolasib	Rs. 52.11 Crore
6	Development of GNM School, Thingdawl	Rs. 52.10 Crore
7	Upgradation of District Hospital, Serchhip	Rs. 53.77 Crore
8	Upgradation of Kulikawn Hospital, Aizawl	Rs. 109.90 Crore
9	Construction of Quarters for Mizoram College of Nursing, Falkawn	Rs. 12.09 Crore
10	Upgradation of School of Nursing, Lunglei	Rs. 4.56 Crore
11	Upgradation of District Hospital, Saiha (Construction of Staff Quarter)	Rs. 21.37 Crore
12	Upgradation of District Hospital, Lawngtlai (Construction of Staff Quarters)	Rs. 12.06 Crore
13	Upgradation of District Hospital, Champhai (Construction of Med. Superintendent Office)	Rs. 78.62 Crore
14	Upgradation of GNM School, Saiha (functioning of school)	Rs. 10.36 Crore
15	Upgradation of GNM School, Champhai (functioning of school)	Rs. 9.54 Crore
16	Upgradation of GNM School, Serchhip	Rs. 8.01 Crore
17	Demolition, Construction of Medical Superintendent Building, Civil Hospital, Aizawl	Rs. 7.83 Crore
18	Retrofitting of Main Hospital Building at Civil Hospital, Aizawl	Rs. 20.00 Crore

OUTCOME OF THE DEPARTMENT'S ACTIVITIES SO FAR AND EXPECTED OUTCOME (IMPACT ON ECONOMY)

Due to inadequate availability of state of art equipments and shortage of man power, there are many instances when patients have to be referred outside the state for necessary investigation and treatment at the cost of the Government of Mizoram is exchequer. Various measures have been made by the department to improve the treatment of facilities in the state so as to cut down Govt. spending as well as inconveniences to the patient party. It is envisaged that the services and facilities of the District Hospitals be upgraded so that the people in the rural areas do not need to make long journey to the state capital to receive necessary treatment for their illness.

PROBLEMS AND CHALLENGE IN THE STAGE OF IMPLEMENTATION

- **Man power:**

-

The Directorate of Hospital & Medical Education has been functioning with inadequate man power since its inception 2006, the Hospitals are managed by a separate Administrative Establishment, however, most of the Hospitals are still not functioning as full fledged establishments due to lack of adequate man power. The Hospital services being a labour intensive zone, the fund provision could not cope with the requirement of man-power with compared to the minimum requirement of the Indian Public Health Standard Norms (IPHS). Patients have also been facing difficulties in proper utilization of facilities due to absence of man power.

- **Diagnostic Equipment:**

Due to curtailment of plan fund, the Department could not equip the vital requirements of Hospital viz. Hi-tech and Med tech equipments and machineries. As a result of these, there are many instances when patients have to be referred outside the state for necessary investigations and treatment at the cost of Government exchequer.

- **Construction of Buildings /staff quarters:**

Due to financial constraint in the Department, major developments viz. construction of hospital buildings, staff quarters could not be taken up as the existing hospital buildings, staff quarters, structures are semi pucca and very old. They are also in a dilapidated condition due to natural wear and tear. Some of the buildings are not fit for occupation. Moreover, maintenance of Hospital buildings and staff quarters could not have been undertaken.

The following measures to improve the development gap occurred in Medical & Health Sector under Directorate of Hospital & Medical Education as elaborated as under:

- **Provision of Diagnostic Equipments/Supply of vital medicines and consumables:** In order to avoid a large number of referred cases outside the state for necessary investigation and treatment, the various hospitals need to be well equipped with machineries, diagnostic equipments, supply of vital medicines and consumables. Hence, more funds are required so as to achieve the financial loss of Government exchequer.
- **Renovation/Construction of Buildings:** The existing Hospital buildings and staff quarters are very old, dilapidated and congested to accommodate the increasing no. of patients, re-construction of Hospital buildings, quarters are very much essential so as to provide good health care to the people. Hence, more funds are required.
- **Telemedicine at District Hospitals:** Telemedicine is a real need for patients out there who cannot get clinical consultation and decision making due to unavailability of doctors, lack of communication infrastructure or not fit for travel. To improve the health care facilities in the state, telemedicine is considered absolutely necessary to install at the District Hospitals – so that the development gap hindering better treatment for patients in Medical & Health Sector may be abolished which in turn automatically provide better treatment of patients in the state. Hence, more funds are required.

PUBLICATIONS:

The Directorate of Hospital & Medical Education has recently published Hospital Statistics 2018 – 2019 based on Monthly Statistical Bulletin, hard copy along with soft copy attached. The report of 2019-2020 is being preferred for publication.

III. Mizoram State Health Care Society Cum State Health Agency, AB-PMJAY

A. Introduction:

Mizoram State Health Care Society was founded on April 2008 under the Department of Health & Family Welfare, Government of Mizoram to implement the Mizoram State Health Care Scheme (MSHCS), a health insurance scheme for the general population of the state (excluding government servants and their dependants) up to a sum insured amount of Rs. 3 lakhs annually on floater basis. From 2010, it further implemented RSBY (Rashtriya Swasthya Bima Yojana), a centrally sponsored health insurance under the Ministry of Labour & Employment for the BPL and MNREGA Workers RSBY has since been replaced by AB-PMJAY (Ayushman Bharat Prime Minister Jan Arogya Yojana) from 1st October, 2018, catering to RSBY beneficiaries as well as SECC deprived list up to a sum insured amount of Rs. 5 lakhs annually on floater basis for a family whose size has no cap.

Since October, 2019, MSHCS has been revised to incorporate all ailments as benefits for the enrolled beneficiaries and has also been converged with AB-PMJAY.

As an economic measure, the Society has also been entrusted with screening all Government Servants and their dependents Medical Reimbursement claims since April 2018. It checks and advises recommended amount and as a result of which, the financial outgo for Medical Reimbursement of Government Servants in a year which usually was above Rs. 100 crores could be curtailed to Rs. 65 crores approximately in the first year of implementation and to Rs. 77 crores in the second year of implementation, thereby saving funds to the exchequer.

The Society's Governing Body, the apex body is chaired by the Hon'ble Chief Minister and the day to day function is being managed by the office of the Chief Executive Officer, whose office is located near the Directorate of Health & Family Welfare Dinthar, Aizawl. In summary, the three activities that the society currently performs are:

1. Implementation of Mizoram State health Care Scheme
2. Implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana.
3. Screening of Medical Reimbursement claims of Government Employees and their dependants.

B. Objectives

The Mizoram State Health Care Scheme and AB-PMJAY aims at improving equity and access to quality medical/surgical care for treatment of diseases involving hospitalisation through an empanelled network of healthcare providers, both within and outside the State, thereby linking to achievement of universal health coverage and sustainable development goals (SDG's). It also caters to selected Out Patient needs based on felt needs of the Governing Body as per existing disease burden of the state. Thus, the overall objective is to provide affordable quality health services and streamlining treatment rates through adherence to the Notified rate of the Government, the first of its kind in Mizoram and that was formulated and proposed by the Society.

C. Claims Paid and Screened.

The total number of claims approved and paid for HealthCare Scheme and AB-PMJAY as well as the total number of Medical Reimbursement approved is highlighted in Table I below.

Table I

Health Care Scheme		AB-PMJAY		Gov't Medical Reimbursement	
Claim Count	Approved Amount (Rs)	21234	Approved Amount (Rs)	Claim Count	Approved Amount (Rs)
3689	11,20,27,537	21994	16,75,55,362	17779	77,20,16,536

E. Mizoram State Health Care Scheme (MSHCS)

The Mizoram State Healthcare Scheme was revised and upgraded to give social security to each bonafied residents enrolled under the scheme by providing health benefits to cover all hospitalized ailments and selected 26 OPD cases from October 2019 and covering a sum insured amount of Rs. 2 lakhs only. Prior to it, only pre-selected critical illness up to a sum insured amount of Rs 3 lakhs were covered under the Scheme. The data generated would not give a full picture of the disease burden of the state, thus a bias in the overall utilization for claims payment as well as in the disease burden. However, an attempt has been made to highlight the disease burden with the available existing data.

E.1. Intra State & Inter State Treatment.

Regardless of the treatment inside the State, most tertiary cases are referred outside the state and Table II shows the variation of treatment within Mizoram and outside Mizoram.

Table II

Mizoram (Intra-State)		Refer (Inter-State)		Total	
Count	Approved Amount (Rs)	Count	Approved Amount (Rs)	Count	Approved Amount (Rs)
2970	6,07,12,119	718	5,12,47,874	3689	11,20,27,537

E.2. Top 20 frequently used package/Diagnosis.

Table III

Top 20 Packages/Diagnosis			
1	CANCER	11	RENAL ALLOGRAFT RECIPIENT
2	NORMAL VAGINAL DELIVERY	12	ELECTIVE LOWER SEGMENT CAESAREAN SECTION
3	ALCOHOL DEPENDENT SYNDROME	13	LOWER RESPIRATORY TRACT INFECTION
4	CHRONIC KIDNEY DISEASE	14	CHRONIC HEPATITIS C
5	PNEUMONIA	15	NEONATAL JAUNDICE
6	LOWER SEGMENT CAESAREAN SECTION	16	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
7	URINARY TRACT INFECTION	17	CHOLELITHIASIS
8	ACUTE GASTROENTERITIS	18	ACUTE FEBRILE ILLNESS
9	CHRONIC LIVER DISEASE	19	SYSTEMIC LUPUS ERYTHEMATOSUS
10	ACUTE APPENDICITIS	20	ACUTE PEPTIC DISEASE

F. Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

Ayushman Bharat PM-JAY had replaced RSBY since October, 2018 and provides a health benefit cover of Rs. 5 lakhs per family per year for in-hospitalization for its eligible vulnerable families. It is a cashless access to health care services for the beneficiary at all empanelled hospitals and helps mitigate catastrophic expenditure on medical treatment. At present, there are 85 empanelled hospitals in the State of which 80 hospitals come under public sector and 5 hospitals under private sector.

F.1. Beneficiary Identification System (BIS)

Unlike other health insurance scheme, it is mandatory that all eligible member of the household must have e-card, also called as Golden Card to avail the benefits under the scheme.

There are 1.9 lakhs eligible families in the state and as each member needs to have their own identity card, the challenge of verification process and issue of card arises. For this, as it would be a big burden for hospitals alone to issue e-card, State Health Agency (SHA), Mizoram liaised with Department of Information & Communication Technology (ICT) by integrating with Common Service Centres (CSC's) available at almost every locality in the State. Further, State Health Agency, Mizoram also setup teams to visit hard to reach places and other villages having lower e card issuance and having no or poor internet. The endeavour and hard work of all the workers generated 328403 golden cards within a year. Table IV shows the variation of e-card generated by districts of Mizoram.

Table IV

District	Hospitals/SHA	CSC's	Total
Aizawl	65114	43540	108654
Champhai	62060	9121	71181
Kolasib	28163	12244	38056
Lawngtlai	2004	1756	8830
Lunglei	39515	2631	43528
Mamit	6516	10282	19438
Siaha	8078	205	8639
Serchhip	16130	13947	30077
Total	234677	93726	328403

F.2. Intra State & Inter State Treatment.

The variation of treatment/in-hospitalisation within districts of Mizoram and portability (referral outside Mizoram) are mentioned in the Table V and VI.

Table V

Mizoram District	Claim Count	Claim Paid (Rs)
Aizawl	12493	121801926
Champhai	1877	9303319
Kolasib	1471	8946445
Lawngtlai	508	4037750
Lunglei	2543	8001947
Mamit	650	3217485
Siaha	315	1313925
Serchhip	1303	8386614
Total	21160	165009411

Table VI

Portability (Referral Outside State)	
Claim Count	Claim Paid (Rs)
74	25,45,951

F.3. Top Speciality and Packages Used

Table VII shows top 20 frequently used speciality/packages under Transaction Management System (TMS).

Table VII

Top 20 Packages under AB-PMJAY			
1	CANCER	11	Enteric fever
2	Normal Delivery	12	Hemodialysis per sitting
3	Pneumonia	13	Cerebrovascular accident
4	Caesarian Delivery	14	Laparoscopic Cholecystectomy
5	Acute exacerbation of COPD	15	Scrub Typhus
6	UTI	16	Open Reduction Internal Fixation (Large Bone)
7	Acute febrile illness	17	Appendicectomy
8	Severe Gastritis	18	Pyrexia of unknown origin
9	Acute gastroenteritis with moderate dehydration	19	Respiratory failure due to any cause
10	Acute bronchitis	20	Hysterectomy ± Salpingo-oophorectomy

G. Government Employee & Dependants Medical Re-imbursements

Screening of Government Servants Medical Reimbursement (MR) claims was executed by the Society from April 2018 using Government approved rates. Streamlining

G.1. Intra State & Inter State Treatment.

As shown in the Table VIII highlights the month wise total number of medical claims approved for intra and interstate and the amount approved in Rupees is as given:

Table VIII

Month	Inside Mizoram		Outside Mizoram		Total	
	Claim count	Approved Amount (Rs)	Claim count	Approved Amount (Rs)	Claim count	Approved Amount (Rs)
April	834	3,06,95,899	74	69,75,276	908	3,23,60,004
May	1781	6,74,62,689	268	2,70,94,249	2049	8,42,44,254
June	989	3,82,93,948	161	1,45,27,316	1150	4,66,20,189
July	1450	5,25,97,299	220	2,88,29,809	1670	7,21,66,844
August	1429	5,59,00,740	172	1,64,65,306	1601	6,29,15,090
September	1587	5,65,00,462	196	2,27,96,536	1783	7,00,36,551
October	1593	6,26,34,127	229	2,45,92,827	1822	7,66,21,289
November	804	3,39,29,489	158	1,69,80,113	962	4,51,93,953
December	177	1,16,94,048	51	73,95,226	228	1,72,06,603
January	1890	6,99,17,209	243	2,54,57,212	2133	8,61,38,850
February	1426	5,69,79,362	383	4,59,79,876	1809	9,60,60,175
March	1412	5,49,93,394	252	3,29,68,059	1664	8,24,52,734
Total	15372	59,15,98,666	2407	27,00,61,805	17779	77,20,16,536

G.2. Top 20 Department wise no of Medical Reimbursement claims

Table IX shows Department wise no and amount of Medical Reimbursement claims.

Table IX

S.N	Name of Department	Total	
		Claim Count	Approved Amount
1	HOME DEPARTMENT INCLUDING PRISONS & SAINIK WELFARE RESETTLEMENT	4923	16,29,15,075
2	SCHOOL EDUCATION DEPARTMENT	3154	13,72,51,736
3	PUBLIC WORKS DEPARTMENT (PWD)	806	3,96,77,150
4	POWER & ELECTRICITY DEPARTMENT	782	3,84,07,515
5	DIRECTORATE OF HEALTH SERVICES	760	3,10,65,769
6	DIRECTORATE OF HOSPITAL & MEDICAL EDUCATION	688	3,44,50,457
7	HIGHER & TECHNICAL EDUCATION DEPARTMENT	657	3,53,01,488
8	SECRETARIAT ADMINISTRATION DEPARTMENT (SAD)	625	2,70,79,651
9	PUBLIC HEALTH ENGINEERING DEPARTMENT (PHED)	460	1,99,35,073
10	FOOD CIVIL SUPPLIES & CONSUMER AFFAIRS	364	1,42,84,290
11	GENERAL ADMINISTRATION DEPARTMENT	323	1,40,36,371
12	ENVIRONMENT, FOREST & CLIMATE CHANGE DEPARTMENT	297	1,50,29,900
13	TRANSPORT DEPARTMENT	269	1,05,92,014
14	EXCISE & NARCOTICS DEPARTMENT	260	1,30,82,233

15	ANIMAL HUSBANDRY & VETERINARY DEPARTMENT	249	1,29,06,603
16	COMMERCE & INDUSTRIES DEPARTMENT	216	1,26,62,825
17	RURAL DEVELOPMENT DEPARTMENT	208	1,25,48,719
18	FINANCE DEPARTMENT	203	90,52,743
19	LAND REVENUE & SETTLEMENT DEPARTMENT	181	62,79,416
20	AGRICULTURE DEPARTMENT	177	85,74,793
21	SOCIAL WELFARE DEPARTMENT	173	1,12,12,862
22	TAXATION DEPARTMENT	148	92,25,497
23	HORTICULTURE DEPARTMENT	141	65,65,947
24	LAND RESOURCES, SOIL & WATER CONSERVATION	119	59,84,159
25	URBAN DEVELOPMENT & POVERTY ALLEVIATION DEPARTMENT	119	55,56,672
26	LOCAL ADMINISTRATION DEPARTMENT	111	57,06,743
27	MIZORAM LEGISLATIVE ASSEMBLY SECRETARIAT	111	53,50,300
28	PLANNING & PROGRAMME IMPLEMENTATION DEPARTMENT	111	1,21,48,756
29	LAW & JUDICIAL DEPARTMENT GOVT OF MIZORAM	99	46,51,974
30	SERICULTURE DEPARTMENT	89	33,24,903
31	IRRIGATION & WATER RESOURCES DEPARTMENT	81	35,05,771
32	SPORT & YOUTH SERVICES DEPARTMENT	77	21,23,926
33	COOPERATION DEPARTMENT	75	36,06,149
34	DIRECTORATE OF STATE COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING (SCERT)	69	34,95,099
35	PRINTING & STATIONARY DEPARTMENT	67	29,25,845
36	ART & CULTURE DEPARTMENT	62	39,86,629
37	INFORMATION & PUBLIC RELATIONS (I&PR) DEPARTMENT	62	37,33,512
38	MIZORAM PUBLIC SERVICE COMMISSION	51	29,53,681
39	VIGILANCE DEPARTMENT	49	44,46,787
40	GOVERNOR'S SECRETARIAT	46	30,86,717
41	TOURISM DEPARTMENT	43	22,67,149
42	FISHERIES DEPARTMENT	41	19,78,712
43	LABOUR, EMPLOYMENT, SKILL DEVELOPMENT & ENTREPRENEURSHIP	41	11,50,850
44	DIRECTORATE OF DISASTER MANAGEMENT AND REHABILITATION	40	20,70,869
45	MIZORAM BOARD OF SCHOOL EDUCATION	30	9,42,301
46	DIRECTORATE OF SCIENCE AND TECHNOLOGY	28	8,52,998
47	STATE ELECTION COMMISSION	22	10,31,113
48	SIPMIU DEPARTMENT	21	9,38,951
49	DEPARTMENT OF PERSONNEL & ADMINISTRATION REFORMS	16	8,48,474
50	INFORMATION & COMMUNICATION TECHNOLOGY DEPARTMENT	16	5,95,486
51	MIZORAM INFORMATION COMMISSION	8	1,32,175
52	MIZORAM SCHOLARSHIP BOARD	8	4,09,586
53	PARLIAMENTARY AFFAIRS DEPARTMENT	3	72,122
GRAND TOTAL		17779	77,20,16,536

VI. PC & PNDDT ACT ACHIEVEMENTS 2019-2020

Activities of Statutory Body:

S.no	Name	No. of Meeting (2019-2020)
1.	State Supervisory Board	1
2.	State Advisory Committee	3
3.	State Appropriate Authority	5

Inspection of Ultrasound centres :

S.no	Districts	No.of Ultrasound centre Inspected during 2019-2020
1	Aizawl	25
2	Siaha	2
3	Lawngtlai	3
4	Serchhip	2
5	Kolasib	2
6	Mamit	1
7.	Lunglei	0
8.	Champhai	0
	TOTAL	35

Registration of Ultrasound centres :

S.No	Registration	2019-2020
1.	Fresh Registration	12
2.	Renewal of Registration	2
3.	Cancellation of Registration	1

Implementation of Six Months Training Rules:

S.no	Particular	2019-2020
1.	Number of Competency Based Assessment (CBA) conducted	1
2.	Number of candidate clearing CBA	3

IV. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) during FY 2019 – 2020

Status of Implementation.

NPCDCS was launched in Mizoram since March, 2014 and currently the programme was implemented in all districts namely Aizawl, Champhai, Kolasib, Mamit, Lawngtlai, Lunglei, Serchhip & Saituba District.

Objectives of NPCDCS

- Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc.
- Opportunistic screening at all levels in the health care delivery system from subcentre and above for early detection of diabetes, hypertension and common cancers. Outreach camps are also envisaged.
- To prevent and control chronic Non-Communicable diseases, especially Cancer, Diabetes, CVDs and Stroke.
- To build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation.
- To support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.
- To support for development of database of NCDs through Surveillance System and to monitor NCD morbidity and mortality and risk factors.

Indicators:-

(Clinic + Camps)	FY 2019 – 2020
No. of Patients screened	135273
No. of patients -Physiotherapy	3334
No. of persons counselled	24594
Patients diagnosed with	
Diabetes	12807
Hypertension	11700
CVDs	51
Stroke	44
Cancer	135

Supervisory Visit:-

1. Civil Hospital, Aizawl
2. District Hospital, Kolasib
3. NCD Clinic, SDH, Kulikawn
4. NCD Cell, CMO West, Aizawl

Training, Day & Review Meeting:-

SI No.	Name of Training	Date of Training	Duration
1	Review Meeting of Officers & Staff	27 th May, 2019	1 Day
2	Training on NCD App for Medical Officers & Health Workers	28 th – 29 th May, 2019	2 Days
3	PBS Training for Medical Officers & Staff Nurses	30 th – 31 st May, 2019	2 Days
4	World Diabetes Day	14 th Nov 2019	1 Day
5	World Cancer Day	4 th Feb 2019	1 Day
6	PBS Training for Medical Officers	13-14 Feb. 2020	2 Days
7	PBS Training for Staff Nurses	18-19 Feb. 2020	2 Days
8	Review Meeting under NPCDCS	12 th March 2020	1 Day

- ***IEC:***

1. *Talk Show, NCD @ Local Cable Zonet*
2. Leaflets on Non- Communicable diseases, Cholesterol printed

- **TV spots :**

TV spots on 'Population Based Screening of NCDs' & Heart Attack & Stroke developed

- **State Trainers on PBS:**

- Medical Officers : 4 (1 SNO & 3 Specialists – Medicine, Gynae & Public Health)
- Staff Nurse : 2 (1 MO & 1 SN)
- Health Workers : 2(1 MO & 1 SN)
- ASHA : 2 (Nurses)

V. ACHIEVEMENT UNDER NATIONAL PROGRAMME FOR PALLIATIVE CARE (NPPC), MIZORAM

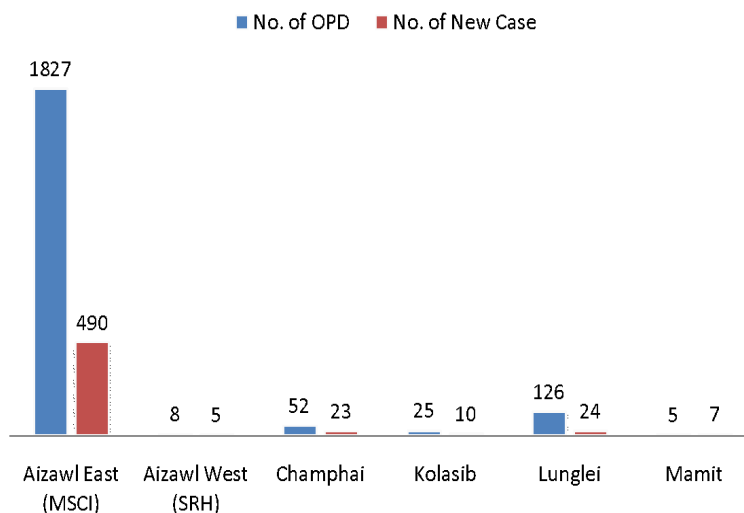
Current Status of Palliative Care in Mizoram :

NPPC is a National Programme, implemented in Mizoram since October 2016 and currently covered six districts – Aizawl East, Aizawl West, Champhai, Kolasib, Mamit and Lunglei District. State Palliative Care Cell was also established at Directorate of Hospital & Medical Education under Health & Family Welfare Department.

Status of Palliative Care Services available in the District :

- OPD Service at District Palliative Care Unit.
- In Patient Service – 10 Bedded Palliative Ward at MSCI, Zemabawk and 4 Bedded Palliative Ward at Lunglei District Hospital.
- Home Visit – By Doctor & Nurses under District Palliative Care Cell for bed ridden cancer patients to offer supportive care and psychological and moral support for the affected family (currently carried out only at MSCI Zemabawk).
- **Case detection Status** : In FY 2019 - 2020, 2043 patients were examined and 132 New patients were registered and Home Visit of bedridden patients 88 times.

No. of Palliative Patients



Achievements :

- At present, 9 district Hospitals namely – Civil Hospital Aizawl, Mizoram State Cancer Institute (MSCI), State Referral Hospital Falkawn, District Hospital – Champhai, Kolasib, Mamit, Lawngtlai, Lunglei and Siaha had been given **Registered Medical Institute License (RMI) for procurement, storage and dissemination of Morphine.**
- Formation of Palliative Care Committee in all implemented districts along with appointment of District Nodal Officer and Medical Officer i/c NPPC
- Morphine is procured and made available at District Hospitals. Palliative Patients can receive free Morphine using Morphine Dispense Card.
- Sensitisation of District Hospital, Mamit staff on 17th May, 2019 at Mamit.
- Stakeholder Meeting on 20th June, 2019 at White Stone Conference Hall, Ramhlun.
- Training of Doctors & Nurses under Mamit District @ DHS Conference Hall on 17th September, 2019.
- **World Palliative Care Day** observed at Taxation Auditorium, New Capital Complex on 12th October, 2019 on the theme **“My Care, My Right”**.
- TV Spot based on Promoting Palliative Care Facility – released on World Palliative Care Day observation.
- Palliative Care Workshop for Specialist and Medical Officers was organised at Annexe Conference Hall on 4th Feb, 2020.
- Home visits carried out in 4 districts currently – MSCI, Lunglei, Champhai & Kolasib.



VI. Achievement of National Programme for Health Care of the Elderly (NPHCE)

Status of Implementation.

NPHCE was launched in Mizoram since 2016 and currently the programme was implemented in all districts namely Aizawl, Champhai, Kolasib, Mamit, Lawngtlai, Lunglei, Serchhip & Siahla District.

Objectives of NPHCE are:

- To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach
- To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support.
- To build capacity of the medical and paramedical professionals as well as the care-takers within the family for providing health care to the elderly.
- To provide referral services to the elderly patients through district hospitals, regional medical institutions
- Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment

Achievements during FY 2019 – 2020:-

Sl. No	ACHIEVEMENTS DURING FY 2019 – 2020	
1	No. of Elderly Person attended OPD	19107
2	No. of Elderly admitted in wards	2144
3	No. of Elderly provided rehabilitation services	2362
4	No. of Lab test undertaken on Elderly patients	14618
5	No. of Elderly Died in Hospitals	152

IEC: TV Spots on Elderly Care

Supervisory Visit:-

1. Civil Hospital, Aizawl
2. District Hospital, Kolasib

NPHCE Training, Day & Review Meeting:-

SI No.	Name of Training	Date of Training	Duration
1	International Day of the Older Person	1 st Oct, 2019	1 Day
2	Training for Medical Officers & Staff Nurses on Health Care of the Elderly	29 th – 31 st January, 2020	3 Days
3	Review Meeting under NPHCE	13 th March 2020	1 Day

VII. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD), MIZORAM

Introduction :

NPPCD was launched in Mizoram since April, 2014 and currently, the Programme was implemented in all districts namely Aizawl East, Aizawl West, Champhai, Kolasib, Mamit, Lawngtlai, Lunglei, Serchhip and Siahla District.

Currently, there are 22 Staff under NPPCD comprising of State Consultant, Programme Assistant, Data Entry Operator in State Monitoring Cell & Medical Officer, Audiologist, Audiometric Assistant and Hearing Instructor at District Hospitals.

Objectives of the Programme :

1. To prevent avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems causing hearing loss & deafness.
3. To medically rehabilitate persons of all age groups, suffering with deafness.
4. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
5. To develop institutional capacity for ear care services by providing support for equipment, material and training personnel.

Case detection status:

In FY 2019 - 2020, 29583 patients were examined and 3831 patients were found to have significant Hearing Loss

Procurement of equipments: BERA, Microdrill System, Indigenous Audiometer, Impedance Audiometer, OAE Analyser, Otoendoscope, Otoscope, Cell Seeker, Crocodile Forcep, Aural Syringe, Jobson Horne Probe, House Microcurette & Headlight has been completed.

Audiometry Room has been completed for District Hospital Lunglei, Civil Hospital Aizawl, Referral Hospital, Falkawn, Champhai & Serchhip. Construction is going on for two districts – Kolasib & Mamit.

Achievements :

- Dissemination of equipments and furnitures to districts.
- **Stakeholder Meeting** held on 10th May, 2019 at DHME Conference Hall.
- **World Day of the Deaf** observed on 27th September, 2019 at Taxation Auditorium.
- **World Hearing Day** was observed on the theme “**Hearing for Life. Don’t Let Hearing Loss Limit You**” in Mizoram on 3rd March, 2020 in 7 Districts - Aizawl East & West, Champhai, Kolasib, Lunglei, Serchhip and Mamit.
- **National Hearing Awareness Campaign Fortnight** was observed starting from 3rd March till 17th March, 2020 in all the 7 Districts. Awareness campaign followed by Free clinic was organised and total number of 382 patients were screened. Talk Show was held at DDK, Local Cable channels and AIR. A few articles on Hearing Awareness, Prevention of Deafness and Stigmatisation of Deaf were also published at various Local papers.

National Oral Health Programme

Sl.No	Indicators	Performance	Benchmark	Remarks
1.	Dental OPD to Total OPD- minimum threshold of 2%	Taking average of the 3 NOHP centres 39.1%	100%	100 % Achieved
2.	Ensure minimum 10% increase in dental OPD from over previous year	22.2 % increase as compare to previous year.	100%	100% Achieved
3.	Ensure feedback is received from atleast 10 dental OPD patients on quality of service	Total of 144 feedback received at the 3 NOHP centre. Patients are satisfied with the quality of service rendered.	100%	100% Achieved

CENTRE WISE:

DARLAWN PHC:

Sl.No	Indicators	Performance	Benchmark	Remarks
1.	Dental OPD to Total OPD- minimum threshold of 2%	Total General OPD= 2234 Dental OPD= 1080 (ie, 48.3 %)	100%	100% Achieved
2.	Ensure minimum 10% increase in dental OPD from over previous year	2018 Dental OPD= 876 2019 Dental OPD= 1080 (Apr- March 2020) 18.8 % increase	100%	Achieved
3.	Ensure feedback is received from atleast 10 dental OPD patients on quality of service	34 feedback received Patients are satisfied with the quality of service rendered.	100%	100% Achieved

LUNGDAI PHC:

Sl.No	Indicators	Performance	Benchmark	Remarks
1.	Dental OPD to Total OPD- minimum threshold of 2%	Total General OPD= 2327 Dental OPD= 1414 (ie,60.7 %)	100%	100% Achieved
2.	Ensure minimum 10% increase in dental OPD from over previous year	2018 Dental OPD= 1317 2019 Dental OPD= 1414 (Apr - March 2020) 6.8 % increase	100%	68% Achieved
3.	Ensure feedback is received from atleast 10 dental OPD patients on quality of service	35 feedback received Patients are satisfied with the quality of service rendered.	100%	100% Achieved

CHAWNGTE CHC:

Sl.No	Indicators	Performance	Benchmark	Remarks
1.	Dental OPD to Total OPD- minimum threshold of 2%	Total General OPD= 7888 Dental OPD= 658 (ie, 8.3 %)	100%	100 % Achieved
2.	Ensure minimum 10% increase in dental OPD from over previous year	2018 Dental OPD= 387 2019 Dental OPD= 658 (Apr- March 2020) 41% increase	100%	Achieved
3.	Ensure feedback is received from atleast 10 dental OPD patients on quality of service	75 feedback received Patients are satisfied with the quality of service rendered.	100%	100% Achieved

VIII. MEM SECTION, DIRECTORATE OF HEALTH SERVICES.

1. Health Department buatsaih, **HRISELNA Chanchinbu** hi kum 2018–2019 chhungin a buaipuitu Mass Education & Media Section atangin copy 1,44,000, sem chhuah a ni a. He **Hriselna Chanchinbu** hi Mizoram chhung leh ram pawn hmun eng emaw zatah sem chhuah a ni.
2. Health Minister, Health Secretary leh Health Department Officials te zinna bakah an programme chi hrang hrang tum 37 video leh still camera hmanga cover a ni a. Heng programme te hi mipuite hnena puanzar a nih theih nan Cable TV leh Local Newspaper-ah te tih chhuah thin a ni.
3. Local Newspaper-ah tum 85 chanchinthar atan Health Department Press Handout siam a ni a. Tin, mipuite hnena puanzar turin Spot Advertisement vawi 6 siam a ni a, heng bakah hian Hriselna lam hawi Animation hi kan Mass Media Technicians ten 4 an siam bawk.
4. Chanchinbu hrang hrangah advertisement tum 15 tihchhuah a ni a, heng advertisement te hi Health Department in mipuite hnena hriattur pawimawh an hriat theih nana tihchhuah a ni.

IX. INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

1. Collection of weekly epidemiological report from Government and Private Hospital, CHC, PHC, SHC and Sub-Centres. These reports are uploaded weekly to Central Surveillance Unit through IDSP Portal from each district by IDSP DEOs.
2. Reporting performance during 2019-2020 is given below:

Table. Reporting Percentage of IDSP Mizoram in IDSP Portal

Year	Form S	Form P	Form L
2019-2020	98.4 %	98 %	98.2 %

2. Web Conferencing was held every week on Monday with Central Surveillance Unit and other States in connection with programme activities.

3. Media Scanning and Verification Cell (MSVC) scans media outlets for disease reports and confirmation of these reports. The compiled reports were forwarded to CSU each week.

4. Three (3) outbreaks were investigated by IDSP during 2019-2020.

Sl. No.	Place of occurrence	Disease/Syndrome	No. of cases	No. of deaths
1	ITI Veng	Dengue	33	0
2	Maubuang	Food Poisoning (Soya bean)	24	0
3	Cheural	Scrub Typhus	211	2

5. Scrub Typhus data is collected from all districts by IDSP and reported to SSU. There have been 1628 confirmed cases and 5 deaths reported in Mizoram during 2019-2020.

6. IDSP bulletin on Rickettsial Diseases was published on 3rd April 2019. This Bulletin was distributed to all Health Institutions in the State.

7. Entomological Research conducted at Champhai, Kolasib, Lawngtlai, Lunglei, Mamit and Siaha districts during April – June 2019 with provision from Government of Mizoram.

8. An MOU was signed with Pachhunga University College on 'JE and other diseases research and diagnosis' on October, 2019.

9. Activities on Coronavirus (COVID-19)

- a. Isolation Hospitals: Zoram Medical College, Falkawn is designated as State Designated Hospital for COVID-19. At the district level, Covid Care Centres (CCC) and Dedicated Covid Health Centres (DCHC) are identified.
- b. Constitution of Task Force: State Level Task Force on Coronavirus is constituted at the State and District Level Task Force are constituted at all Districts.
- c. Video Conferencing: A number of National Level Video Conferencing organised by Secretary, Ministry of Health & Family Welfare Department were attended by Officials from H&FW Dept. and IDSP Team.
- d. Daily Reporting: Central IDSP issued Daily Reporting Format on Coronavirus, which is sent daily from State Surveillance Unit (SSU) to Central Surveillance Unit (CSU).
- e. Airport Screening: Screening of incoming passengers at Lengpui Airport was started on 1st February 2020. Self-Reporting form is printed to be filled by all passengers.
- f. Entry point screening: Screening of incoming travelers at entry points is conducted at 15 screening centres throughout the State.
- g. Observation of passengers from infected countries: As per protocol, passengers arriving from infected countries were placed under observation and home quarantined. A total of 253 individuals had been placed under observation.
- h. Testing of Sample: In Total 195 samples had been taken and sent to a designated Lab. Of the samples sent, 1 had been tested positive.
- i. Control Room & Helpline: Control Room for Coronavirus was established at State Surveillance Unit, Directorate of Health Services with 2 dedicated Helpline numbers (7630943153/8259930355).
- j. IEC Activities: Information on coronavirus was printed on Hoardings & Posters and displayed at Screening Centres. Awareness raised through Local TV Programmes, Local News Channels, Newspapers and Social Media. Awareness Programmes conducted at International border towns and in all districts.
- k. Guidelines on Coronavirus: Guidelines on Coronavirus provided by NCDC, Delhi is circulated to all Hospitals, Screening Centres and District Surveillance Units.

X. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

Aims and Objectives of the Programme: National Vector Borne Disease Control Programme (NVBDCP) covers 3 Diseases in Mizoram (viz. Malaria, Dengue & Chikungunya) out of 6 disease under the programme. Aims and objectives for the above are as follows:-

I. Intensified Malaria Eradication Project (IMEP):

Vision:

Aligning the vision of National Framework for Malaria Elimination (NFME), The NSP 2017 - 2022, focuses strategic policies to provide universal intervention package, paving the way for malaria elimination by 2030.

Goal:

1. Eliminates malaria (zero indigenous cases) by 2022 in all the districts of 26 states/UTs of existing category 1 and 2 and in district having API < 1 of category 3 state.
2. All remaining district (having API > 2) to be brought into pre-elimination and elimination phases; and
3. Maintain malaria free status in areas where malaria transmission has been interrupted and prevent re-introduction of malaria by strengthening surveillance.

Objectives:

1. Achieve universal coverage of case detection and treatment services in endemic districts to ensure 100% parasitological diagnosis of all suspected malaria cases and complete treatment of all confirmed cases.
2. Strengthen the surveillance system to detect, notify, investigate, classify and respond to all cases and foci in all district to move towards malaria elimination.
3. Achieve near universal coverage of population at risk of Malaria with appropriate vector control intervention.
4. Achieve near universal coverage by appropriate BCC activities to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative interventions for Malaria elimination.
5. Provide effective programme management and co-ordination at all levels to deliver a combination of targeted intervention for malaria elimination.

II. Mid Term Plan (Dengue & Chikungunya):

Objectives:

1. To reduce the incidence of dengue and chikungunya to bring down the disease burden. To reduce the case fatality rate due to Dengue.

Key Activities carried out under NVBDCP:

I. *Vector Control:*

1. Indoor Residual Spray (IRS) Operation using DDT WDP 50% : This operation covers the population of Sub-Centre having Annual Parasite Incidence (API) > 2.
2. Distribution of Long Lasting Insecticidal Nets (LLINs): LLINs covers the population of Sub-Centre having API > 1.
3. Impregnation of Community own bed-net using insecticides: Impregnation of community own bednet using insecticides covers the rest of the population which was not covered by IRS Operation and LLINs.

II. *Surveillance/ Case management:*

1. Passive Surveillance: Passive Surveillance of Malaria Cases is carried out by ASHA at Village level, at higher level UPHC/ PHC/ CHC/ SDH/ DH and other public health facilities carried out passive surveillance. For Dengue Cases surveillance is carried out at PHC level and at all Hospital levels; Since, Civil Hospital, Aizawl & Lunglei were identified for Testing Laboratory/ Sentinel Surveillance Hospital for Dengue & Chikungunya Cases; all UPHC/ PHC/ CHC/ SDH and district hospital were equip with Vocutainer for transportation of blood sample.
2. Active Surveillance: Active Surveillance of Malaria Cases is carried out by Health Worker at Sub-Centre Level.
3. Case Management: Malaria Case management is carried out at all levels. For Severe and complicated cases all District Hospital are identified as Sentinel Surveillance Hospital for treatment of complicated malaria cases. For Dengue Cases Civil Hospital, Aizawl & Lunglei are identified for case Management.

III. *Supervision/ Monitoring:* Monitoring & Supervision is carried out by -

1. SC/ UPHC/ PHC/ CHC/ SDH Level: Malaria Technical Supervisor (MTS) carry out SC/ UPHC/ PHC/ CHC/ SDH Level monitoring & Supervision.
2. District Level: At district level District Malaria Officer (DMO) & District Vector Borne Disease (DVBD) Consultants were responsible for monitoring & supervision to their respective areas.
3. State Level: State Programme Officer (VBD), Dy. Director (Malaria) and all consultants under NVBDCP carried out monitoring & supervision at state level for better and smooth functioning of the programme.

IV. *Quality Control:*

1. LQAS: For quality control of service delivery, Lot Quality Sampling Survey (LQAS) is carried out twice a year by MTS.
2. Quality Control for Diagnostic Kit: For quality assurance of rapid diagnostic kit for malaria; randomly selected test kit are sent to National Institute of Malaria Research, Delhi for further cross checking.
3. Quality Control of Microscopy: All positive Slide and 10% of Negative slide are crosscheck at State Laboratory; 5% of positive slide and negative slide crosscheck at state laboratory were send to Regional Laboratory for further crosschecking.

V. *IEC/BCC Activity:*

NVBDCP carried out different activities in the state so as to bring about behavioural changes within the community and better understanding of Malaria and other Vector Borne Disease as well as for better coordination of the programme activities undertaken by the State. The

activities also aims to bring a better community participation towards eliminating Malaria. The following were the activity carried out in the State -

1. Miking - 360 Nos.
2. Source Reduction Drive - 51 Nos.
3. Awarebess Campaign to NGOs/ FBOs/ CBOs - 51 Nos.
4. House to House Campaign - 10680 Nos.

Awareness Campaign cum Mass Blood Screening - 11 Nos.

Brief Achievement under NVBDCP: During 2019 - 2020; the state has 8543 malaria cases [i.e. 6.98 Annual Parasite Incidence (API) with Annual Blood Examination Rate (ABER) of 19.03] among these 8 were death.

Among the 9 districts within the State; these are the three highest case contributor in the state - Lawngtlai contribute 44.25% of total case (API 25.82, ABER 20.84 and 3 death), Lunglei contributes 28.44% of total State Cases (API 15.00, ABER 16.49 and 3 death), Mamit contributed 22.28% of cases (API 21.18, ABER 22.45)

Siaha District contributes 3.27% of cases with API of 4.20 and ABER 14.52 with zero death during 2019 - 2020

The State has five district with almost zero API i.e near elimination of malaria cases Viz. Aizawl East (API 0.13, ABER 23.15, Death 1), Aizawl West (API 0.29, ABER 17.90), Kolasib (API 0.26, ABER 16.27), Champhai (API 0.13, ABER 13.21, Death 1), Serchhip (API 0.27, ABER 23.33)

During 2019 - 2020 the state collect 853 sample case for Dengue, out of these 131 cases were found positive with mild symptoms and there is no death due to Dengue cases.

For IRS Operation, during 2019 - 2020 the population coverage for 1st Round of DDT Spray is 68.82 % and 66.32% in 2nd Round out of projected population.

XI. CLINICAL ESTABLISHMENT ACT, 2010



INTRODUCTION

The Clinical Establishments Act was passed by Parliament of India on 17th August 2010, to provide for registration and regulation of all clinical establishments in the country with a view to prescribing minimum standards of facilities and services which may be provided by them so that mandate of article 47 of the constitution for improvement in public health may be achieved. The Act was notified vide Gazette notification dated 28th February, 2012 and initially came into force on 1st March, 2012 in the four states namely: Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim and all Union Territories except Delhi. Mizoram published its own Gazette on 6th June, 2014. Further the states of Uttar Pradesh, Rajasthan, Bihar, Jharkhand, Uttarakhand and Assam adopted the Act under clause (1) of article 252 of the Constitution. At present, the Act is applicable in aforesaid 10 states and 6 Union Territories. The Ministry of Health and Family Welfare has notified the National Council for Clinical Establishments and the Clinical Establishments (Central Government) Rules, 2012 under this Act vide Gazette notifications dated 19th March, 2012 and 23rd May, 2012 respectively. The Act is applicable to all kinds of clinical Establishments from public and private sectors, of all recognized systems of medicine including single doctor clinics. The only exception is establishments run by the Armed forces which will not be regulated under this Act.

Clinical Establishments not covered under the Act are:

- Clinical establishments owned, controlled or managed by the Armed Forces.
- Clinical Establishment in the States /UTs mentioned in the schedule of the Act; unless they repeal existing Act and adopt Clinical Establishments Act.
- Also, Clinical Establishments of those categories and of those recognised systems of medicine for which date has not been appointed by the State Government, who has other wise adopted the Act.

AIMS

Clinical Establishments Act aims to register and regulate clinical establishments based on minimum standards in order to improve quality of public health care in the country.

Objectives of the Act

The specific objectives are;

- i. To establish digital registry of Clinical Establishments at National, State and District level.
- ii. To prevent quackery by unqualified practitioners by introducing registration system, which is mandatory.
- iii. To improve quality of health care through standardization of healthcare facilities by prescribing minimum standards of facilities and services for all categories of health care establishments (except teaching hospitals,) and ensuring compliance of other conditions of registration like compliance to standard treatment guidelines, stabilization of emergency medical condition, display of range of rates to be charged, maintenance of records etc.

ACHIEVEMENTS

1. Under Section 12 & 13 of the Clinical Establishment Act, 2010, the Governor of Mizoram had notified vide No.A.17014/1/2015-HFW ON 7th september, 2018 The Minimum Standard and classification for Hospital in Mizoram for registration and Minimum standard with Diagnostic Laboratories (or pathological Laboratories).
2. The Secretary, Health and family Welfare Department issued with vide No.A.17014/7/2015-HFW/544 on 30th September 2019, The Mizoram Gazette regarding the Standard Procedure Cost stating that CEA Grading in Mizoram and NABH/NABL accreditation will have increment effects on ABPMJAY. Notified rates for procedure and investigation are as follows:

Level I	-	AB-PMJAY rates to Notified rates.
Level II	-	AB-PMJAY rates to Notified rates.
Level III	-	AB-PMJAY rates to 5% increment to Notified rates.
Level IV	-	AB-PMJAY rates to 10% increment to Notified rates
Level V	-	AB-PMJAY rates to 15% increment to Notified rates.
NABH/NABL	-	Additional 5% increment to Notified rates.

3. The Secretary Health & Family Welfare Department issued a notification vide letter No. A. 17014/3/2018-HFW/275 on 7th October, 2019 regarding 'Guidelines for Empanelment of

Private Hospitals/diagnostic centres within and outside the State'. In this Notification Annexure – V, Documents required during submission of application for empanelment includes CEA Registration Certificate as mandatory. Stated below:

'Clinical/Hospital having Provisional/Permanent Registration, under CEA 2010 for Hospitals within Mizoram, with an Inspection Certificate mentioning that the applicant is in compliance with the minimum standards for hospitals under CEA Act, 2010 for Hospital within Mizoram.'

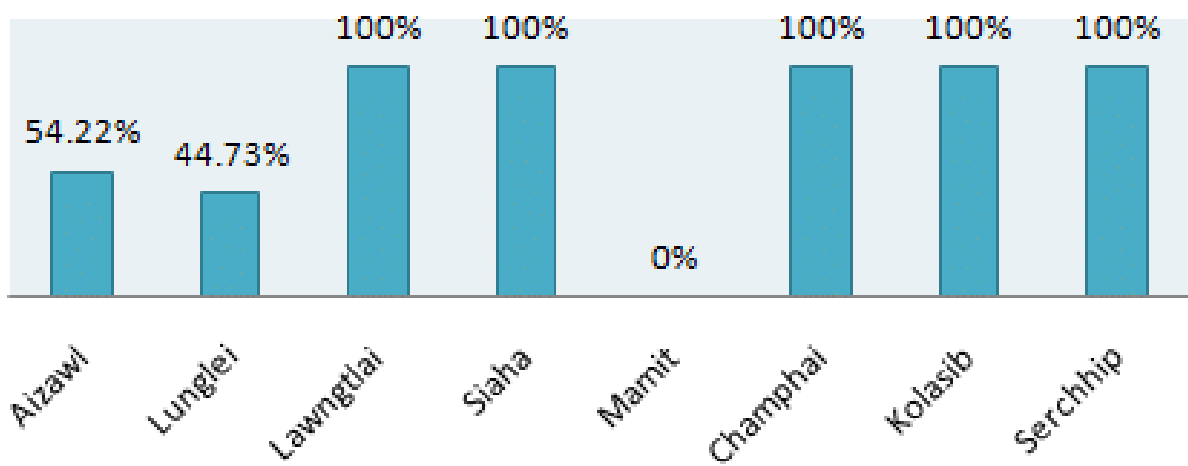
4. A one day District Level training on Online Registration was conducted at Aizawl on 17th Oct 2019 to all the owners and in-charge persons of the Clinical Establishments, which was conducted by the State Cell, Clinical Establishment Act, Mizoram.

5. A state level Advocacy cum Capacity Building/ Workshop for the starting of Permanent Registration under the Chairmanship of "The Secretary, Health & Family Welfare", Mizoram was conducted on 18th & 19th October 2019. The Training session was conducted by Additional Deputy Director General and IT consultant from National Council for Clinical Establishment Act, Ministry of Health & family Welfare, India.

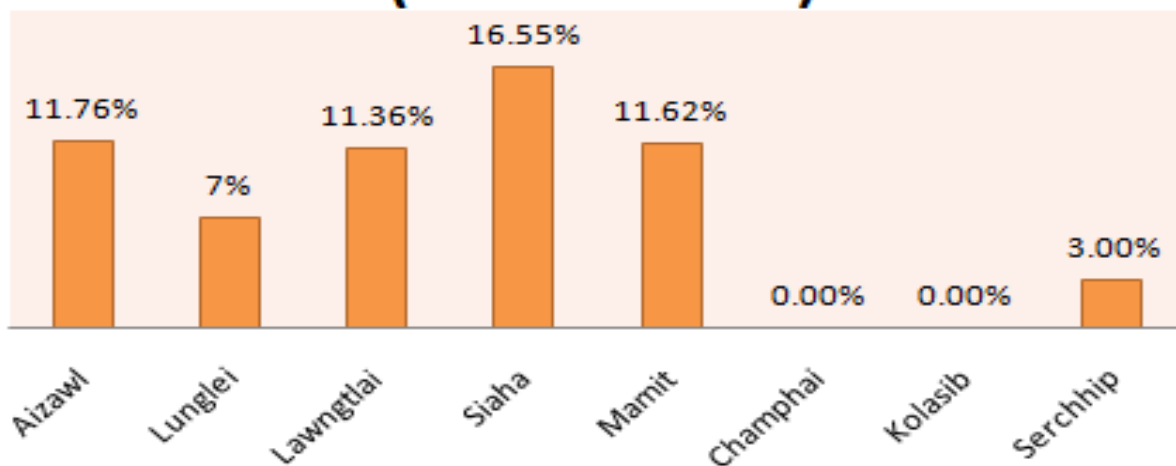




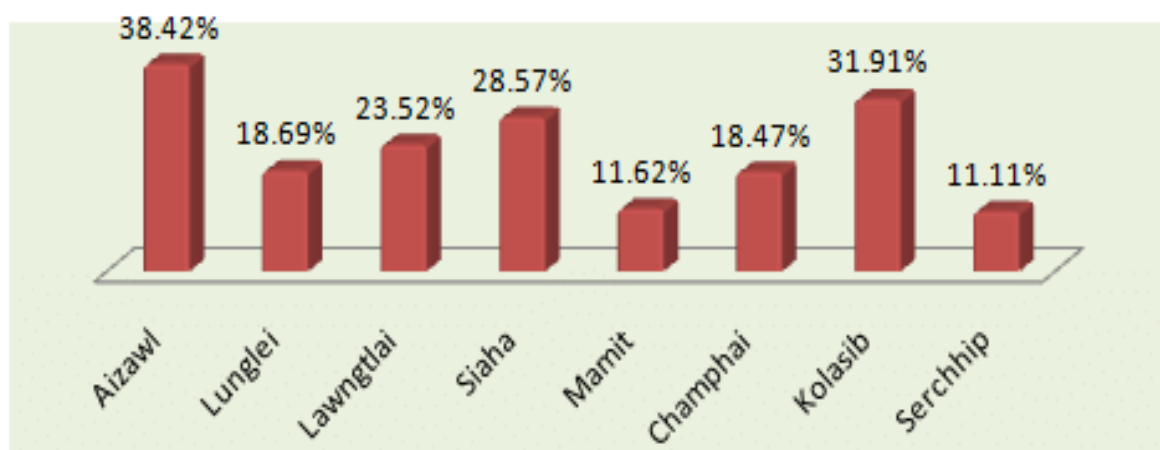
District-wise achievement on provisional registration under CEA (Govt Sector)



District-wise achievement on provisional registration under CEA (Private Sector)



District-wise achievement on provisional registration under CEA (Combine Sector)



Note : Low registration percentage is due to the on going Provisional Registration, and the acts doesn't permit the State cell to force/insist the Clinical Establishment owners for registration untill Permanent Regsitration is notified by the state government.

XII. BLOOD SERVICES & DISORDERS (State Blood Cell)

Status of Implementation

- State Blood Cell was implemented in Mizoram since October, 2016 and currently, the Programme is being implemented in nine (9) districts namely Aizawl East, Aizawl West, Champhai, Lunglei, Kolasib, Mamit, Siaha, Lawngtlai and Serchhip Districts.

Goal

- Adequate, safe supply of blood and blood components. Strengthening Blood Banks and Blood Storage Centres in terms of man power, equipments and consumables.

At present, there are 11 licensed Blood Banks in Mizoram, 9 are Govt. owned & 2 are private owned. There are 12 (Twelve) Blood Storage Centres (BSCs).

Activities:

Observance of World Blood Donor Day on 14th June, 2019 at Multipurpose Hall, Dawrpui, Aizawl.

- **Hands on Training of Lab Technicians on Eliza Test (3 batches)** i.e., from 10th – 15th June, 2019, 17th – 22nd June, 24th – 29th June, 2019 at Model Blood Bank, Civil Hospital, Aizawl.
- **Hands on Training of Lab Technicians & Medical Officers on Component Separation Unit** for Lunglei District from 22nd – 22nd July, 2019 and from 1st – 10th August, 2019 at Model Blood Bank, Civil Hospital, Aizawl.
- **Review Meeting of Blood Banks & Blood Storage Centres** on 29th November, 2019 at Conference Hall, DHME.

Report on Status of Blood Collection: (April 2019 to March 2020)

Sl.No.	Particulars	FY April 2019 – March 2020
1	Blood Collection :	
1A	Total Blood Collection	29036
1B	Total Voluntary Blood Collection	26187
1C	Total % VBD	90.18%
2	Voluntary Blood Donation	
2A	No. of VBD camps organized	492
2B	Total Collection in Camps	20082
2C	Static voluntary collection	6645
2D	Static replacement collection	2368
3	Blood Utilization	
3A	No of units of whole blood supplied	10163
3B	No of units of components supplied	19851
3C	No of units of whole blood discarded	1501

XIII. Quality Assurance (QA) Programme

Objectives:

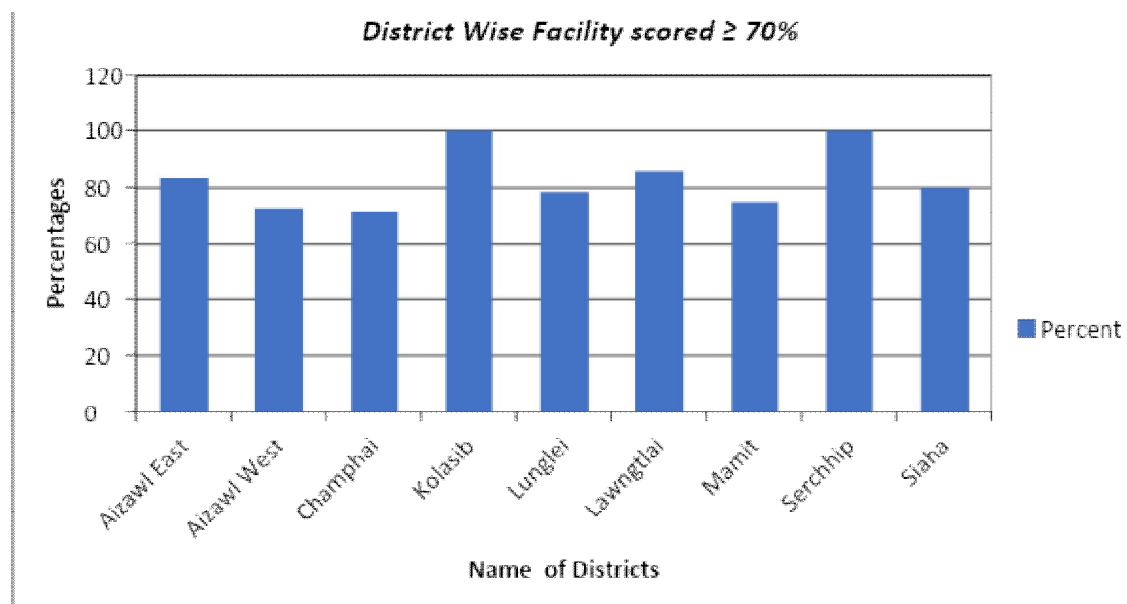
- Facilitate establishment of an inbuilt and sustainable Quality Assurance Mechanism in the Public Health Facility where patients are provided prompt & effective healthcare with privacy and dignity.
- Setting up quality standards, Measurable Elements & Checklists to provide consistently high quality services. The foremost requirement is to set quality standard -National Quality Assurance Standard (**NQAS**) against which the performance can be measured.
- Certification of all Public Health Facilities for **NQAS**
- Provide Quality Health care to all citizens of the country in an equitable manner.

Status:

- Mizoram has two NQAS certified facility – Civil Hospital Aizawl (Aizawl East District Hospital) and ITI Urban Primary Health Centres (UPHC).
- Seven (7) Primary Health Centres namely – Aibawk PHC, Bilkhawthlir PHC, Haulawng PHC, Reiek PHC, Kawilkuh PHC, Khawruhlian PHC and Tawipui S' PHC had Scored 70% or more in internal(Self) Assessment and State Level External Assessment is in the process. If they still score 70% or more in the State Level Assessment, National Level External Assessment will be applied.
- **LaQshya**, Labour room and maternity OT improvement initiative, checklist for assessment is formulated by GoI, where labour room and Maternity OT should score 70% or more. Under this new initiative, Labour rooms of all District Hospitals except Aizawl West DH, State Referral Hospital, Falkawn had qualified for State Level External Assessment and scored 70% or more. The Facilities will be awarded State Certification, Mamit DH labour room was awarded earlier. Then National Level External Assessment will be applied.
- **Kayakalp**, Cleanliness activities where Public Health Facilities are having cleanliness competition. Under these activities during 2019-20 financial years - 8 DH out of 9 DH, 8 SDH/CHC out of 11 SDH/CHC, 48 PHC out of 57 PHC and 5 UPHC out of 8 UPHC qualified for Kayakalp Award. Out of 85 facility, 69 facilities scored more than 70 %.
- The percentage of facility scoring more than 70% is 81.2.

The following table and graph shows district wise facility scored more than 70% during 2019-20.

District	No. of Facility	No. of Facility scored $\geq 70\%$	Percent
Aizawl East	12	10	83.4
Aizawl West	11	8	72.8
Champhai	14	10	71.5
Kolasib	7	7	100
Lunglei	14	11	78.6
Lawngtlai	7	6	85.8
Kawrthah	8	6	75
Serchhip	7	7	100
Siaha	5	4	80
Total	85	69	81.2



XIV. FOOD & DRUGS ADMINISTRATION

DRUGS:

1. Drugs Store are regularly inspected to monitor their function and compliance to the Act & Rules to ensure only safe and quality drugs are dispensed to consumer
No. of Drugs Store Inspection : **1,593 Nos**
2. Drugs Licences operated in violation of the Drugs & Cosmetics act 1940 & Rules 1945 are either suspended for specific period or cancelled
No. of Drugs Licence Suspended : **6 Nos**
No. of Drugs Licence Cancelled : **419 Nos**
3. Drugs Sample are drawn regularly for quality assurance and those found not of standard quality (NSQ) are recalled from market to safeguard public healthcare.
No. of sample drawn for analysis : **236 Nos**
No. of Not of Standard Quality drugs found : **10 Nos**
4. Cases are registered in the court of law against those dealing in drugs having no valid drug licence
No. of case registered in the court law : **4 Nos**
No. of conviction : **NIL**
5. Govt. of Mizoram had allotted Plot No.B-4 measuring 997.62sq.m in the Mizoram New Capital Complex (MNESCO) for construction of Food & Drugs Testing Laboratory under fund received from Central Government for Strengthening of Drugs Regulation.
6. Govt. of Mizoram had also given permission for engagement of empanelled consultancy firm for construction of State Drugs Testing Laboratory amounting to Rs. 3,00,00,000/- as funded by Central Government.
7. The required procedure for recruitment of 3 post of Drugs Inspector, 10 post of Asst. Drugs Inspector, 10 post of Data Entry Operator and 6 post of IV Grade already completed.
8. **Revenue collected** : **Rs. 12,66,010/-**

FOOD:

1. Under provision of FSS Act 2006 and Rules & Regulation 2011 any person running/starting a food business services. He/She should obtain a Licence or Registration under the Act.
 - a. Registration: Food Business Operators whose annual turn over is less than 12 lakhs should obtain a Registration from the Registering Authority. Registration Fee is Rs. 100/- per annum.
No. of Registration issued : **827 Nos**
 - b. Licence: FBO having an annual turnover more than 12 lakhs are bound to obtain Licence from the State Licensing Authority. Licence Fee is Rs. 2000/- per annum.
No. of Licence issued : **272 Nos**
2. Inspection of Food Service Establishment has been conducted may a time.
No. of Food Service Establishment Inspected : **291 Nos**
3. Collection/Lifting of Food sample. Any food items suspected by FSO are lifted/freeze by them and sent for analysis at Food Testing laboratory.
No. of Food Sample lifted : **96 Nos**
4. **Revenue collected** : **Rs. 17,63,400/-**

XV. MIZORAM STATE AIDS CONTROL SOCIETY

PHYSICAL TARGET AND ACHIEVEMENT OF IEC, YOUTH & MAINSTREAMING DIVISION MIZORAM STATE AIDS CONTROL SOCIETY AS PER AAP 2019-2020				
Sl. No.	Information, Education & Communication	Annual Targets 2019 – 2020	Achievement 2019-2020	Percentage %
1.	Phone-in-live in DDK + 2 Private Channels, Docs, Film.	40	40	100
2.	Phone-in-live in AIR	6	10	166.6
3.	Spot release in Pvt. Satellite channels	670	670	100
4.	Spot release in DDK	335	335	100
5.	Spot release in FM Radios	1005	1005	100
6.	TV Scrolls	600	600	100
7.	Special Events	5	3	60
8.	Website	1	1	100
9.	Virtual Platforms-You tube and social media accounts All audio visual materials (Spots, documentaries, films, music videos uploaded)	3	3	100
10.	Rented hoardings	120	120	100
11.	Display of Stickers on HIV/AIDS on City buses	262	262	100
12.	HIV/AIDS Awareness Campaigns among churches, YMAS, etc	50	42	84
13.	Intensive HIV Campaign Rural Interventions	Detail report attached		
14.	Condom Promotion Campaign for HIV Prevention	Detail report attached		
15.	Red Ribbon Clubs	41	41	100

	Mainstreaming Activities Report
	HIV/AIDS Act 2017
16.	<ul style="list-style-type: none"> State consultation Meeting on HIV/AIDS Act 2017 under chairmanship of Health Secretary on 26th April, 2020 Formation of State Drafting Committee and the state draft rules is in the stage of finalization
17.	Sensitization Program on HIV/AIDS with Synod Leaders at Honb'le Health Ministers Office on 4 th September, 2020
18.	Sensitization Program on HIV/AIDS with Mizoram Kohhran Hruaitu Committee (MKHC) at Honb'le Health Ministers Office on 11 th November, 2019
19.	Sensitization Program on HIV/AIDS with CYMA Leaders at Honb'le Health Ministers Office on 14 th November, 2019
20.	Sensitization Program on HIV/AIDS with 7 denominations of Christian youth Fellowship at Conference Hall, Assembly House Annex under the chairmanship of Honb'le Health Minister on 9 th December, 2019.
21.	Sensitization Program on HIV/AIDS for Legislative Members on 2 nd March, 2020
TRAININGS CONDUCTED UNDER IEC, YOUTH	
22.	Training of grass root workers and implementing partners on Intensive HIV/AIDS Campaign in remote and rural areas for northern districts during 6 th & 7 th June, 2019.
23.	Training of grass root workers and implementing partners on Intensive HIV/AIDS Campaign in remote and rural areas for southern districts during 19-20 th September, 2019 in Lunglei
24.	Training of Nodal Officers, Red Ribbon Clubs on 26 th September, 2019.
25.	Training of Peer Educators, Red Ribbon Club during 9 th -10 th October, 2019

REPORT ON INTENSIVE HIV/AIDS CAMPAIGN CUM HIV TEST & TREAT IN REMOTE AND RURAL AREAS DURING 2019-2020

Goal of the Campaign: To intensify and expand HIV prevention programs by generating awareness and create better linkages with available services in remote and rural areas to achieve the NACP goal of 90-90-90.

NACP Goal 90-90-90:

- 1st 90 is to diagnose 90% of all HIV-positive persons
- 2nd 90 is to provide antiretroviral therapy (ART) for 90% of those diagnosed
- 3rd 90 is to achieve viral suppression for 90% of those treated.

Objectives:

1. To generate awareness on HIV/AIDS among general public.
2. To generate importance of consistent usage of condoms.
3. To ensure easy availabilities and accessibilities of condoms even in villages.
4. To test PLHIV in remote areas where services are not available
5. To ensure linkages of all HIV positive cases to ART Centers for treatment.

Name of Activities		No. of HIV Positive	No. of HIV cases linked to ART Centers	Percentage
No. of Districts Covered	7			
No. of Villages Covered	108			
No. of HIV/AIDS Awareness Campaign conducted in villages	108			
No. of Schools where HIV/AIDS and Anti Drugs Abuse Campaign were conducted	95			
No. of HIV Test among General Populations	2735	18	16	88.88%
No. of HIV Test among Pregnant women	225	5	5	100

CONDOM PROMOTION CAMPAIGN TO CONTROL THE SPREAD OF HIV/AIDS THROUGH SEXUAL ROUTES OF TRANSMISSION SINCE 2016

Goal: To prevent new HIV transmission (further spread of HIV) from unsafe sexual practices in Aizawl district

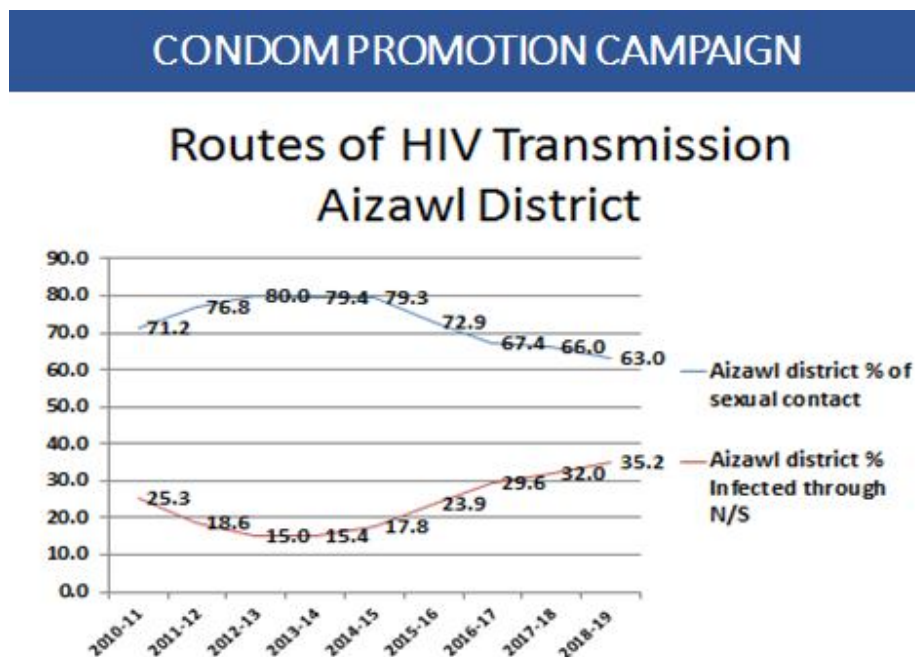
Objectives:

1. To generate awareness on the importance of practicing safe sex & consistent usage of condoms for HIV prevention.
2. To ensure condoms are easily available and accessible.

Evidence: SIMS report compiled from all HIV Counseling & Testing Centers revealed that more than 70% of all HIV detections are through sexual routes of transmission i.e. HIV transmission through unsafe sexual practices or lack of usage of condoms.

(Strategic Information Management System (SIMS) report meaning the data report collection from all HIV Counseling & Testing Centers in a state which is directly linked from each center to the National AIDS Control Organization (NACO), Ministry of Health & Family Welfare system).

Result:



**PHYSICAL TARGET AND ACHIEVEMENT OF IEC, YOUTH
& MAINSTREAMING DIVISION
MIZORAM STATE AIDS CONTROL SOCIETY AS PER AAP 2019-2020**

Sl. No.	Information, Education & Communication	Annual Targets 2019 – 2020	Achievement 2019-2020	Percentage %
1.	Phone-in-live in DDK + 2 Private Channels, Docs, Film.	40	40	100
2.	Phone-in-live in AIR	6	10	166.6
3.	Spot release in Pvt. Satellite channels	670	670	100
4.	Spot release in DDK	335	335	100
5.	Spot release in FM Radios	1005	1005	100
6.	TV Scrolls	600	600	100
7.	Special Events	5	3	60
8.	Website	1	1	100
9.	Virtual Platforms-You tube and social media accounts All audio visual materials (Spots, documentaries, films, music videos uploaded)	3	3	100
10.	Rented hoardings	120	120	100
11.	Display of Stickers on HIV/AIDS on City buses	262	262	100
12.	HIV/AIDS Awareness Campaigns among churches, YMAS, etc	50	42	84
13.	Intensive HIV Campaign Rural Interventions	Detail report attached		
14.	Condom Promotion Campaign for HIV Prevention	Detail report attached		
15.	Red Ribbon Clubs	41	41	100
Mainstreaming Activities Report				
16.	HIV/AIDS Act 2017 <ul style="list-style-type: none"> State consultation Meeting on HIV/AIDS Act 2017 under chairmanship of Health Secretary on 26th April, 2020 Formation of State Drafting Committee and the state draft rules is in the 			

	stage of finalization
17.	Sensitization Program on HIV/AIDS with Synod Leaders at Honb'le Health Ministers Office on 4 th September, 2020
18.	Sensitization Program on HIV/AIDS with Mizoram KohhranHruaitu Committee (MKHC) at Honb'le Health Ministers Office on 11 th November, 2019
19.	Sensitization Program on HIV/AIDS with CYMA Leaders at Honb'le Health Ministers Office on 14 th November, 2019
20.	Sensitization Program on HIV/AIDS with 7 denominations of Christian youth Fellowship at Conference Hall, Assembly House Annex under the chairmanship of Honb'le Health Minister on 9 th December, 2019.
21.	Sensitization Program on HIV/AIDS for Legislative Members on 2 nd March, 2020
TRAININGS CONDUCTED UNDER IEC, YOUTH	
22.	Training of grass root workers and implementing partners on Intensive HIV/AIDS Campaign in remote and rural areas for northern districts during 6 th & 7 th June, 2019.
23.	Training of grass root workers and implementing partners on Intensive HIV/AIDS Campaign in remote and rural areas for southern districts during 19-20 th September, 2019 in Lunglei
24.	Training of Nodal Officers, Red Ribbon Clubs on 26 th September, 2019.
25.	Training of Peer Educators, Red Ribbon Club during 9 th -10 th October, 2019

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1. To generate awareness on HIV/AIDS among general public.
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CONDOM PROMOTION CAMPAIGN TO CONTROL THE SPREAD OF HIV/AIDS THROUGH SEXUAL ROUTES OF TRANSMISSION SINCE 2016

Goal:To prevent new HIV transmission (further spread of HIV) from unsafe sexual practices in Aizawl district

Objectives:

1. To generate awareness on the importance of practicing safe sex & consistent usage of condoms for HIV prevention.
2. To ensure condoms are easily available and accessible.

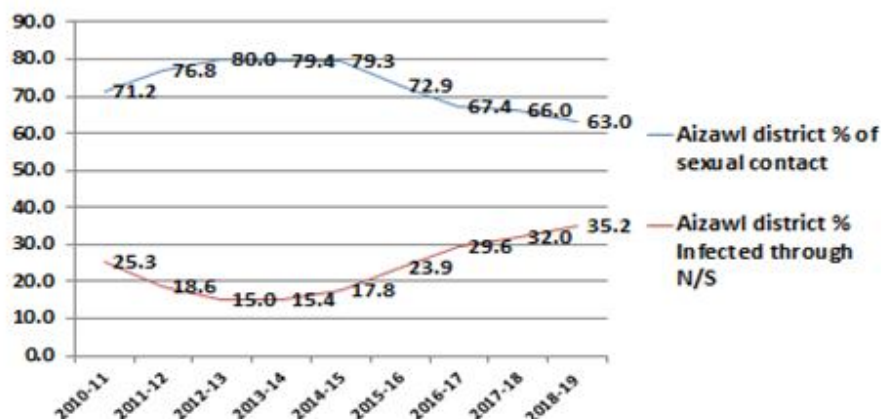
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(Strategic Information Management System (SIMS) report meaning the data report collection from all HIV Counseling & Testing Centers in a state which is directly linked from each center to the National AIDS Control Organization (NACO), Ministry of Health & Family Welfare system).

Result:

CONDOM PROMOTION CAMPAIGN

Routes of HIV Transmission Aizawl District



ACHIEVEMENT REPORT OF BLOOD SAFETY DIVISION

S.No	ACTIVITIES	ACHIEVEMENT
1	Blood Collection	
1.1	Total Blood Collection	30499
1.2	Total Voluntary Blood Collection	27727
1.3	No of Camps organised	494
1.4	Percentage of Voluntary Blood Collection	91%
1.5	Total Collection at Camp	20497
1.6	Average blood collection per camp	41
1.7	Total Collection in Valentines Day	1131
2	Blood donation Days	
2.1	World Blood Donor day (14 th June)	Observed in all Districts
2.2	National Voluntary Blood Donation Day (1 st Oct)	Observed in all Districts
2.3	Blood for your Valentines (14 th Feb)	Observed in all Districts
3	Blood Bank Supervisory Visit	
3.1	Supervisory Visit was held in Blood Banks viz: Civil Hospital Aizawl, Synod Hospital Durtlang, Civil Hospital, Lunglei, Christian Hospital Serkawn, Zoram Medical College, Falkawn	11 th – 19 th Sept 2019
3.2	Supervisory Visit was held in Blood Banks viz: District Hospital Mamit, Serchhip & Kolasib	3 rd – 18 th Oct 2019
4	Joint Inspection of Blood Banks along with CDSCO, FDA (Mizoram) & MSACS for renewal of License	
4.1	Joint Inspection of Civil Hospital, Lunglei & District Hospital Lawngtlai, Siaha & Champhai	4 th – 7 th Feb 2020
4.2	Joint Inspection of District Hospital Kolasib, Serchhip & Christian	3 rd – 6 th Mar 2020

	Hospital Serkawn	
5	Meeting	
5.1	SBTC Meeting	10 th Feb 2020
5.2	Participated National Review Meeting of Blood Transfusion services & Stakeholder consultation on BTS @ Delhi	11 th -13 th Dec 2019
6	Development of Stationary item	
6.1	Developed Blood bank registers & Blood Bag Stickers	
7	Blood Donor Refreshments	
	An amount of Rs7,38,090/- has been sanctioned to all Blood Banks in the state (@Rs 25 per donor)	1 st Quarter : Rs 180340 2 nd Quarter : Rs 190000 3 rd Quarter : Rs 180750 4 th Quarter : Rs 187000 Total : Rs 7,38,090

BASIC SERVICES DIVISION, MIZORAM STATE AIDS CONTROL SOCIETY

ICTC : Establishment of HIV Counselling & Testing Facilities (Till Date)

Sl.No	Type of Health Facilities	Total No. (in State)	No. SA-ICTC	PPP (Three Tests)	PPP (Single Test)	F-ICTC	CBS	TOTAL RUs established	% Saturated
1	Medical College	1	2					2	200%
2	District Hospital/Civil Hospital	11	11					11	100%
3	Sub District Hospital	2	2					2	100%
4	CHCs/RHs	7	5			2		7	100%
5	PHCs	58	5			53		58	100%
6	UHP and Maternity Home (Municipal Corporation)								
7	Prison/Jail	9	1					1	11%
8	ESI Hospitals								
9	Private Nursing Homes / Corporate Hospitals	18	2	5	11			18	100%
10	Private Sector Industries								
11	Public Sector Industries								
12	Targeted interventions NGO	32	1				31	32	100%
13	Non-Targeted interventions NGO	4	1				3	4	100%
14	Mobile	9	9					9	100%

15	Urban PHCs	8				6		6	75%
16	Military Hospitals	5				2		2	40%
	TOTAL	164	39	5	11	61		152	

HIV Testing: Efforts in progress Under NACP IV

General Individual

Sl. No.	Year →	December 2018- Sept. 2019
1.	No. Tested for HIV	51688
2.	No. Found HIV +ve	2338
3.	Percentage of Positive	4.5

Pregnant Women

Sl. No.	Year →	December 2018- Sept. 2019
1.	No. Tested for HIV	20433
2.	No. Found HIV +ve	161
3.	Percentage of Positive	0.8

Training and other activities :

Sl. No.	Name of activities	Remarks
1.	Training of Early Infant Diagnosis of ICTC Lab Technicians of Lawngtlai District, Siaha District, Lunglei District	14 th May, 2019
2.	Meeting of State HIV-TB Technical Working Group	April 2019, July 2019, October 2019
3.	Stand Alone ICTC North Vanlaiphai CHC, Serchhip relocated to Central Jail, Aizawl	June 2019
4.	TOT on Digitization of ICTC Registers & Forms at Imphal Manipur under Project SOCH	17 th October, 2019
5.	NACO Review Meeting of Basic Services Division at New Delhi	28 th – 29 th November, 2019

6.	Review Meeting of ICTC Counselors, DAPCU & STI	22 nd -24 th January 2020
7.	EMTCT Core Committee Meeting	30 th January 2020
8.	TISS-SHAKSAM Training for ICTC, STI & ART Counselors	11 th – 14 th February 2020

STI: Achievement of STI/RTI Clinic

Sl.No	Indicator	April 2019 - March 2020
1	No of Designated STI/RTI clinics	10
2	Number Tested for Syphilis	6064
3	Number of Syphilis Positivity (%)	37 (0.6%)
4	Number of STI Attendees referred to ICTC	1916
5	Number of diagnosed HIV Out referred (%)	18(0.9%)

CST ACHIEVEMENT 2019-2020

ART Centre Details

Sl.No	Centre details	Name of centre	Total No
1	ART Centres	Aizawl ART plus Centre	8
		Lunglei ART Centre	
		Champhai ART Centre	
		Kulikawn ART Centre	
		Kolasib ART Centre	
		Mamit ART Centre	
		Siaha ART Centre	
		Serchhip ART Centre	
2	newly proposed ART Centre	Khawzawl	3
		Hnahthial	
		Lawngtlai	
3	Link ART Centre	Khawzawl LAC	5
		Hnahthial LAC	
		Lawngtlai LAC	
		Vairengte LAC	
		Sakawrdai LAC	
4	Differentiated Care Centers	6 Nos.MMD	15
		4 Nos. CAOCs	
		5. nos. CARGs	

Activities increase retention

Outcome Indicator	Denominator	Numerator
ICTC to ART linkage	PLHIV diagnosed at ICTC	Out of PLHIV diagnosed at ICTC in the period, number of PLHIV registered at ART Centre
ART initiation	PLHIV registered at ART centre in the period	Out of PLHIV registered at ART centre in the period, number of PLHIV initiated on ART
6 months retention	Total no. Of patients in Cohort	Number of patients on ART or MIS after 6 months of initiation
12 months retention	Total No. Of patients in Cohort	Number of patients on ART or MIS after 12 months of initiation
Multi month dispensation	Total no. Of patients	No. Of patients being dispensed MMD
OPD Based DSDM	Number of ART Centre with 1500 or more PLHIV on ART	Number of ART centers implementing Salem model

VIRAL LOAD

Name of Centre	VL suppression rate	No. Of Viral Load Test	Number of PLHIV Virally Suppressed
Kulikawn ART Centre		750	627
Civil Hospital Aizawl		3145	2819
Champhai ART Centre		693	523
Kolasib ART Centre		528	451
Lunglei ART centre		565	482

Mamit ART Centre		181	164
	86.40%	5862	5066

Annual Report of 2019-20 of Targeted Intervention (TI), Mizoram State AIDS Control Society

Targeted Intervention Program:

A total of 32 Targeted Intervention Projects were implemented all across the State. The TI covers populations at high risk of contracting HIV as well as bridge populations. The break-up is as follows:

Sl. No	District	Injecting Drug Users (IDU)	Female Sex Workers (FSW)	Men Having Sex with men (MSM)	Core Composite	Migrants
1.	Aizawl	12	1	1	0	1
2.	Champhai	2	0	0	1 (IDU + FSW)	0
3.	Kolasib	1	0	0	1 (IDU + FSW)	0
4.	Mamit	1	0	0	1 (IDU + FSW)	1
5.	Lunglei	2	0	0	1 (IDU + FSW + MSM)	1
6.	Lawngtlai	0	0	0	1 (IDU + FSW)	1
7.	Siaha	0	0	0	1 (IDU + FSW)	0
8.	Serchhip	0	0	0	2 (IDU + FSW)	0
	Total	18	1	1	8	4

The total target and achievement is as follows:

Sl. No	Typology	Target	Achievement
1.	Injecting Drug Users (IDU)	11080	10592
2.	Female Sex Workers (FSW)	1030	938
3.	Men Having Sex with men (MSM)	770	649
4.	Migrants	25000	27136
	Total	37880	39315

Sl. No	Typology	HIV test 2019 -20	HIV +ve 2019 -20	Linked to ART	On ART	Viral Load Tested	Viral Load Suppressed	Total HIV +ve
1.	IDU	7218	464	464	461	56	46	2601
2.	FSW	662	17	17	17	0	0	150
3.	MSM	598	21	18	18	4	2	65
4.	Migrants	4536	19	14	14	1	1	64
	Total	13014	521	513	510	61	49	2880

Opioid Substitution Therapy (OST):

17 (seventeen) Opioid Substitution Therapy (OST) Centres were implemented during the year of which 13 centres are government based and 4 centres are NGO based covering the whole state. In addition, 31 Satellite OST Centres were established for far flung areas for easy accessibility. The achievement is as under:

Total new registration 2019-20	Total Active Client	Total Lost to Follow up (LFU)	Total Treatment Complete
1398	3123	1445	975

Link Worker Scheme:

Link Worker Scheme is an intervention that aims to cover areas not reached by Targeted Intervention Projects. The target population includes High Risk Groups (HRGs), vulnerable population like pregnant women, out of school youth, vulnerable youth, People Living with HIV/AIDS (PLHIV) and TB patients. There are 3 Link Worker Scheme projects covering 6 districts Aizawl, Champhai, Kolasib, Serchhip, Mamit & Lunglei. The achievement is as follows:

Sl. No	Typology	Coverage during 2020 – 21
1.	Female Sex Workers (FSW)	162
2.	Injecting Drug Users (IDU)	424
3.	Men Having Sex with men (MSM)	7
4.	Migrants	361
5.	Truckers	415
6.	Other Vulnerable Population	6383
7.	TB Case	2
8.	ANC	987
	Total	8741

Training & Review Meetings:

A total of 15 State Level trainings were conducted for different levels of staff of different projects.

1 (one) Half yearly Review Meeting was conducted for TI Project staff, OST Centre staff and Link Worker Scheme staff. Annual review Meeting could not be conducted due to the COVID -19 pandemic.

XVI. NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

National Tobacco Control Programme (NTCP), Mizoram aims to:

- Create awareness about the harmful effects of tobacco consumption,
- Reduce the production and supply of tobacco products,
- Ensure effective implementation of the provisions under “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003” (COTPA)
- Help the people quit tobacco use and facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control.

To undertake the various functions of NTCP, District Tobacco Control Cells (DTCC) have been implemented in all the nine (9) Health Districts of Mizoram with State Tobacco Control Cell in place. Presently, ten (10) Tobacco Cessation Clinics (TCC) have been operationalized in all District Hospital and Mizoram State Cancer Institute, Zembawng. In addition, one (1) satellite Clinic has also been set up as initiated by the Presbyterian Church, Chhinga Veng, Aizawl wherein technical support has been provided by NTCP.

The main thrust areas for the NTCP are as under:

1. Training of health and social workers, NGOs, school teachers, and enforcement officers;
2. Information, education, and communication (IEC) activities;
3. School programmes;
4. Monitoring of tobacco control laws;
5. Coordination with Panchayati Raj Institutions for village level activities;
6. Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level.

Summary of Achievements 2019-20 FY:

Various measures have been undertaken in the past year to effectively decrease the use of various tobacco products to reduce the incidence of different Tobacco Related Diseases and Deaths. Anti-Tobacco Awareness was conducted at different levels wherein 620 schools were covered, with 90 church programmes and 51 awareness programmes for various NGO's, coming to a total of **761 Anti-tobacco Awareness programmes** throughout the State. A total of **132 trainings** were conducted for health care providers, social workers, NGOs, school teachers, and enforcement officers. To ensure effective implementation of the provisions under COTPA and to help guarantee public health and safety, **Anti-Tobacco Squad Drive was conducted 515 times**. To assure a good rapport between various departments and NGO's in the fight against tobacco, **127 meetings** were conducted. Reports from TCC indicated that there are **4537 new registered clients** with a **20.82% average quit rate**.

“Towards Tobacco Free Mizoram”

XVII. RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

Achievements under Adolescent Friendly Health Services (AFHS)

Districts implementing RKSK	5 Districts(Champhai, Lunglei, Lawngtlai, Mamit and Siahia)	
Total no. of AFHCs/Youth Clinics	49	
Total no. AFHCs/Youth Clinics functional in the state	Functional	Non-Functional
	39	10
ACHIEVEMENT	1ST to 4TH QUARTER (2019-2020)	
Total no. of Adolescent population in 5 RKSK Districts	159806	
Total no. of Clients registered in AFHCs during reporting period	22489	
Total no. of Clients who received clinical services out of total no. of registered clients in AFHCs during the reporting period	22489	
Total no. of Clients who received counseling services in AFHCs out of total no. of registered clients during the reporting period	14977	
Total no. of Clients referred (from AFHCs) to other facilities out of total no. of registered clients during the reporting period	5155	
Average client load per clinic per month	48	

*Note: Reports under AFHS is on a Quarterly basis.

Weekly Iron Folic Acid Supplementations (WIFS)

Total No. of schools covered	1588
No of Anganwadi Centers	2244
No. of school going boys & girls (M/S – HSS)	93936
Out of school girls	12214
Target adolescent population	106150
School Teachers (M/S – HSS)	10750
Anganwadi Workers	2244
Anganwadi Helper	2244

IFA Coverage: April 2018– December 2019	Percentage
April 2019	NIL
May 2019	12.42%
June 2019	52.46%
July 2019	66.67%
August 2019	71.19%
September 2019	76.94%
October 2019	78.90%
November 2019	80.31%
December 2019	77.24%
January 2020	79.19%
February 2020	78.38%
March 2020	47.04%
Overall Achievement FY 2019-20	60.06%

Achievement under Community Process (Peer Educator)

Total no. Of District Covered for PE program	5
Total no of identified Peer Educators in 5 RKSK district	2604
Total no of sessions conducted	21840
No. of AHD organized	1 time each @ 39 youth clinics

Menstrual Hygiene Scheme (MHS)

Menstrual Hygiene Scheme is one of the components under Rashtriya Kishore Swasthya Karyakram (RKSK) launched by the Ministry of Health and Family Welfare for the promotion of menstrual hygiene among adolescent girls in the age group of 10 - 19 years in rural areas. Implementation of Menstrual Hygiene Scheme is hindered by inability to procure Sanitary Napkins.

Dedicated Adolescent Health Counsellors have Outreach Services on weekly basis in schools, hostels and church-based programmes, conducting awareness on Nutrition, Sexual and Reproduction Health, Mental Health, Menstrual Health etc.

XVIII. NATIONAL MENTAL HEALTH PROGRAMME

2019-2020	
DMHP	9 nos. (including Aizawl E&W)
TI under DMHP	The state of Mizoram covered by one T.I. team ARDSI-Mizoram Chapter
Early detection and treatment of mentally ill patients (OPD)	14888
Early detection and treatment of mentally ill patients (OPD)	1722
No. of Free Clinic cum awareness campaign	245
No. of Awareness organized	266
Suicide and Crisis Helpline	626
Patients referred to higher centers	70
Training Organized	2
Drugs procured	Distributed to DMHPs
Equipments procured	Distributed to DMHPs

XIX. ANNUAL ACHIEVEMENT OF RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is a '**Child Health Screening and Early Intervention Services**' programme under National Health Mission, launched by the Ministry of Health and Family Welfare in February 2013. It is a systemic approach to early identification of 4Ds, that is, **Defects at birth, Diseases, Deficiencies and Developmental delays including Disabilities** prevalent in children **0 to 18 years of age**. The initiative also ensures free management and treatment including surgical interventions at tertiary level through NHM ensuring equitable child health care.

RBSK entails following mechanisms to reach target group of children for health screening at three stages –

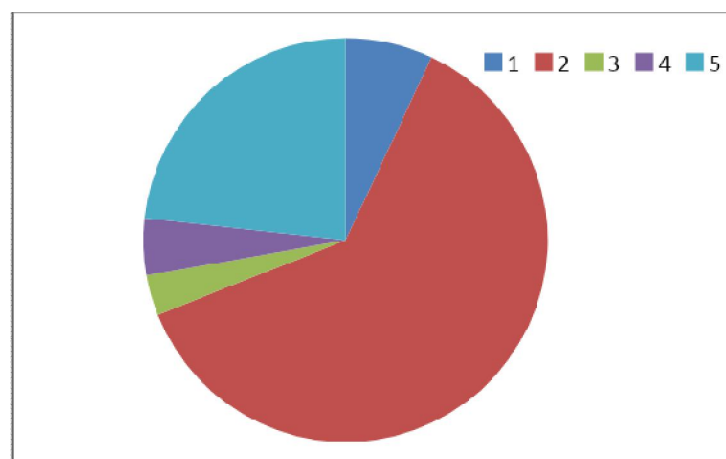
- i. For newborns - Facility based newborn screening at all centre conducting delivery by existing manpower.
- ii. For children 6 weeks to 6 years - Anganwadi Center based screening by Dedicated RBSK Mobile Health Teams, at least twice in a year
- iii. For children 6 years to 18 years- Government and Government aided school based screening by Dedicated RBSK Mobile Health Teams at least once in a year.

In the year between April 2019 to March 2020, **9364** newborns are screened for Defects at Birth by existing Health Professionals in centre conducting delivery, and **2,80,749** children are screened in AWC and Govt. and Govt. Aided Schools (between 6 weeks to 18 years) by 25 RBSK Dedicated Mobile Health Teams within the state.

To attain effective early intervention to reduce both direct cost and out of pocket intervention, RBSK further initiate three strategies –

- i. Provision of RBSK Essential Drugs free of cost to beneficiaries in need of such treatments. During FY 2019-20, **7679** children requiring Medication for certain diseases are given on the spot treatment.
- ii. District Early Intervention Centre : Following the initial step of screening of children from birth to 18 years of age group for selected health conditions, the next steps are confirmation of preliminary findings, referral support, management and follow up Child Health Screening and Early Intervention. DEIC is a hub of all these activities and aims at reducing the extent of disability, render medical services and improving the quality of life and enabling all persons to achieve their full potential. Thus, District Early Intervention Centre (DEIC) is established in two districts namely- Aizawl West and Lunglei, manned by different health professionals.

During FY 2019-20, **2572 cases** are managed by different health professionals in DEICs-



iii. Amongst selected 4Ds, 13 health surgical conditions are identified under RBSK. As per the Government of India Approved RBSK Model Costing and Procedures, 'Each Surgical Package under RBSK includes costs of all Pre-Operative and Post-Operative investigations, Cost of Surgery, cost of Post-Operative care including hospital stay and Follow-up care , drugs, consumables and implants/stents/coils/grfts.'

Dental Problem is the most common health problem detected by RBSK Dedicated Mobile Health Teams, comprising of **52%** of all health conditions detected. During FY 2019-20, **2359** dental conditions are managed by Dental Surgeons in DEICs and RBSK Dedicated Mobile Health teams.

Currently, RBSK Mizoram is having Memorandum of Understanding (MoU) with 3 institutions/NGOs with mutual agreement to treat children aged between 0-18 years, referred by RBSK, Mizoram -

- **Manipal Hospitals, Bangalore** - for treatment of Congenital Heart Disease and Rheumatic Heart Disease. For cashless benefits of children in need of consultation on Cardiac Health, RBSK, Mizoram and Manipal Hospitals, Bangalore have jointly organized two (2) Congenital Heart Disease Screening Camp on 10th May 2019 and 28th November 2019 at Aizawl West DEIC. In each Screening Camp, Cardiac Surgeon, Echo Technician, Counsellor and Regional Manager from Manipal Hospitals, Bangalore screen, confirm cases and check up for Post-Surgical cases. Approximately 150 children are screened in each screening camps. Confirmed cases in these camps are referred to Manipal Hospitals, Bangalore for further management. During FY 2019-20, **34 (thirty four)** children have undergone surgical corrections of Heart Disease.
- **State Referral Hospital, Falkawn, Mizoram** - for treatment of Cleft Lip & Cleft Palate, Congenital Cataract, Congenital Deafness and Otitis Media. During FY 2019-20, **10 (ten)** children have undergone Lip Repair, Palate Repair and various surgical corrections of Cleft Lip/Palate.
- **Clubfoot Society of Mizoram/Miracle Feet, India** - for treatment of Club Foot. Club Foot Clinic is opened every Thursday at Orthopedic OPD, Civil Hospital, Aizawl. **10(ten)** children received treatment during FY 2019-20.

Facilities and HR : Currently, there are 116 HR, 25 RBSK Dedicated Mobile Health Teams and 2 facilities under RBSK, Mizoram. Strength of facilities and HR is highlighted in the table below

Facility :

Sl. No.	Name of facility	No. of facility
1.	District Early Intervention Centre (DEIC)	2

Manpower in Programme Management

Sl. No.	HR	In place
1.	State Coordinator, RBSK	1
2.	Consultant, DEIC cum Service Access	1
3.	DEIC Manager	9

Manpower in District Early Intervention Centre:

Sl. No.	HR	In place
1.	Pediatrician	1
2.	Medical Officer	2
3.	Dental Surgeon	2
4.	Physiotherapist	2
5.	Clinical Psychologist	2
6.	Social Worker	2
7.	Special Educator cum Early Interventionist	2
8.	Optometrist	2
9.	Laboratory Technician	2
10.	Staff Nurse	1

Manpower in RBSK Dedicated Mobile Health Team

Sl. No.	HR	In place
1.	Medical Officer	58
2.	Pharmacist	19
3.	ANM	10

District-wise Brief Achievement of 2019-20: District-wise achievement- Main indicator shown in percentile, except for Number of Children Screened per Day per Team where exact number is reflected.

District	Children Screened	Institutions Visited	Children availing Service Access	Per day Per Team Screening
Aizawl East	73.44	75.77	54.9	54.75
Aizawl West	72.33	79.82	16.99	45.97
Champhai	93.56	65.05	55.79	42.36
Kolasib	81	69.2	46.58	39.34
Lawngtlai	85.93	42.28	95.44	77.64
Lunglei	68.36	85	47.78	47.1
Mamit	72.88	63.85	64.64	28.14
Serchhip	92.39	78.15	26.19	30.18
Siaha	86.42	96.75	58.15	59.37

XX. NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME (NVHCP)

A. Aims and Objectives:

- Elimination of Hepatitis C by 2030
- Achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C viz. Cirrhosis and Hepato-cellular carcinoma (liver cancer)
- Reduce the risk, morbidity and mortality due to Hepatitis A and E.

B. Operationalizing National Viral Hepatitis Control Programme in Mizoram

MTC (Model Treatment Centre):

- Civil Hospital, Aizawl the biggest hospital in the state has been operationalized as Model Treatment Centre since 8th Novemeber, 2019.
- 1 Physician has been identified as the Nodal Officer at MTC.

State Laboratory :

- Civil Hospital, Aizawl has been operationalized as the State Laboratory.
- 1 Microbiologist has been identified as the Nodal Officer for State Lab.

District Laboratory:

- Civil Hospital, Lunglei & State Referral Hospital, Falkawn have been operationalized as District Laboratory.
- 1 Microbiologist each has been identified as the Nodal Officer for the District Lab.

DTC (District Treatment Centre):

District Treatment Centre has been operationalized at District Hospital Champhai, Mamit, Lunglei, Serchhip, Kolasib, Lawngtlai, State Referral Hospital, Falkawn & Siaha.

State Viral Hepatitis Management Unit (SVHMU):

SVHMU was set up at Directorate of Hospital & Medical Education, New Secretariat Complex, Khatla under the guidance of State Nodal Officer.

C. Activities: (FY 2019-2020)

- **Day Observance of Viral Hepatitis** on 30th July, 2019 at Conference Hall, DHS.
- **Training of Medical Officers on Diagnostic Treatment & Care of Viral Hepatitis** on 30th and 31st July, 2019 at Conference Hall, DHME.
- **Training of Pharmacists on Diagnostic Treatment & Care of Viral Hepatitis** on 2nd August, 2019 at Recreation Hall, DHME
- **Training of Lab Technicians on Diagnostic Treatment & Care of Viral Hepatitis cum Hands on Training** from 17th – 19th September, 2019 at Civil Hospital, Aizawl.
- **Hands on Training of MOs, Lab Technicians, DEOs, Peer Support & Pharmacists of Aizawl East & Aizawl West Districts** on 11th & 12th December, 2019 at Hotel Floria, Dawrpui.

1. Facilities and HR : Currently, there are 116 HR, 25 RBSK Dedicated Mobile Health Teams and 2 facilities under RBSK, Mizoram. Strength of facilities and HR is highlighted in the table below

Facility :

Sl. No.	Name of facility	No. of facility
1.	District Early Intervention Centre (DEIC)	2

Manpower in Programme Management

Sl. No.	HR	In place
1.	State Coordinator, RBSK	1
2.	Consultant, DEIC cum Service Access	1
3.	DEIC Manager	9

Manpower in District Early Intervention Centre:

Sl. No.	HR	In place
1.	Pediatrician	1
2.	Medical Officer	2
3.	Dental Surgeon	2
4.	Physiotherapist	2
5.	Clinical Psychologist	2
6.	Social Worker	2
7.	Special Educator cum Early Interventionist	2
8.	Optometrist	2
9.	Laboratory Technician	2
10.	Staff Nurse	1

Manpower in RBSK Dedicated Mobile Health Team

Sl. No.	HR	In place
1.	Medical Officer	58
2.	Pharmacist	19
3.	ANM	10

2. District-wise Brief Achievement:

District	Children Screened	Institutions Visited	Children availing Service Access	Per day Per Team Screening
Aizawl East	52559	838	594	54.75
Aizawl West	33099	605	595	45.97
Champhai	30495	562	993	42.36
Kolasib	18883	337	857	39.34
Lawngtlai	37265	506	2489	77.64
Lunglei	45212	1292	1977	47.1
Mamit	20255	415	307	28.14
Serchhip	14484	397	536	30.18
Siaha	28497	446	1281	59.37

NATIONAL TB ELIMINATION PROGRAMME

March 2019 to April 2020

To achieve 90% Notification Rate for all cases	To achieve 90% Success Rate for all New and 85% for all Previously Treated patients	To significantly improve the successful outcomes of treatment of DR TB cases	To achieve decreased morbidity and mortality of HIV associated TB	To improve outcomes of TB care in the private sector
Diagnosis and treatment of TB in 8 DTCs, 12TUs and 35 DMCs Target vs Achieved 2226/2309 = 96%	Diagnosis and treatment of MDR TB in DRTB Centre Falkawn Diagnosed vs Put on treatment 135/126 = 107%	Nikshay Poshan Yojana to all TB patients including Private Sector patients % of eligible beneficiaries paid till 1st may 2020 = 4551/5058 = 86%		
Treatment Supporter incentives Rs 10.54 lakhs have been disbursed	Patient Support incentives Rs 20.44 lakhs have been disbursed	Single Window Delivery System for TB HIV patients 2513/2861 = 88% of all TB patients tested for HIV		
HIV/Diabetes Mellitus/Tobacco screening for all TB patients 2533/2866 (88%) of all TB patients screened for HIV, 315 (11%) positive for HIV; 1816 (63%) of TB patients screened for DM; 266 (9%) of TB patients linked to Tobacco Cessation Clinic	Private practitioner incentive for TB diagnosis and upon treatment completion Rs 500/- upon diagnosis notification and Rs 500/- upon assignment of outcome	Public Private Mix strengthening through Public Private Support Agency (PPSA) Agency engaged : Youth for Action @ Rs 2 lakhs per annum		
DVDMS through Nikshay Aushadhi	Active Case Finding to expedite End TB Strategy 2025 Screened : 51201 Examined : 422 Diagnosed : 6	Ongoing construction of C&DST Laboratory in DR TB Centre Falkawn Internal electrification @ Rs 3.78 lakhs External electrification @ Rs 4.47 lakhs		

XXII. UNIVERSAL IMMUNIZATION PROGRAMME : ANNUAL PERFORMANCE REPORT 2019 - 2020

Aims & Objective: The goal of UIP is to provide every child and pregnant woman protection from vaccine preventable diseases.¹

Immunization Programme in India was introduced in 1978 as 'Expanded Programme of Immunization' (EPI) by the Ministry of Health and Family Welfare, Government of India. In 1985, the programme was modified as 'Universal Immunization Programme' (UIP) to be implemented in phased manner to cover all districts in the country by 1989-90 with the one of largest health programme in the world.

Vaccines provided under UIP in Mizoram:

BCG - BCG stands for Bacillus Calmette-Guerin vaccine. It is given to infants to protect them from tubercular meningitis and disseminated TB.

OPV - OPV stands for Oral Polio Vaccine. It protects children from poliomyelitis.

Hepatitis B vaccine - Hepatitis B vaccine protects from Hepatitis B virus infection.

Pentavalent Vaccine - Pentavalent vaccine is a combined vaccine to protect children from five diseases Diphtheria, Tetanus, Pertussis, Haemophilus influenza type b infection and Hepatitis B.

Rotavirus Vaccine - RVV stands for Rotavirus vaccine. It gives protection to infants and children against rotavirus diarrhoea. It is given in select states.

fIPV - fIPV stands for Fractional Inactivated Poliomyelitis Vaccine. It is used to boost the protection against poliomyelitis.

Measles/ MR vaccine- Measles and Rubella a combined vaccine is given to protect from Measles and Rubella infection.

DPT booster - DPT is a combined vaccine; it protects children from Diphtheria, Tetanus and Pertussis.

Td - Tetanus toxoid and Adult diphtheria combination vaccine is used to provide protection against tetanus and diphtheria.

Facilities and HR: The Programme is run at the state under the State Immunization Officer under which there are - Assistant State Immunization Officer, State Programme Manager, Cold Chain and Logistic Manager, Computer assistant and 2 IV grades.

State Vaccine Store: The state vaccine store located at Civil Hospital, Aizawl receive and hold vaccine for the whole state. It is run by 1 Health supervisor, 3 Health workers, 1 Vaccine van driver and 1 IV Grade.

State Workshop: Workshop for repair of cold chain equipment located at Chhangurkawn, Luangmual. It is run by 3 Cold chain Technician from Aizawl East, Aizawl West and Serchhip and 1 IV grades.

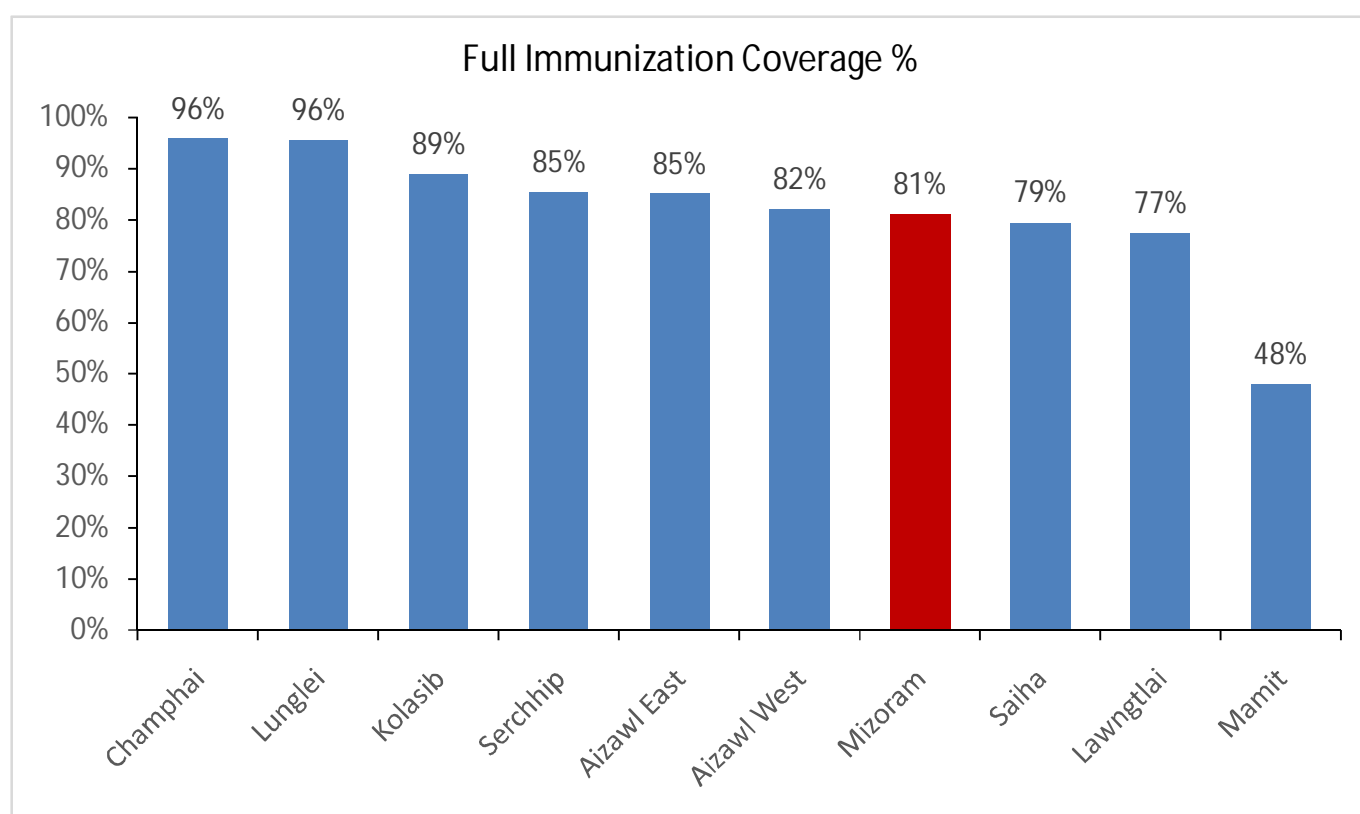
Districts: In each district there are designated District Immunization Officer and Computer Assistant. The district vaccine store are run by 1 or 2 health workers/supervisor (Cold chain Handlers). Each district has Cold chain Technician for maintenance of Cold Chain Equipment within the district.

CHC/PHC: At the CHC/PHCs, each Cold chain points are run by Medical Officer of the respective CH/PHC and a health worker/cold chain handler.

At the **Sub-centre level**, vaccines are given by The Health workers in their respective areas every month.

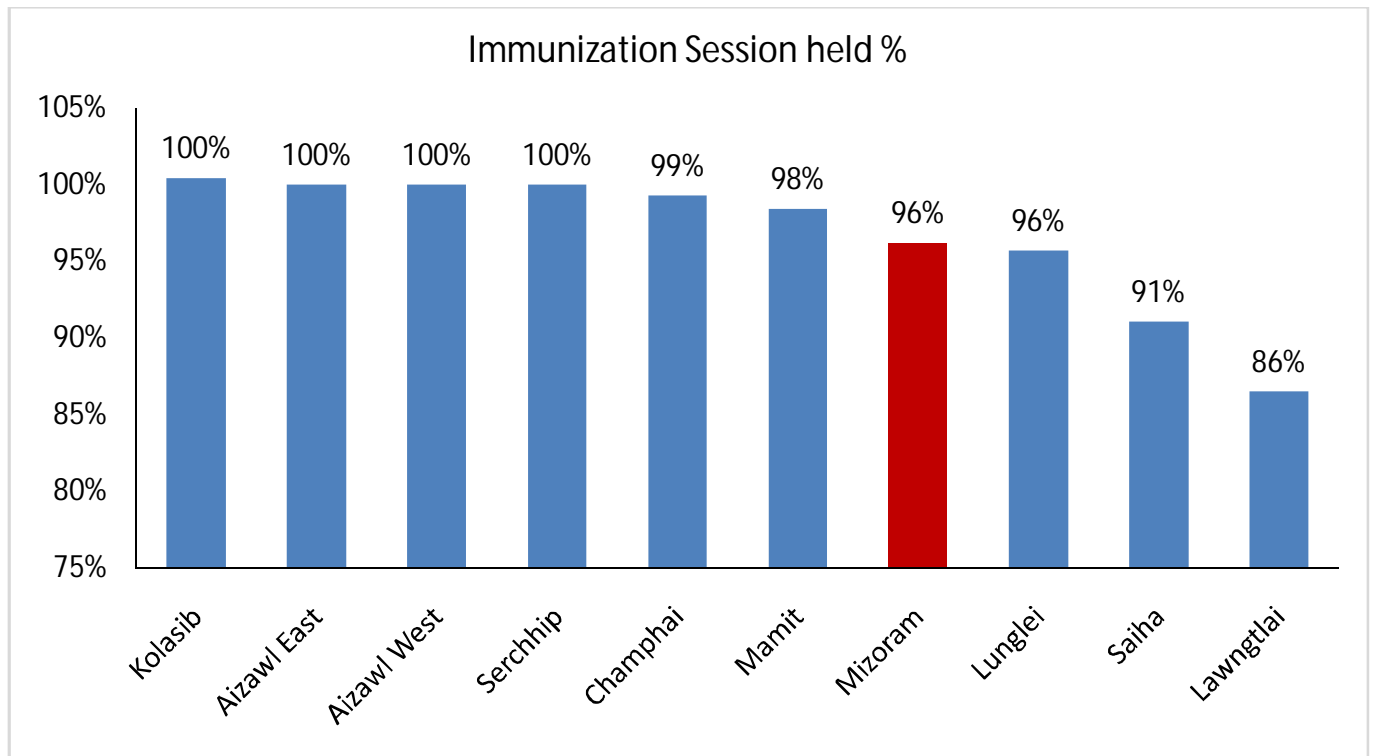
Achievement during FY 2019-2020:

A. CHILD IMMUNIZATION

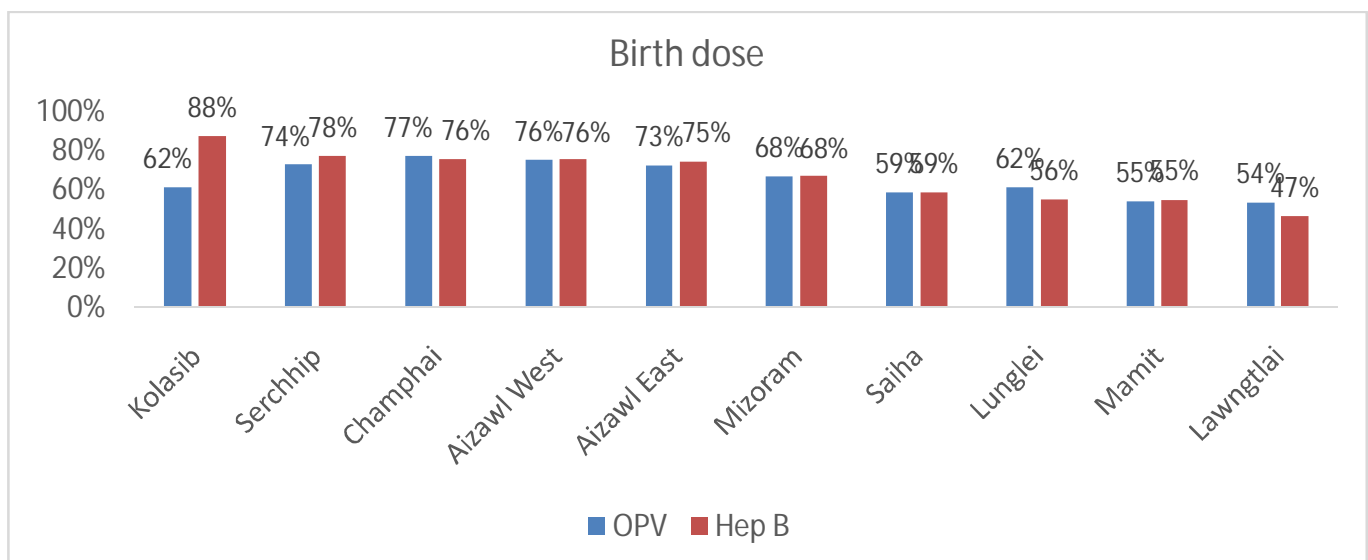


1. Full Immunization Coverage Percent (HMIS & Microplan, iQiP)

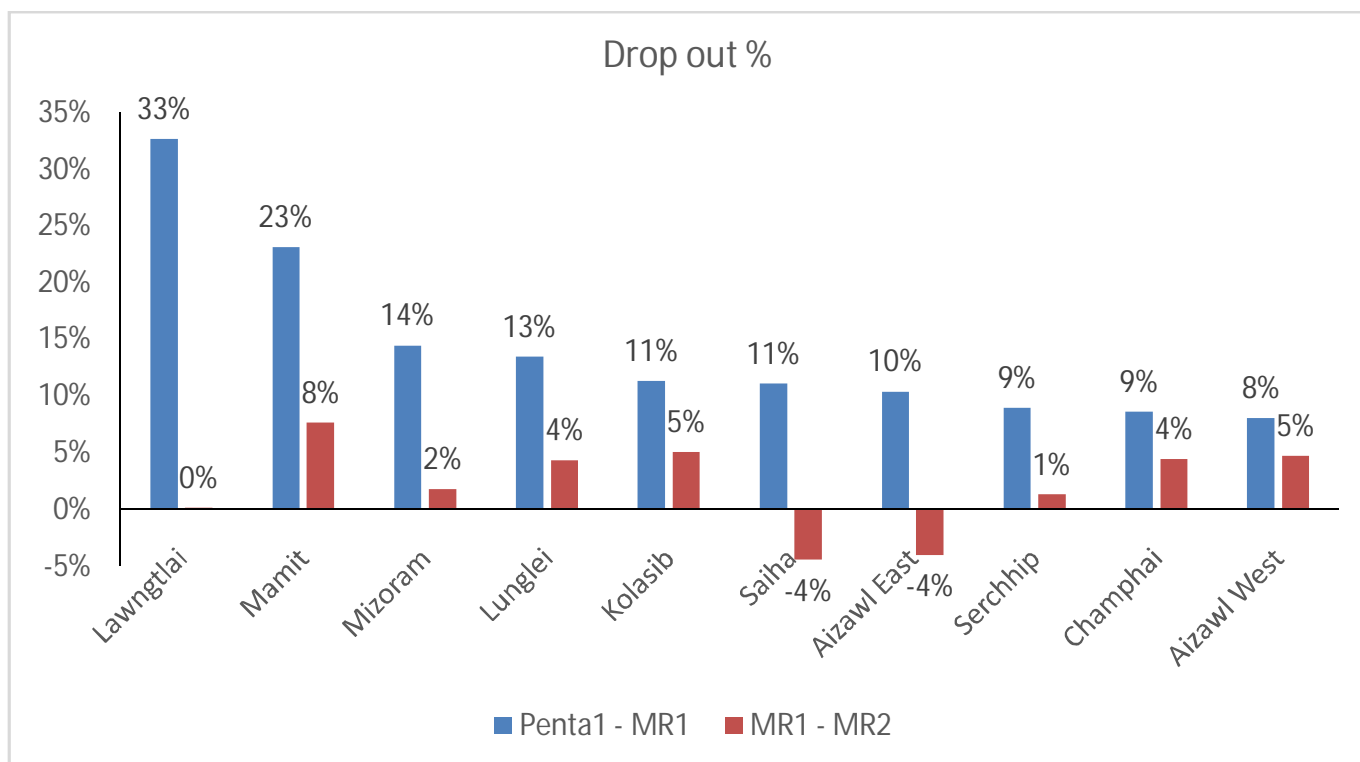
2. Immunization session held (HMIS)



3. Birth dose - OPV & Hepatitis B (HMIS)

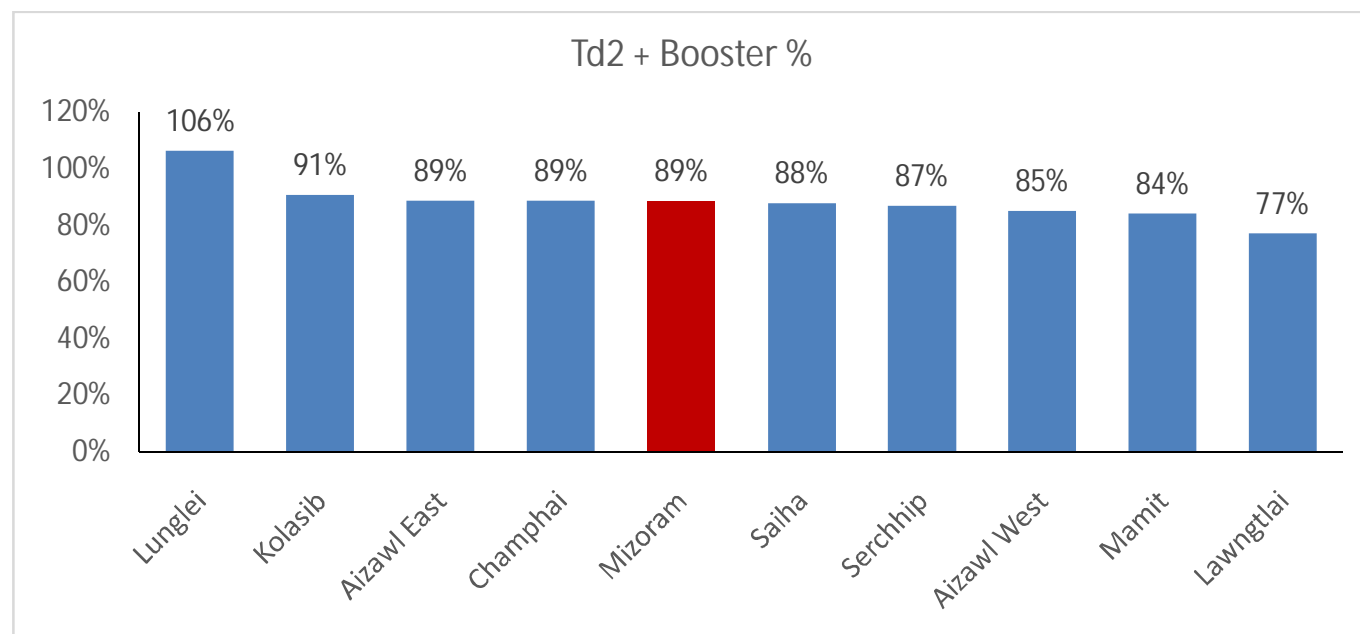


4. Drop out percentage - Penta 1 to MR1 and MR1 to MR2 (HMIS)

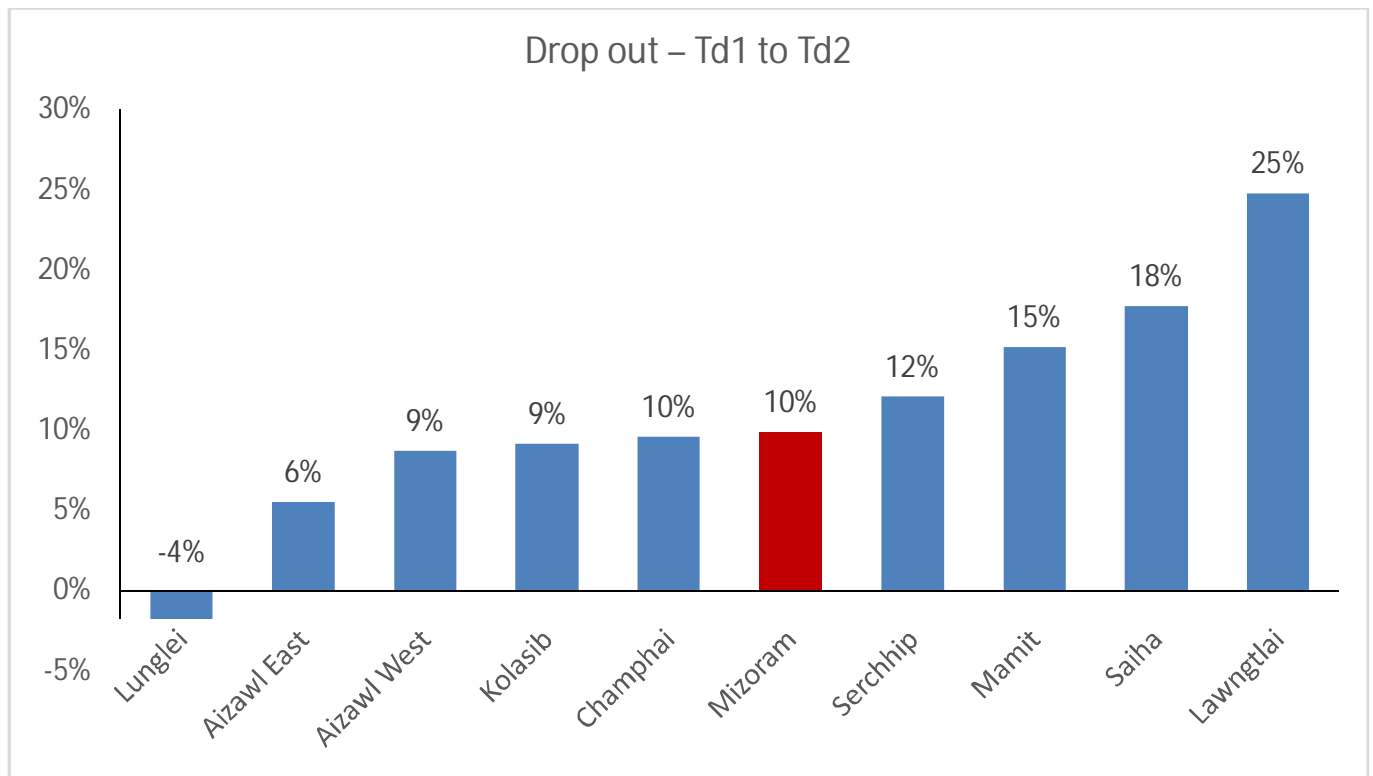


B. PREGNANT WOMEN IMMUNIZATION

1. Percentage of pregnant women given Td2 or Td booster (HMIS)



2. Drop out percent – Td1 to Td2



XXIII. National Programme for Control of Blindness & Visual Impairment (2019-2020) :

- 1) No. of Cataract Operation is two thousand two hundred seventeen. (2217 nos.)
- 2) No. of school Teacher trained is nine hundred thirty two. (932 nos.)
- 3) No. of School children screened is fifty three thousand five hundred fifty three. (53553 nos.)
- 4) No. of school children detected Refractive Error is seven thousand three hundred sixteen. (7316 nos.)
- 5) No. of free spectacle provided to poor children is two thousand eight hundred sixty five. (2865 nos.)
- 6) No. of Distribution of the spectacles to old persons suffering from presbyopia is two thousand twenty one. (2021 nos.)
- 7) No. of eye ball collect is seventy. (70 nos.)
- 8) No. of eye transplant is twenty four. (24 nos.)

XXIV. National Leprosy Eradication Programme

Objective and Target of the Scheme

The main objective of the scheme is to eliminate/to bring down the incidence rate below 1 per 10,000 population in the state leprosy at present the prevalence rate is 0.01/10,000poplin. The target if the programme is to get more leprosy cases from the State, as per allotted by the Central Leprosy Division.

Physical Achievement

Total no of cases detected since the inception of the programme i.e. 1983 – 1429

Total no of casesnreleased from treatment – 1524

Total no of cases under treatment (currently) – 8

Annual new case detection rate (ANCDR) – 0.41%

Prevalence Rate (PR) – 0.06%

Year	Cases Detected		Total	Cases Discharged		Total
	MB	PB		MB	PB	
2019-2020	5	0	5	6	1	7

	Aizawl East	Aizawl West	Kolasib	Lawngtlai	Lunglei	Siaha	Champhai	Serchhip	Maimit
Cases Detected	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cases Under treatment		2				1		1	1
Death	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

XXV. ACHIVEMENT REPORT OF NIDDCP

Salt Testing of Iodine content by Test Kit Method

Collected	Above 15 ppm	%
78354	78325	99.96%

GLOBAL IDD DAY

This important day is being observed in the State as well as 9 (nine) Districts in this financial year 2019-2020 particularly to create Awareness on IDD and importance of Iodized Salt.

Goitre Survey

Year	No of District	No. of Person Examined	Percentage of Goitre
2019-2020	2	3867	3.0%

INFORMATION RECEIVED FROM THE DISTRICTS

Monthly reports on monitoring of iodine content of salt by spot testing Kits are regularly received from the Districts.

Current Status: The Household consumption of Iodised Salt in Mizoram is 98.8%.

XXVI. National Ambulance Service Achievement for 2019-2020 FY

District	Distance covered	Maternity	Infant	Sick	Others	No. of trips
Aizawl East	36228	916	27	30	80	1053
Aizawl West	15728	156	44	61	305	566
Lunglei	30463	251	22	59	98	430
Serchhip	11847	101	4	28	45	178
Mamit	639	35	0	0	9	44
Champhai	38001	94	4	53	271	422
Kolasib	28085	176	33	49	169	427
Lawngtlai	2732	11	1	1	13	26
Siaha	12736	115	17	14	5	151
TOTAL	176459	1855	152	295	995	3297



XXVII. ACHIEVEMENT UNDER NATIONAL AYUSH MISSION 2019

1. CORE / ESSENTIAL ACTIVITIES AND ACHIEVEMENT UNDER NATIONAL AYUSH MISSION

(1). **Public Health Outreach Activities :** For solving community health problems and by improving health status of the population Free Health Camp / Free Clinic and awareness campaign conducted at the following villages:

- | | | | |
|----------------|-------------------|-----------------|----------------|
| 1. Khawbung | 2. Khuangthing | 3. Suangpuilawn | 4. Muallungthu |
| 5. Rawpuichhip | 6. Kawrtethawveng | 7. Bungthuam | 8. Suarhliap |

Free Medical Camp was organised at Childrens Home in every district
Medicines are provided free of cost to entire patient who attend the free clinic.

(2). **School Health Programme :** The main focus of school health programme is to address the health needs of school going children both physical and mental through providing AYUSH services.

School Health Programme was carried out at Luangpawl Primary School, Middle School II, Mamit and Government High School, Mamit.

(3). **Behaviour Change Communication (BCC) / Information Education and Communication (IEC) :**

- Health check up of all inmates at Tawngtai Bethel Camping Centre, Sakawrtuichhun.
- Health check-up carried out twice every month since April 2nd 2019.
- Other health programmes related with case diagnosed and treated such as RNTCP & MSACS are partnered with for better management of cases.
- Laboratory Technician is also brought in for cases that require confirmation through laboratory diagnostics.
- Enormous support and huge positive feedback has been recieved for the services rendered under this programme.
- Physical & Stress Management Session was organised at Gilgal Half way Home.

(4). **AYUSH Gram :** Under this activity, 5 villages from Lunglei District and 4 villages under Aizawl District were selected for adoption and practice of AYUSH way of life.

Activities carried out under AYUSH Gram:

1. Construction of Public Urinal Place.
2. Construction of Market Garbage Collection Centre.
3. Conservation and Development of Medicinal Plants.
4. Hypertension and diabetes screening was carried out at all the 9 villages

(5). **Sports Medicine through AYUSH :** Under this activity, partnership is carried out with Mizoram Badminton Association wherein physical and stress management sessions are carried out various Badminton grassroot training centres and on duty Doctors with AYUSH medicines are provided at major tournaments.

As approved by the Executive Body, Mizoram AYUSH Society partnership is also being carried out with Aizawl Football Club wherein several deliverables was made available.

(7) **Health & Wellness Centre under AYUSHMAN BHARAT:**

National AYUSH Mission, Mizoram is in the process of upgrading 12 sub-centres (1st Phase) within Mizoram under Health & Family Welfare Department into Health & Wellness Centres. Another 12+14 Sub-centres and eventually 38 Sub-centres are to be upgraded in subsequent years.

(8) **Quality Control of ASU&H Drugs :**

- i) Government analyst for ASU&H Drugs recently notified.
- ii) Suspicious and spurious Ayurvedic & Homoeopathic drugs in open market are ceased by Drugs Inspector (ASU&H Drugs) and tested at State Drug Testing Laboratory.

3. CONSTRUCTIONS

i. Completed -

- i. IPD (AYUSH ten bedded) - Hnahthial, Tlabung, Sakawrdai, Biate, Vairengte & Lengpui
- ii. OPD - Thingsulthlah, Haulawng, Sairang,
- iii. Rain Water Harvesting at 50 bedded AYUSH Hospital, Thenzawl.
- iv. Staff Quarter at 50 bedded AYUSH Hospital, Thenzawl

ii. Ongoing Construction

- i. OPD - Marpara & S.Vanlaiphai
- ii. IPD (AYUSH ten bedded) - Kawrthah & Ngopa

XXVIII. Reproductive & Child Health (RCH)

Sl.No	Data Items	Mizoram	%	Aizawl East	%	Aizawl West	%	Champhai	%	Kolasib	%	Lawngtlai	%	Lunglei	%	Maimit	%	Saiha	%	Serchhip	%
1	Total number of pregnant women registered for ANC	23614		4784		3546		2742		1918		2926		2922		2114		1481		1181	
2	Out of the total ANC registered, number registered within 1st trimester (within 12 weeks)	17764	75	3899	82	2867	81	2357	86	1511	79	1450	50	2039	70	1459	69	1209	82	973	82
	TT2 + TT Booster	20886	88	4595	96	2904	82	2408	88	1701	89	2240	77	2991	102	1770	84	1265	85	1012	86
3	Number of PW received 4 or more ANC check ups	13490	57	4970	104	1949	55	1287	47	1079	56	661	23	1414	48	1003	47	697	47	430	36
4	Number of PW tested for Haemoglobin (Hb) 4 or more than 4 times for respective ANCs	9628	71	3479	70	2004	103	845	66	735	68	158	24	1174	83	480	48	693	99	60	14
5	Number of PW having Hb level<11 (tested cases)(7.1 to 10.9)	17107	72	2712	57	420	12	1973	72	1403	73	1666	57	4190	143	1617	76	2046	138	1080	91
6	Number of Home Deliveries attended by Skill Birth Attendant(SBA) (Doctor/Nurse/ANM)	436	19	11	69	1	25	16	25	29	41	81	9	110	22	100	22	73	30	15	100

7	Number of Home Deliveries attended by Non SBA (Trained Birth Attendant(TBA) /Relatives/etc.)	1800	81	5	31	3	75	48	75	42	59	805	91	380	78	345	78	172	70	0	0
	Total Home Deliveries	2236	11	16	0	4	0	64	3	71	6	886	42	490	19	445	34	245	18	15	2
8	Number of Institutional Deliveries conducted (Including C-Sections)	18492	89	7187	100	2276	100	1848	97	1141	94	1208	58	2150	81	871	66	1148	82	663	98
9	Out of total institutional deliveries number of women discharged within 48 hours of delivery	8443	46	2678	37	760	33	941	51	755	66	208	17	983	46	639	73	955	83	524	79
10	Total C-Section deliveries performed	3447	19	1765	25	792	35	79	4	85	7	110	9	422	20	13	1	144	13	37	6
11	Live Birth - Male	10438		3656		1137		959		589		1058		1316		659		714		350	
12	Live Birth - Female	10139		3491		1136		938		619		1009		1307		641		674		324	
	Total delivery	20728	88	7203	151	2280	64	1912	70	1212	63	2094	72	2640	90	1316	62	1393	94	678	57
	Total Live Birth	20577		7147		2273		1897		1208		2067		2623		1300		1388		674	
	Still Birth	156	1	56	1	7	0	16	1	10	1	24	1	13	0	16	1	10	1	4	1

	Total Home Delivery	2236	11	16	0	4	0	64	3	71	6	886	42	490	19	445	34	245	18	15	2
	Number of Institutional Deliveries	18492	89	7187	100	2276	100	1848	97	1141	94	1208	58	2150	81	871	66	1148	82	663	98
	Total safe Delivery	18928	91	7198	100	2277	100	1864	97	1170	97	1289	62	2260	86	971	74	1221	88	678	100
	Sex Ratio at birth	971		955		999		978		1051		954		993		973		944		926	
Sl.No	Data Items	Mizoram	%	Aizawl East	%	Aizawl West	%	Champhai	%	Kolasib	%	Lawngtlai	%	Lunglei	%	Maimit	%	Saiha	%	Serchhip	%
13	Still Birth	156		56		7		16		10		24		13		16		10		4	
14	Abortion (spontaneous)	1161		489		107		152		71		118		55		73		62		34	
15	Total MTP	200	1	5	0	3	0	20	1	1	0	76	3	69	2	0	0	0	0	26	2
16	Number of newborns weighed at birth	19821	96	6980	98	2273	100	1878	99	1205	100	1710	83	2508	96	1205	93	1388	100	674	100
17	Number of newborns having weight less than 2.5 kg	1009	5	463	7	83	4	119	6	86	7	68	4	82	3	45	4	43	3	20	3
18	Number of Newborns breast fed within 1 hour of birth	19687	96	6951	97	2242	99	1749	92	1202	100	1896	92	2371	90	1242	96	1364	98	670	99
19	Women receiving 1st post partum checkup within 48 hours of home	1134	51	12	75	4	100	12	19	74	104	483	55	211	43	128	29	195	80	15	100

	delivery																			
	Total sterilization	1564		629		339		65		216		53		120		20		101		21
	PPIUCD	339																		
	Total IUCD Insertion	1964		635		221		367		75		100		185		110		217		54
20	Number of IUCD Removals	1118		355		166		216		62		60		85		46		58		70
	Total Antara	476		142		8		127		0		139		29		27		1		3
	Antara Users	119		36		2		32		0		35		7		7		0		1
21	Number of Combined Oral Pill cycles distributed	84677		19744		9838		15903		5018		5297		13009		8818		3877		3173
	OP Users	6514		1519		757		1223		386		407		1001		678		298		244
22	Number of Condom pieces distributed	139830		40419		17274		26014		4279		8112		19995		11899		7530		4308
	Condom users	1942		561		240		361		59		113		278		165		105		60
23	Number of Centchroman (weekly) pill strips distributed	331		33		20		176		0		0		34		8		0		60

24	Number of Emergency Contraceptive Pills (ECP) given	1694		194		53		283		41		240		554		229		51		49	
	Fully Immunised	17870	87	4371	61	2496	110	2196	116	1356	112	1698	82	2253	86	1486	114	1097	79	917	136
25	Child immunisation - Measles & Rubella (MR)- 1st Dose	479		4		0		0		4		370		26		74		0		1	
	IMR & MMR IN DISTRIC-WISE																				
Sl.No	Data Items	Mizoram		Aizawl East		Aizawl West		Champhai		Kolasib		Lawngtlai		Lunglei		Maimit		Saiha		Serchhip	
1	Neonatal Death	198		80		8		14		20		19		28		7		16		6	
2	NNMR	10		11		4		7		17		9		11		5		12		9	
3	Infant Death	369		111		28		40		39		42		43		19		41		6	
4	IMR	18		16		12		21		32		20		16		15		30		9	
5	Under 5yrs deaths	436		127		28		48		40		53		55		26		47		12	
6	U5MR	21		18		12		25		33		26		21		20		34		18	
7	Maternal Death	13		0		1		2		2		2		2		1		2		1	

8	MMR	63		0		44		105		166		97		76		77		144		148	
	All Death	4915		1487		621		572		373		338		708		245		280		287	

XXIX. REPORT ON THE IMPLEMENTATION OF THE PROVISIONS OF THE RIGHT TO INFORMATION ACT, 2005 FOR THE YEAR 2019 – 2020

I. PARTICULARS OF REPORTING AUTHORITY :

1. Name of the office : *Directorate of Health Services*
2. Number of gazetted officers : *44 nos.*
3. Names of Public Sector Undertakings, Boards, Council etc. under the Office : *Nil*
4. Name of NGOs assisted by the Department : *Nil*

II. IMPLEMENTATIONS OF THE SECTION 4 OF THE RTI ACT :

1. Whether all the records are catalogued and indexed by the Office? If not, reason as to why?
= *Yes, all the records are catalogued and indexed by the Office.*

Whether information Hand Book under RTI Act as required by sec. 4(1) (b) in the prescribed template has been prepared by the office? If not reason as to why?
= *Yes, RTI Act as required by sec. 4 (1) (b) in the prescribed template has been prepared by the office*

2. Whether all relevant facts relating to formulation of important policies have been published by the department / office as required under Sec. 4(1) (b)?. Copy of the latest publication may please be attached.
= *Yes, all relevant facts relating to formulation of important policies have been published by the department / office as required under Sec. 4(1) (b).*

3. Whether suo moto information has been provided to the public at regular intervals as required by Sec. 4(2)?
= *Yes, suo moto information has been provided to the public at regular intervals as required by Sec. 4(2).*

4. Whether every information in the department / office has been widely disseminated as required by Sec. 4(3)?
= *Yes, every information in the department / office has been widely disseminated as required by Sec. 4(3).*

5. Whether information in the department / office has been made accessible to State Public Information Officer (SPIO) concerned as required by Sec. 4.
= *Yes, information in the department / office has been made accessible to State Public Information Officer (SPIO) concerned as required by Sec. 4.*

III. IMPLEMENTATION OF SECTION 5 :

1. How many SPIOs have been designated in the office? If not why?
= *1 no. of State Public Information Officer (SPIO) have been designated in the Office.*
2. How many SAPIOs have been appointed in the office? If not why?
= *1 nos. of State Assistant Public Information Officer (SAPIO) have been designated in the Office.*
3. How many Departmental Appellate Authorities (DAAs) have been appointed in the office? If not why?
= *1 (one) no. of Departmental Appellate Authority (DAA) have been appointed in the office.*
4. When were these designations made? Kindly enclose a copy of such orders.
= *The present Departmental Appellate Authorities (AA) and State Public Information Officer (SPIO) have been designated w.e.f. Dt. 27.05.2017 and Dt. 22.04.2013 vide No. B. 16012/1/2015-HFW dt. 27.05.2017 and No.B.16012/1/09-HFW dt.15.3.2016 (copy enclosed).*
5. Whether any assistance of any other officer has been sought by SPIO? If so, in how many case?
= *Nil.*

IV. IMPLEMENTATION OF SECTION 6 :

1. No. of applications received in the office :
= *44 nos.*

2. How many application had been assisted by the SPIO to reduce as application in writing under Sec. 6(1) (b)?
= *Nil.*
3. How many application have been referred to another Public Authorities (PAs) / Offices for providing information?
= *Nil.*
4. Amount of application fees received. Were these deposited to the Government?
= *Received a sum of Rs. 420/- (Rupees four hundred twenty) only from application fees which will be deposited to the Government.*

V. IMPLEMENTATION OF SECTION 7 :

1. How many applications were decided within the prescribed time limit?
= *44 nos.*
2. How many applications were rejected by the SPIO? What were the main grounds for rejecting the applications?
= *Nil.*
3. How many applications were not decided within the prescribed limitation? What are the main reasons for not deciding the applications within limitations?
= *Nil.*
4. How many applications were received concerning the life or liberty of a person?
= *Nil.*
5. Whether applications concerning the life or liberty of a person were decided within a period of 48 hours from time of receipt of the application?
= *Nil.*
6. How many applicants failed to make payment of cost of providing the information? State the amount?
= *Nil.*

7. How many applicants belonging to BPL were provided information free of cost?
And how many of them were denied information free of cost?
= *- Nil -*
8. How many sensorily disabled applicants were assisted by the SPIO?
= *Nil.*
9. How many applicants were given information free of cost due to failer of the PAs to provided the information within limitation?
= *Nil.*
10. In how many applications a third party was involved?
= *Nil.*
11. Amount of fees collected for the provisions of such information during the reported period.
= *A sum of Rs. 320/- (Rupees three hundred twenty) only was collected for the provisions of such information during the reported period.*

VI. IMPLEMENTATION OF SECTION 8 :

1. How many applications were denied information under Sec. 8 ? Give reasons used for denying such information.
= *Nil.*
2. How many applicants were given information under Sec. 8 on the ground of larger public interest?
= *Nil.*

VII. IMPLEMENTATION A OF SECTION 9 :

1. How many applications were rejected on the ground specified under Sec. 9 of RTI Act?
= *Nil.*

VIII. IMPLEMENTATION OF SECTION 19 :

1. How many appeals have been instituted before the DAA against the actions / inaction of the SPIO in the Office?
= *Nil.*
2. How many such first appeals were decided by the DAA within a period of 45 days from the date of filing the first appeal?
= *Nil.*
3. How many first appeals were rejected?
= *Nil.*
4. How many first appeals were allowed?
= *Nil.*
5. How many 2nd appeals were preferred against the First Appellate Authority before the MIC ?
= *Nil.*
6. How many 2nd appeals were decided by MIC and how many appeals were pending?
= *Nil.*
7. How many appeals were allowed by the commission and how many were disallowed?
= *Nil.*
8. In how many cases the commission made recommendations and what are the actions taken by the Office on such recommendations?
= *Nil.*

IX. IMPLEMENTATION OF SECTION 25 :

1. What are the recommendations, if any, for compliance of the provisions of the RTI Act by the Office ?
= *Nil.*

X. IMPLEMENTATION OF SECTION 26 :

1. What are the departmental and organizational programmes conducted by the Office in respect of exercise of the RTI as contemplated under Sec.26(1)(a) ?
= *Nil.*
2. What actions were taken by the Office to encourage PAs in the developmental organization of such programmes as mentioned above ?
= *Nil.*
3. What were the actions taken by the office to promote the Act ?
= *All appeal were entertained and disposed within the specified period accept exceptional case, to promote this Act.*

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