

**IMPORTANT STATUS AND ACHIEVEMENT OF HEALTH DEPARTMENT,  
GOVERNMENT OF MIZORAM 2016**

1	Total Population	1142349
2	Total Villages	932
3	Health Infrastrure	
4	District Hospital	8
5	Sub-District Hospital	2
6	Community Health Centre	8
7	Primary Health Centre	57
8	Urban Health Clinic	8
9	Sub-Centre	372
10	Sub-Centre Clinic	151
11	Percentage of Household having Electricuty	89.7
12	Nos. Of Doctor at District Hospital	73 (Excluding Civil Hospital, Aizawl)
13	Doctor at CHC/PHC/UHC	82
14	Dental Surgeon	24
15	MO, AYUSH	31
16	Nos. Of Staff Nurse	360
17	Health Worker (M)	421
18	Health Worker (F)	553
19	Nos. Of ASHA	987 (Non Function – 22)
20	Nos. Of Eligible Couple a son April 2015	135495
21	Percentage of population below 15 years	32.7
22	Mean age at marriage for girls	23.1
23	Mean age at marriage for boys	26.1
24	Percentage of Women aged 15 -49 yrs who reported birth order of 3 & above	42.1

## 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.

The main responsibilities of DHS are as follows:

- To maintain maximum standards of services at all the institutions
- To upgrade the skills of doctors, nursing staff and other cadres from time to time
- To ensure preventive, promotive and curative services to all people.
- To tackle outbreaks or epidemics
- To undertake construction and maintenance of buildings of the department
- To oversee postings, transfers, deployments, etc. of staff
- To procure and maintain logistics (medicines, equipment, etc.), Hospital infrastructure at District Level.

The main responsibilities of DHS (MCH&FW) are as follows:

- To implement, finance and monitor the NRHM programs.
- To ensure health of mother and child.
- To ensure access for safe delivery.
- To ensure access to pre-natal and post natal check-ups of pregnant women.
- To ensure access to vaccination facilities for mother and child.
- To ensure access to facilities for family planning and population stabilization.
- To promote nutrition and prevent anaemia in mothers and children up to 5 years.
- To ensure health of children and adolescents through school and adolescent health.
- To ensure reduction of MMR through PMSMA programme.
- To prevent night blindness in children up to 5 years.
- To hold out reach camps by RBSK teams and RCH, health melas, etc.
- To perform duties of the Chief Registrar of the State for Births and Deaths.
- To oversee appointments, trainings and performance of ASHAs.
- To universalize schemes under NRHM like JSY, JSSK, VHS & NC, VHND.
- To oversee performance of RSBY and Healthcare schemes
- To oversee appointments and performance of doctors under AYUSH program.

**Directorate of Hospital & Medical Education** : Directorate of Medical Education is entrusted with the responsibility of implementing teaching, training, further studies and research programmes in the medical field and 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-Divisional Hospitals are at Tlabung and Kulikawn in Mizoram.

Sl.No.	Name of State Hospital	Location	Bed Strength
1	Civil Hospital, Aizawl	Aizawl District	200
Sl.No.	Name of District Hospital	Location	Bed Strength
1	Civil Hospital, Lunglei	Lunglei District	120
2	Civil Hospital, Saiha	Saiha District	70
3	Civil Hospital Champhai	Champhai District	60
4	Civil Hospital Kolasib	Kolasib District	60
5	Civil Hospital, Serchhip	Serchhip District	50
6	Civil Hospital, Mamit	Mamit District	30
7	Civil Hospital, Lawngtlai	Lawngtlai District	30
8	Kulikawn Hospital	Kulikawn, Aizawl	50
9	Regional Cancer Centre, Zemabawk	Zemabawk, Aizawl	30
10	State Referral Hospital	Falkawn	300

- **Community Health Centres (CHC)** constitutes the secondary level of health care. These were designed to provide referral as well as specialist health care to the rural population of Mizoram. The CHCs have IPD facilities of 30 beds, provide 24 hour emergency facility and have Ayush & Dental clinics available. There are 12 CHCs currently operational in Mizoram.

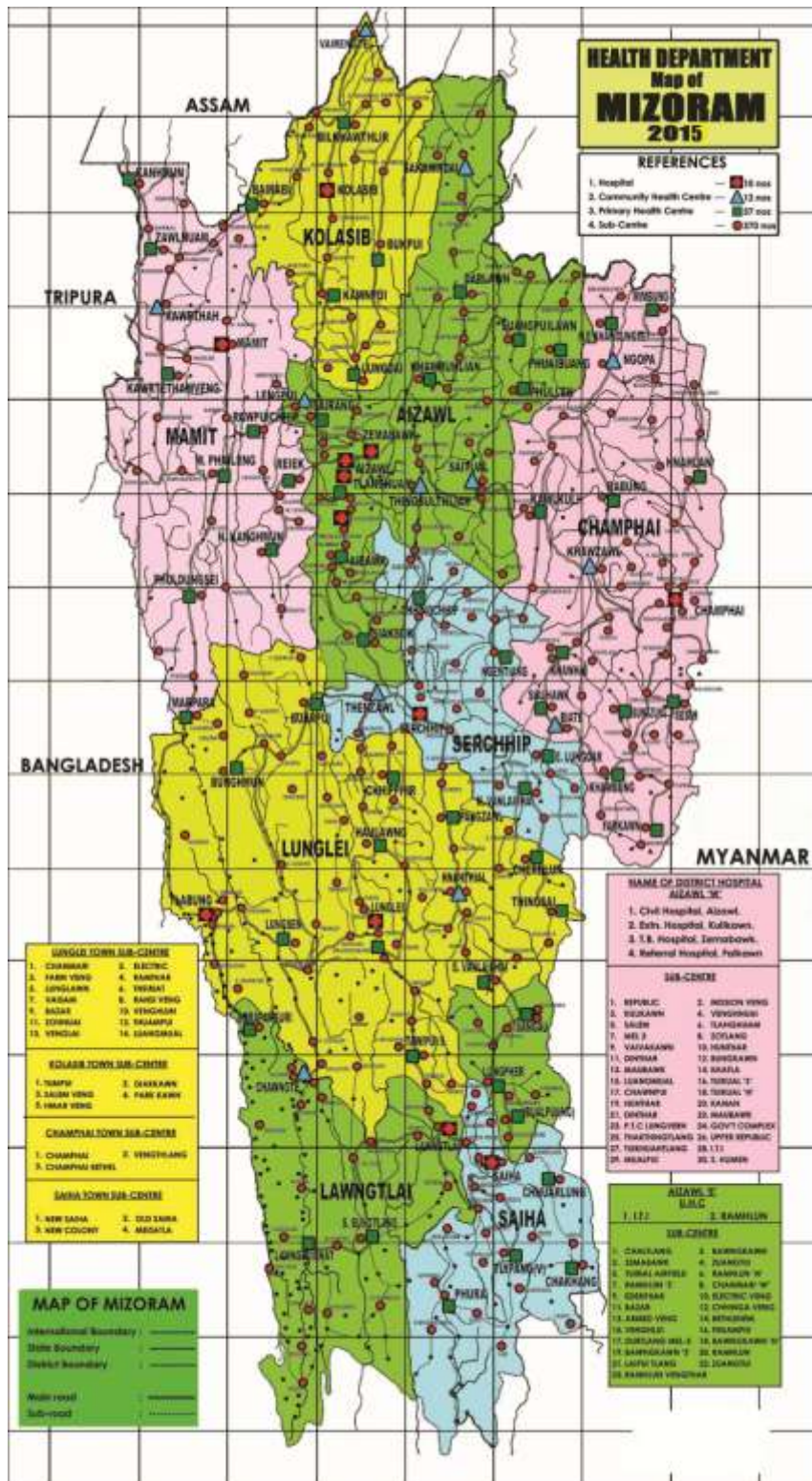
- **Primary Health Centres (PHC)** is the cornerstone of rural health services - a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-centres for curative, preventive and promotive health care. As per the norms, a typical Primary Health Centre should cover a population of 20,000

in Mizoram with 3 to 10 number beds indoor/observation beds. It acts as a referral unit for sub-centres under it and refers out cases to CHC (30 bedded hospital) and higher order public hospitals located at sub-district and district levels. Currently there are 57 PHCs operational in Mizoram.

- 
- **Main Centre (MC)** attached to PHC oversees the work of each Sub-Centre under its area and has at least 2 Health Supervisor (Male & Female). Depending on population and Sub-Centre, it could have more than 2 Health Supervisor.
- 

Sl. No.	Type of Health Unit	Number
1	State Hospital	2
2	State Cancer Research Centre	1
2	District Hospital	7
3	Sub- District Hospital	2
4	Community Health Centre	12
5	Urban Health Centre	8
6	Primary Health Centre	57
7	Sub Centre	372
8	Dispensaries	-
9	Sub Centre Clinic	151
10	Central Medical Store	1
11	Medical Colleges	Nil
12	Blood Banks	1
<b>Total</b>		<b>614</b>

- **Sub-Health Centre (SC)** is the most peripheral and first contact point between the primary health care system and the community. As per the population norms, one Sub-centre should be established for every 3000 population in Mizoram. A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. As per information available from DHS, currently 372 SCs are operational in Mizoram.



OPD CASES		2014-15
No of OPD Cases (Public Institution) reported ( DH/SDH/CHC/PHC/UHC/SC)		1199463
No of IPD in a district (Public institution)	Male	45705
	Female	58167
	Total	103872
No of Death among IPD cases	Male	1388
	Female	800
	Total	2188
No of Major Operation (Spinal or Gen Anesthesia) done		15777
No of Hysterectomy (Gynae) surgery done		12
No of minor surgeries ( Local/No Anesthesia) done		30988
No of patient given AYUSH treatment		32760

No of Adolescents Counseled

1191

**DISTRICT-WISE STATUS OF MATERNAL DEATH & INFANT DEATH (Sources: NHM-HMIS monthly reports)**

S/N	District	Maternal Death & MMR	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
1	Aizawl East	No. of Maternal Death	3	1	3	2	0	0
		Maternal Mortality Ratio	127	30	84	54	0	0
2	Aizawl West	No. of Maternal Death	1	1	1	2	3	0
		Maternal Mortality Ratio	35	17	18	34	48	0
3	Champhai	No. of Maternal Death	2	2	1	2	6	1
		Maternal Mortality Ratio	0	82	43	83	263	50
4	Kolasib	No. of Maternal Death	0	1	3	0	4	2
		Maternal Mortality Ratio	140	66	202	0	216	169
5	Lawngtlai	No. of Maternal Death	3	1	2	4	1	3
		Maternal Mortality Ratio	116	53	115	248	53	120
6	Lunglei	No. of Maternal Death	3	2	1	2	1	2
		Maternal Mortality Ratio	150	72	34	74	39	167
7	Mamit	No. of Maternal Death	0	2	0	1	1	7
		Maternal Mortality Ratio	147	142	0	87	79	539
8	Saiha	No. of Maternal Death	3	1	1	2	5	7
		Maternal Mortality Ratio	0	70	73	147	357	539
9	Serchhip	No. of Maternal Death	1	1	1	1	0	1
		Maternal Mortality Ratio	204	91	90	110	0	132
10	Mizoram	No. of Maternal Death	16	12	13	16	21	17
		Maternal Mortality Ratio	72	55	61	76	95	88

S/N	District	Infant Death & IMR	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
1	Aizawl East	Total No. of Infant Death	63	68	138	152	116	45
		Infant Mortality Rate	20	20	38	41	31	15
2	Aizawl West	Total No. of Infant Death	52	35	115	199	188	120
		Infant Mortality Rate	8	6	21	34	30	20
3	Champhai	Total No. of Infant Death	94	102	55	53	77	50
		Infant Mortality Rate	36	42	24	22	34	25
4	Kolasib	Total No. of Infant Death	47	50	40	50	66	20
		Infant Mortality Rate	31	33	27	35	36	17
5	Lawngtlai	Total No. of Infant Death	34	62	49	57	61	35
		Infant Mortality Rate	23	33	28	35	32	23
6	Lunglei	Total No. of Infant Death	131	122	76	68	79	72
		Infant Mortality Rate	43	44	26	25	31	29

7	Mamit	Total No. of Infant Death	27	36	14	24	39	16
		Infant Mortality Rate	19	26	12	21	31	13
8	Saiha	Total No. of Infant Death	108	116	63	107	158	50
		Infant Mortality Rate	75	81	46	79	113	38
9	Serchhip	Total No. of Infant Death	37	55	40	28	38	21
		Infant Mortality Rate	33	50	36	31	46	28
10	Mizoram	Total No. of Infant Death	593	646	590	738	822	429
		Infant Mortality Rate	27	30	30	35	37	22

## Progress of various Health Programmes in the State.

### A. Malaria Control Programme:

National Vector Borne Diseases Control Programme covers diseases namely – Malaria, Dengue Fever, Filariasis, Kala-Azar, Chikungunya and Japanese Encephalitis. But, SVBDCP, Mizoram deals with Malaria and Dengue fever since 2012. Its objectives are to prevent morbidity and mortality due to Malaria and specifically to achieve Annual Parasite Incidence (API i.e., No. of Malaria cases per 1000 population in a year) less than 1 per 1000 population and Annual Blood Examination Rate (ABER) to be 10% of the total population by 2017.

The Major Goal of NVBDCP is to bring down Malaria Incidence to the level that it is no more a public health problem. The main objectives are Prevention of death due to Malaria, Prevention of morbidity due to Malaria and Maintenance of ongoing Socio-economic development.

The NVBDCP is taking every possible steps to achieved the specific objectives by screening all fever cases suspected for Malaria (60% through quality microscopy and 40% by Rapid Diagnostic Test), treat all Malaria P.f. cases with full course of effective ACT and Primaquine, Malaria P.v. cases with 3 days Chloroquine and 14 days Primaquine, equipping all Health Institution (PHC level and above) especially in high risk areas with microscopy facility and RDT for emergency use and Injectable Artemesinin derivatives).

In Mizoram, API was 24.72 in 2015 and 5.59 in 2016 (upto October, 2016). The ABER was 26.85 in 2015 and 18.11 in 2016 (till October, 2016). Total Malaria cases has come down from 28593 in 2016 (24308 upto October, 2016) to 6550 (upto October, 2016). Malarial Death is also reduced from 21 in 2015 (20 upto October, 2015) to 4 (upto October, 2016).

The acceptance of Indoor Residual Spray (IRS-DDT Spray) by the community has been not satisfactory and the percentage of Houses covered by the DDT Spray is 63.07% in 2015 and 58.34% in 2016.

In during 2016, NVBDCP distributed 5,29,000 Long Lasting Insecticides Treated Nets (LLINs) to the people (community) where API is 1 and above in Mizoram.

Dengue Control Programme is included under SVBDCP, Mizoram since 2012. In 2015, 338 suspected Blood were examined with confirmed cases of 43. And in 2016, 539 suspected Blood were examined with confirmed cases of 200 till November, 2016. There has been no death in Mizoram due to Dengue till now.



National Framework for Malaria Elimination Programme was launched by Central Govt. in 2016 and Mizoram is in the Third Category and steps were taken to be in the Second Category.



Dengue mosquito fogging at Aizawl

**B. T.B. Control Programme:**

During January to September 2016, the total number of patients examined for TB was 7142. The total number of patients registered for treatment was 1660 out of which 594 patients were New Smear Positive. The New Smear Positive Case Detection Rate was 65%. The treatment success rate of New Smear Positive patients was 90%. 84% of all TB patients registered for treatment were tested for HIV out of which 11% tested positive. The total number of patients notified from Private Sector was 24.

Regarding Programmatic Management of Drug Resistant Tuberculosis (PMDT) 724 were tested for Multi Drug Resistant Tuberculosis (MDR-TB) out of which 31 patients were started on treatment.

To aid the process of diagnosis of TB, Mizoram has received 9 new LED Fluorescent Microscopes (high quality microscopes) from Central TB Division which has been distributed to all districts. Diagnosing MDR-TB requires a machine called a Cartridge Based Nucleic Acid Amplification Test (CB-NAAT) which was previously available only in Aizawl District. Currently, 7 districts (Aizawl, Champhai, Kolasib, Lawngtlai, Lunglei, Mamit, Siaha) are now operating their own CB-NAAT machines for diagnosis of MDR-TB.



Dot provider giving treatment

## C. National Health Mission (NHM)

### 1. ASHA

At present there are 987 ASHAs in Mizoram. 66 ASHA Mobiliser have been recruited for strengthened of ASHA. Moreover, 43 more ASHA Mobiliser have been approved by Government of India which are under process.



Home Based Newborn Care (HBNC) is implemented in March 2014 and the total amount of incentives given to the 9 Districts for the ASHA incentive on HBNC is Rs.1907000.



### 2. National Ambulance Service

The National Ambulance Service was set up on March 2013 in Mizoram State operating under the National Health Mission. All the eight districts of Mizoram have a facility where people can dial 102 telephone number for calling the ambulances that are operated by the NAS Call Centre Staffs.

The National Ambulance Service (102 service), Mizoram consist of basic transport aimed to provide services to pregnant women and children. Free transfer from home to facility, inter facility transfer and drop back for mother and children are the key focus of 102 services within the State of Mizoram.

At present, 62 Ambulances are being supported under the National Ambulance Service (102 transport system) within the State of Mizoram with GPS fitted on each of the Ambulances. These Ambulances are linked with the Centralised Call Centre based at Aizawl.

The number of Ambulances within the State of Mizoram is 0.17 Ambulances per lakh population and 3.40 Ambulances per 100 Sq. Kms.

<b>Report for Ambulances under NAS Mizoram, NAS April 2015-November 2015</b>			
<b>Month</b>	<b>Calls received</b>	<b>Ambulance requirement</b>	<b>Ambulance sent</b>
April 2015-November 2015	51290	18441	18376

**D. Reproductive & Child Health:**

**Maternal Health**

<b>SI. No</b>	<b>Data</b>	<b>Mizoram Status</b>
1.	Total Number of Pregnant women registered for ANC	22391
2.	Of which Number registered within first trimester (within 12 weeks)	16482 (74%)
3.	Number of Pregnant women registered under JSY	19008 (85%)
4.	Number of pregnant women received 3 ANC check ups during pregnancy	15792 (71%)
5.	Number of new cases of Hypertension (BP>140/90) detected in Pregnant women at the institution	371 (2%)
6.	Number of deliveries conducted at Home and attended by trained SBA(i.e. Doctor or Nurse or ANM)	500 (24%)
7.	Number of newborns visited within 24 hours of delivery for deliveries conducted at home	1058 (50%)
8.	Deliveries conducted at Public Institutions (Including C-Sections)	14597 (81%)
9.	Total Number of Caesarean (C-Section) deliveries performed at Public facilities i.e. PHC, CHC, SDH, DH)	1810 (12%)
10.	Number of JSY Mother paid	4269 (47%)
11.	Number of JSY ASHA paid	3894 (44%)

**Child Health**

<b>SI. No</b>	<b>Data</b>	<b>Mizoram Status</b>
1.	Total number of live births	19945
2.	Number of male live births	10200 (51%)
3.	Number of female live births	9745 (49%)
4.	Number of still births	202 (1%)
5.	Live birth + still birth	20147
6.	Institutional delivery	18007 (89%)

7.	Number of Abortions (spontaneous or induced)	1088 (5%)
8.	Number of Newborns weighed at birth	19405 (97%)
9.	Number of Newborns having weight less than 2.5 kg	902 (5%)
10.	Number of Newborns breast fed within 1 hour of birth	19253 (97%)



### Family Planning

SI. No	Data	Mizoram Status
1.	Total Fertility Rate	2.1
2.	Total sterilizations	1281
3.	Total IUCD insertion	2475
4.	Total Number of Contraceptives(Condom,OCP & ECP)	38621 (20.4%)

### Deaths

SI. No	Data	Mizoram Status
1.	Early NeoNatal death	Number-182 Rate-9
2.	Infant death (Lesser than last year)	Number-449 IMR-23
3.	U5MR(Under 5 Mortality Rate) death	Number-486 Rate-24
4.	Maternal death	Number-17 MMR- 85

### Institutions

SI.no	Data	Mizoram Status
1.	Number of Institutions having Operational Sick New Born and Child Care Units (SNCU)	4(Aizawl East, Lunglei, Saiha & Lawngtlai)
2.	Number of Institutions having designated New Born Stabilisation Units (NBSU)	11
3.	Number of Institutions having New Born Care Corner (NBCC)	110
4.	Number of CHC or SDH or DH functioning as First Referral units (FRUs)	14(8 DHs,1SDH, 5CHCs)
5.	Nutritional rehabilitation centre established	1 (Saiha)
6.	MAA (Mother Absolute Affection) observation	Launched at 2 <sup>nd</sup>

	Aug 2016
--	----------

**PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan)**

Launched	9 <sup>th</sup> July 2016
Observed	9 <sup>th</sup> of every month (working days and on 10 <sup>th</sup> if it falls on holidays)
No of Pregnant Women receiving ANC (july-Nov)	5131
No of Anaemia Detected	254
No of Pregnancy Induced Hypertension Detected	28
No of other High Risk Pregnancy detected	94
Issue	1.No Volunteer for PMSMA from Private Practitioner 2. Ultrasound Machine not available in Lawngtlai DH & Serchhip

**IDCF (Intensified Diarrhoea Control Fortnight)**

Launched & Observed	11 <sup>th</sup> July 2016- 23 <sup>rd</sup> July 2016
Free ORS given	108573 out of 116252 children i.e 93.39%
No. of children with Diarrhoea provided with ORS	1045
No. of children with Diarrhoea provided Zinc for 14 days	869
No. of ORS-Zinc corner established (including block level)	671
No. of ORS-Zinc corner established in private medical practitioners	4
No. of schools where hand-washing demonstration was carried out	1153

**SNCU (Special Newborn Care Unit)**

Sl.no	Data	Mizoram Status
1.	Total Deliveries (April – September 2016)	2938
2.	Total SNCU admitted	651 (22.15%)
3.	Percentage of Male admitted	81.87% (533)
4.	Percentage of Female admitted	18.12% (118)
5.	Percentage of Low Birth Weight admitted	32.87% (214)
6.	Percentage of Preterm Baby admitted	9.83% (64)
7.	Percentage of successfully discharged babies	90.47% (589)
8	Percentage of death	6.7% (44)

**Delivery Point**

6 new delivery points have been recently identified on October 2016 in addition to the existing 40 Delivery Point.

**E. STATE REFERRAL HOSPITAL, FALKAWN:-** The State Referral Hospital,

Falkawn has been functioning after the inauguration on 10<sup>th</sup> December, 2012 by Hon'ble Minister, Government of Mizoram, as of now, bed strength is 193. To run the Hospital successfully, 137 posts have been created and filling up of the same being taken up. Various Departments viz. Medicine, Gynaecology, Paediatric, Dental, Eye have been establish in the Hospital and this relieves heavy burden and overcrowded Civil Hospital Aizawl. The Hospital is being upgraded so as to establish-Mizoram Institute of Medical Education & Research (MIMER)



- F. ESTABLISHMENT OF MEDICAL COLLEGE-MIZORAM INSTITUTE OF MEDICAL EDUCATION & RESEARCH:** - The Government of Mizoram has been making effort to establish a Medical College “*Mizoram Institute of Medical Education & Research*” (MIMER) by upgrading the existing infrastructure of State Referral Hospital Falkawn in accordance with the sanction of Ministry of H&FW, Government of India with an approved cost of **Rs.189.00 crore** along with a funding pattern of **90:10**. The Government of Mizoram has already allocated an amount of **Rs. 5.56 crore** being State Matching Share to the 1<sup>st</sup> installment, the grant portion amounting to **Rs. 40.00 crore** already released by the Government of India. Renovation of the existing building is being executed and open tender for procurement of equipment is underway.
- G. UPGRADATION OF MIZORAM STATE CANCER INSTITUTE, ZEMABAWK, AIZAWL:**- 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. It purchase order for installation of Linear Accelerator (LINAC-Varian TrueBeam) was already issued and Civil works portion of the project is expected to commence soon. The Government of India has already released an amount of **Rs. 1464.00 lakhs** as 1<sup>st</sup> installment; the Government of India also consequently allocated an amount of **Rs. 162.67 lakhs** as State Matching Share to the 1<sup>st</sup> installment.



- H. **CONSTRUCTION OF 200 BEDDED HOSTEL FOR MIZORAM COLLEGE OF NURSING, FALKAWN:** - With approved cost of **Rs. 1169.97 lakh**, a 200 seat capacity Hostel being constructed by Public Works Department and it is on verge of completion, it is expected to inaugurate within December 2016.



- I. **UNDER NLCPR :**

- a) **CONSTRUCTION OF 100-BEDDED HOSPITAL, SAIHA:** The Ministry of DoNER, Government of India conveyed approval of an amount of **Rs. 1592.52 lakhs** for upgradation of District Hospital, Saiha to 100 bed, of which an amount of **Rs. 573.31 lakhs** had been released as 1<sup>st</sup> installment, budgetary transfer of fund costing to **Rs. 637.01 lakhs** (i.e 573.31+63.70) lakh was done. About 40% of the project being undertaken by State PWD.
- b) **50 Bedded Lawngtlai Hospital:** The Ministry of DoNER has conveyed an Administrative Approval of **Rs. 1191.51 lakhs** with funding pattern of 90:10, of which an amount of **Rs. 428.94 lakhs** has been released as 1<sup>st</sup> installment and budgetary transfer of fund to the executing Department, Public Works Department had already been done. Tender for execution of the project being floated by the State PWD.

**J. UNDER NEC:**

- a) **Hospital Management & Information System:** Work, at the approved cost **Rs. 466.51 lakhs** for the Development & Implementation of Computerized Hospital Management Information System (HMIS) at Civil Hospital, Aizawl is completed.
- b) **Strengthening & Improvement of Central Sterile Supply Department:** With the approved cost of **Rs. 300.00 lakhs** from North Eastern Council, the equipments for Sterilization system have been procured and installed at five (5) Hospitals, viz. Civil Hospital, Aizawl, District Hospital Saiha, Serchhip, Kolasib and Lunglei.
- c) **Purchase of CT Scan Machine (16-Slice) for Civil Hospital, Aizawl:** With the approved cost of **Rs. 280.00 lakhs** from NEC, a new CT Scan Machine has replaced the old one at Civil Hospital, Aizawl. The same was inaugurated on 26.9.2013 by Hon'ble Minister, Health & Family Welfare Department, Government of Mizoram. The intended benefit of the project being availed by the needy patient.
- d) **Strengthening of Cardiology Department at Civil Hospital, Aizawl:** With the approved cost of **Rs. 499.00 lakhs** from NEC, the Cardiology Department at Civil Hospital, Aizawl has been upgraded by providing sophisticated machines and was inaugurated on 26.9.2013 by Hon'ble minister, Health & Family Welfare Department, Government of Mizoram. The intended benefit of the project being availed by the needy patient.
- e) **Strengthening of Dental Department at Civil Hospital Aizawl and District Hospitals in Mizoram:** With an approved cost of **Rs. 443.76 lakhs** from NEC the existing Dental at District Hospital including Kulikawn and Falkawn are proposed to be upgraded with sophisticated equipments, Civil Works portion of the project successfully completed and procurement of Dental Chair with accessories being taken up.
- f) **Establishment of State Library:** With the approved cost of Rs. 361.18 lakhs State Medical Library is planned to establish at Civil Hospital, Aizawl, Civil Works portion is successfully completed, purchase of books being taken up.
- g) **Purchase of CT Scan Machine (16-Slice) for Civil Hospital Lunglei:** With approved cost of **Rs. 280.00 lakhs**, a new CT Scan Machine is to be installed at Civil Hospital Lunglei, open tender is being floated.



- h) Bio-Medical Waste Management System for District Hospital Mamit, Champhai, Serchhip, Lawngtlai:** With approved cost of **Rs. 468.00 lakhs**, in order to have proper disposal of hospital waste at the said Hospitals, Open tender is being floated.

## **K. School Health Programme:**

Performance and achievement under Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishor Swasthya Karyakram (RKSK) during the 1<sup>st</sup> and 2<sup>nd</sup> Quarters of the Financial Year 2016-2017.

Performance and Achievement under Rashtriya Bal Swasthya Karyakram (RBSK):

1. No. of Govt. and Govt Aided School visited by RBSK Mobile Health Team: 1547
2. No. of Anganwadi Centre visited by RBSK Mobile Health Team: 1260
3. No. of children screened by RBSK Mobile Health Team: 140626
4. No. of children referred by RBSK Mobile Health Team: 13155
5. No. of cases treated at District Early Intervention Centres (DEICs) and other public health facilities: 11037

As of November, 2016 there are 29 RBSK Mobile Health Team and 2 functional District Early Intervention Centres (DEICs) under the programme.

Performance and Achievement under Rashtriya Kishor Swasthya Karyakram (RKSK):

### **Adolescent Friendly Health Services (AFHS):**

1. No. of functional Adolescent Friendly Health Clinics (AFHCs): 45
2. No. of clients registered at the Friendly Health Clinics (AFHCs): 5507

As of November, 2016, there are 6 dedicated Adolescent Health Counselors and 5 RMNCH+A Counselors providing services in Adolescent Friendly Health Clinics (AFHCs). Rest of the AFHCs are manned by existing manpower of the DH/SDH/CHC & PHC where clinics are located.

### **Community Process (Peer Educator):**

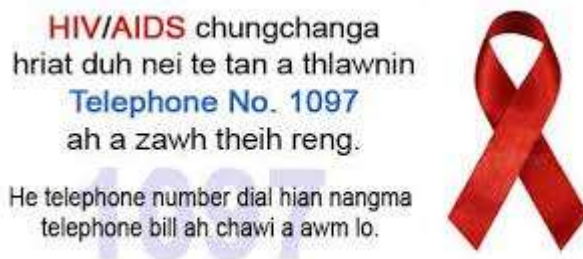
1. No. of Peer Educators selected under the programme: 2604
2. No. of Medical Officers trained under the programme: 25
3. No. of ANMs trained under the programme: 437

### **Weekly Iron & Folic Acid Supplementation (WIFS)**

Total No. of schools covered	:	1489
Total No. of Anganwadi covered	:	2244
No. of school boys & girls	:	102552
Out of school girls (MS&HSS)	:	14454
Target adolescent population	:	117006
IFA coverage 1 <sup>st</sup> Quarter	:	93%
2 <sup>nd</sup> Quarter	:	96%

## L. MIZORAM STATE AIDS CONTROL SOCIETY (MSACS):

As per the National AIDS Control Programme guidelines, the Mizoram State AIDS Control Society has been implementing programs for prevention as well as for providing Care & Support for those already infected with the virus. Currently, the State has 37 HIV Testing Centres including (28 HIV testing centres and 9 mobile testing services) and are running the pre and post test counseling services as well as testing's including referral to Anti Retroviral Centres for providing treatment to those tested HIV positive. As for prevention programs, harm reduction programs are being implemented by 23 partner NGO's with 30 projects across the State where syringe needle exchange program as well as condom promotions are executed among drug injecting users and those involved in HIV risk behaviors.



Further, to generate awareness among the public, spots on importance of safe sexual practices and the use of condoms as well as the existence of service centres both for prevention and care, support & treatment are publicized through TV's, Radio's and Social Media, HIV/AIDS awareness campaign are also conducted in several high schools and higher secondary schools as well as in several community leaders and churches with partner NGO's and District AIDS Prevention Control Unit in Aizawl, Champhai and Kolasib Districts.

To prevent the further spread of HIV among those infected with other sexually transmitted infections (STI's) as they are more susceptible to the virus than those who do not have STI's, the State has 10 STI Centres across the State.

Supplementary to the above, blood safety programs are being implemented to reduce the risk of HIV transmissions from unsafe transfusions by promoting voluntary blood donations among general public.

For providing care, support and treatment services to those already infected with the virus, the State has 6 Anti Retroviral Treatment (ART) Centres and 3 Link ART Centres all at free of cost.

However, despite all the efforts; HIV continues to spread both among those having high risk behaviors and among the general public. Currently, the State has the 2<sup>nd</sup> highest HIV prevalence across the country. With a population of just 11 lakhs, without timely intervention, the continuous spread of HIV could have a devastating impact socially, economically and demographically and calls for immediate actions. The task of reducing the spread of HIV is no tremendous that involvement and

cooperation of churches, civil society organizations and other governmental departments is crucial.

**M. National Urban Health Mission (NUHM) :**

This programme aims to address the primary health care needs, especially of the vulnerable population in the urban areas. The services are provided through the following:-

- 1) OPD services by Medical Officer at 8 Urban Primary Health Centres (6 in Aizawl and 2 in Lunglei)
- 2) Free medicine at OPD & outreach camps.
- 3) Outreach camps at strategic areas.
- 4) Basic Laboratory Tests at UPHC.
- 5) Urban Health & Nutrition days.
- 6) A team of ASHA's and local women (MAS = Mahila Arogya Samiti) at the community level to create awareness and empower the community with regards to healthy living.
- 7) Unlike other UPHC's, delivery services are also provided in some UPHC's.
- 8) Unlike many urban areas in the country, Aizawl & Lunglei already have a network of Sub-Centre and Sub-Centre Clinics manned by Health Workers. These are supervised by the Health Supervisors stationed at Main Centres and compile their reports for further submission to the Chief Medical Officer of the district. NUHM is working in close collaboration with this existing network.

**N. AYUSH & State Medicinal Plants Board (SMPB):**

**Achievements under AYUSH::**

1. For the first of its kind in North East India, 50 bedded Integrated AYUSH Hospital at Thenzawl has been inaugurated on 27<sup>th</sup> October 2016 by the Hon'ble Chief Minister of Mizoram and 59 nos. of manpower were newly recruited to different posts for the Integrated AYUSH Hospital.
2. AYUSH has now 20 OPDs functioning at different levels of the health tier system (DHs, CHCs & PHCs). Construction of AYUSH OPD buildings at Haulawng, Hnahthial, Thingsulthliah and Tlabung has been completed and are at the verge of being inaugurated.
3. The State has now a well functioning State Drugs Testing Laboratory for Quality Control of ASU&H Drugs at Zemabawk under the AYUSH department for which 12 nos. of manpower were also newly recruited.
4. Free Clinic/Health camp has been conducted at 8 villages during the year 2015-2016 at which medicines were distributed free of cost to the patients.
5. State level Seminar and Awareness Campaign on Yoga and Naturopathy were conducted several times.
6. It is encouraging to note that AYUSH OPDs at different Government hospitals and health centres have attended to more than 60,000 patients within this year (2015-2016).

7. The State has now 62 AYUSH Doctors working under State Government (Regular – 11 nos.), National Health Mission (Contractual – 21 nos.), School Health / RBSK (Contractual – 23 nos.), National AYUSH Mission (Contractual – 7 nos.)



#### **Achievements under State Medicinal Plants Board :**

1. The State Medicinal Plants Board (SMPB) under the National AYUSH Mission launch the 365 days campaign on medicinal plants and also sent 18 potential farmers at the launch of the National 365 days campaign on medicinal plants at Jaipur on 20th – 21<sup>st</sup> August 2016.
2. Survey and preservation of Medicinal Plants throughout Mizoram is also being conducted by State Medicinal Plants Board in collaboration with Central YMA.

#### **O. BLINDNESS CONTROL PRPGRAMME**

National Programme for Control of Blindness was launched in India in the year 1976 as a 100% Centrally Sponsored Scheme with the goal of reducing the prevalence of Blindness from 1.49% to 0.8% by 2007. In Mizoram NPCB was started during 1982-1983. Cataract and Refractive Error are the major causes of blindness.

Achievement under NPCB, Mizoram during the year 2016-2017 is as follows:-

- 1) No. of Cataract Operation is one thousand two hundred twenty five.
- 2) No. of School children screened is twenty one thousand two hundred seventy seven.
- 3) No. of school children detected Refractive Error is three thousand six hundred seventy three.
- 4) No. of free spectacle provided to poor children is six hundred fourteen.
- 5) No. of eye donation is sixty three for eye transplant.
- 6) No. of eye transplant is thirty three.

**P. Nursing Section:**

**No. of Nurses Trained:**

M.Sc. Nursing - 1 no, B.Sc. Nursing – MCON - 30 nos., B.SC. Nursing – RIPANS - 33 nos., G.N.M. - 17 nos., Health Worker - 43 nos.

**Opening of ANM School:**

ANM School Lawngtlai will be started in the near future.

**Hostel Building of MCON:**

Mizoram College of Nursing hostel building ready for shifting.

**Q. Drugs Control Administration :**

Drugs Control Administration is directly entrusted to execute powers and duties conferred under the Drugs and Cosmetics Act 1940 and Rules 1945, Drugs (Price Control) Order, 1995 and Drugs and Magic Remedies(Objectionable Advertisements) Act, 1954 with the main aim of ensuring that the public as whole could acquire medicines of good quality, safe and efficacious and at reasonable prices which they could afford.

Drugs Control Administration is responsible for issue of drugs licences and renewal thereof in the whole of Mizoram. Drugs Control Officers are frequently checking the drugs stores within their respective jurisdictions and actions are taken on the basis of their reports. The achievement and performances of Food & Drugs Administration wing during April 2016-November 2016 are as follows:

1. No. of Drugs License issued	-	105 nos.
2. No. of Drugs License cancelled	-	80 nos.
3. No. of Drugs License renewed	-	70 nos.
4. No. of Show Cause Notice served	-	55 nos.
5. No. of sample drawn for analysis	-	8 nos.
6. No. of inspection	-	352 nos.
7. No. of Drugs License suspended	-	11 nos.
8. Revenue submitted to State Government:		
a) Drugs License application fee	-	Rs. 3,84,500.00
b) Drugs License renewal fee	-	Rs. 1,83,380.00
<b>TOTAL</b>	-	<b>Rs. 5,67,880.00</b>

**R. Food Safety :**

The Food Safety and Standards Act 2006, Rules and Regulations 2011 is enforced in the state along with the rest of the country. Under this Act, all Food Business operators are required to either Registered or get themselves licensed. Likewise, this Food Licensing and Registration of Food Business Operators is being carried out in the state.

The main objective of this Act is to ensure availability of safe and wholesome food to the consumers. As per guidelines given by the Central Government, on-line system of registering and licensing of food business operators in the state has been launched on 19<sup>th</sup> November, 2014 by the Hon'ble Health Minister.

The achievements and performances are as follows:

Number of Food License Issued	-	144 nos
Number of Food Registration issued	-	330 nos.
Total No. of sample lifted	-	25 nos.

Revenue submitted to State Government:

Licence fee	-	Rs. 5,44,300.00
Registration fee	-	Rs. 87,000.00
<b>TOTAL</b>	<b>-</b>	<b>Rs. 6,31,300.00</b>

**S. National Iodine Deficiency Disorder Control Program**

Aim & Objective of the Programme is to reduce various deficiencies disorder caused by deficiency of Iodine, to promote household consumption of iodide salt in place of common salt, to monitor the iodine content of iodide salt regularly and to conduct survey among the school children between 6-12 yrs old to detect the disorder like goitre and other abnormalities.

As iodine is an essential micro-nutrients required to be consumed daily for the normal physical growth and mental development, it is supplemented conveniently through the iodide salt.

The Percentage of consumption of iodide salt at household level is 98.8% which is highest in the North-East and even at the national level.

The latest survey report on Iodine Deficiency Disorder among the school children in 6 Districts conducted in 2013 has gone down to **5.71%** from the previous **14.75 %** of 5 years back which indicate that the programme has made much improvement in the control of Iodine Deficiency Disorder in the State.

For promotion of the programme, IDD awareness spot & scroll advertisement are being displayed at Local Cable Networks (LPS & Zonet). IDD awareness booklets and posters are also distributed in all the 9 districts of Mizoram.

**T. National Leprosy Eradication Programme (NLEP) – MIZORAM**

**Objectives** :- To reduce the Prevalence rate of Leprosy at a level of less than 1/10,000 population. The state has already attained elimination Status i.e 0.21 /10,000

**Major Achievement during 1<sup>st</sup> April 2016 onwards:-**

1. No. of new cases detected	-	5
2. No. of Leprosy cases discharged from treatment	-	2
3. Total No. of Leprosy cases under treatment	-	25
4. Prevalence Rate (PR)	-	0.21/10,000 population
5. Annual Case Detection Rate (ANCDR)	-	0.42/1,00,000 population
6. Total No. of cases with disability	-	0
7. Total No. of cases requiring Reconstructive Surgery-		0

**Activities :-**

**Health Workers / PMW**

- Detection (Active & Passive)
- House to House search
- Contact Survey
- School Survey
- Health Education
- IEC
- Capacity Building

**ASHA**

- Detection
- Incentives:-
  - 200 on detection
  - 400 on completion of PB
  - 600 on completion of MB

**U. Extended Programme of Immunization (EPI)**

Since the launch of Extended Programme of Immunization (EPI) in 1978 in India, Mizoram along with the rest of the country, is marching ahead in protecting children from 7 Vaccine preventable diseases.

Due to continuous effort of the Government of India especially of those responsible for the programme at National, State, District, Main Centre level with frontline Health Worker, ASHA and Anganwadi worker towards Immunization, India is marching ahead in preventing various vaccine preventable disease. India is declared as **Polio**



## Free Country on 17.03.2014 and Free Maternal and Neonatal Tetanus on 15<sup>th</sup> May, 2015



Following are the two points which are new challenges being faced by the Programme other than the ongoing activities mentioned above.

### 1. **Mission Indradhanush :**

From March 2015 Mission Indradhanush was introduced in four High Priority Districts (Mamit, Lunglei, Lawngtlai and Saiha) The first phase (April, May, June, July, 2015) which was supposed to be observed for four consecutive months could not be completed due to heavy rainfall in the State. However, June and July rounds were observed unsatisfactorily.

After the observation of Mission Indradhanush first round, the Government of India decided to include three new districts (Aizawl East, Aizawl West and Serchhip) in addition to the four High Priority Districts (Mamit, Lunglei, Lawngtlai and Saiha). Therefore, second phase Mission Indradhanush is started to be observed from 7<sup>th</sup> October, 2015.

In the first phase (2<sup>nd</sup> round) and second phase (1<sup>st</sup> round) a total no. of 3351 children were vaccinated. **Interestingly, 964 nos. Of Children were vaccinated for the first time in their life due to observation of Mission Indradhanush**



### 2. **Pentavalent Vaccine and IPV Introduction:**

Pentavalent Vaccine and IPV was introduced from October, 2015 throughout the State along with other states in India. Before introducing this vaccine, a national level, state level, district level and block level training for all Health Worker, ASHA, AWW were conducted.

## V. Intensified Diseases Surveillance Programme (IDSP) :

Physical Achievements:

- 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. The consistency of Reporting Units in submission of reports has been a significant improvement during 2016.
- 2) Web Conferencing is held every week on Monday with Central Surveillance Unit and other States.
- 3) Media Scanning and Verification Cell (MSVC) was established on July 2016 at SSU. The main objective is to scan media outlets for disease reports and confirmation of these reports. The compiled report is forwarded to CSU each week.
- 4) Twelve (12) outbreaks were investigated during the year.

Scrub Typhus cases is collected from all districts by IDSP and reported to SSU. There have been 798 confirmed cases and 33 death cases reported starting from January 2012 till date.



## W. Quality assurance and Kayakalp achievement

Quality Assurance programme started in the state in 2014 (approved in 2014-15 ROP). The SQAC was formed in November 2014.

During the financial year 2015-16, the SQAC meeting was conducted on 6<sup>th</sup> of October 2015. For the present financial year 2016-17, the meeting was held on 28<sup>th</sup> June 2016, where it has been decided that the meeting would be conducted regularly as per the guide book (every 6 months). The next meeting is scheduled to be held in January 2017.

Road map for 2014-2017 is prepared and available.

All the District Hospitals were visited and actions were taken as per required. All the districts required more staff to look after QA program. Therefore proposed in the State PIP 2016-17 The three seniors Doctors

- 1) Dr. Lalramliana, DD(G)
- 2) Dr. Renee Lalrinzuali, RIPANS

3) Dr. Lalrosangi, RIPANS had undergone external assessors training at Delhi during 2014-15.

- The State will prepare and issue State Empanelment letter as soon as possible.
- Baseline Assessment and Gap identification were completed by all District Hospitals
- Baseline Re-Assessment and Gap Rectification were completed by Lunglei and Kolasib DH
- One day UPHC orientation training was conducted at state level .
- Service provider training on NQAS was already organised for all districts at state level
- One day training for UPHC on QA guide book, at state level
- Baseline Assessment and Gap identification was completed by all 8 UPHCs
- 3 days training was conducted for service providers from all Districts
- Formation/Reconstitution of District Family Indemnity Sub Committee (DFISC) done
- SFISC meeting was organized
- **State level Reassessment of Pharmacy Department of CHA** was conducted and they scored 81%
- Establishment of Comprehensive Grievance Redressal system was proposed and approved Rupees (70) lakhs in the State 2016-17 ROP in the FMRB.**15.2.3**
- **National level Reassessment of Pharmacy Department of CHA** was conducted ,performed by National External assessors and hope that it will score more than 70% which is required to get National Quality Certification.
- SQUA Mentoring visits was performed by two state consultants visiting all DH & UPHC
- One day Awareness/ Trainings /Workshop was organized for all Districts at state level
- Baseline Re-Assessment and Gap Rectification completed by all UPHC
- To start the Quality Assurance
- Programme at district level the District Administrative cum Programme Assistant (PA) were recruited only in the month of July 2015 except that Aizawl West who joined in February 2015.



**Kayakalp** : Kayakalp was already completed and the awards were also distributed on 16<sup>th</sup> of November 2016. All the District Hospitals, Community Health Centre, Sub district Hospital and Primary Health Centers are covered by this scheme. The results are given below.

<b>Kayakalp Awards - Primary Health Center</b>				
<b>Sl. No</b>	<b>DISTRICT</b>	<b>PHC</b>	<b>Pts Scored in %</b>	<b>Amount of Cash Awards (Rs in lakhs)</b>
<b>1</b>	<b>AIZAWL WEST</b>	Aibawk	87.6	2
		Sailsuk	78.6	0.5
		Sairang	77	0.5
		Kanghmun		
		Reiek	84.3	0.5
		Lengpui	82	0.5
<b>2</b>	<b>AIZAWL EAST</b>	Khawruhlian	77	0.5
		Darlawn	76.6	0.5
		Phullen	78	0.5
		Thingsulthliah	83	2
<b>3</b>	<b>KOLASIB</b>	Bilkhawthlir	<b>91.3</b>	2
		Bairabi	79	0.5
		Kawnpui	83.7	0.5
		Bukupui	90.7	0.5
		Lungdai	71.3	0.5
<b>4</b>	<b>MAMIT</b>	Zawlnuam		
		Kawrtethawveng		
		W. Phaileng	<b>78.7</b>	2
		Phuldungsei	76.7	0.5
		Marpara		
		Rawpuichhip	64.4	
<b>5</b>	<b>CHAMPHAI</b>	Khawzawl	78	0.5
		Sialhawk	87.3	0.5
		Farkawn	71.3	0.5
		Khawbung	88.3	0.5
		Hnahlan	<b>89</b>	2
		Khawhai	88.7	0.5
		Rabung	84.7	0.5
		Kawlkulh	88	0.5

		NE Khawdungsei	76	0.5
		Mimbung		
		Bungzung	75	0.5
<b>6</b>	<b>SERCHHIP</b>	Chhingchhip	70.7	0.5
		Khawlailung	74.7	0.5
		N. Vanlaiphai	<b>79.7</b>	2
		E. Lungdar	74	0.5
		Ngentiang	79.3	0.5
<b>7</b>	<b>LUNGLEI</b>	Pangzawl	70	0.5
		Chhiphir	73	0.5
		Baurpui	<b>79.3</b>	2
		Haulawng	70	0.5
		Tawipui	73.6	0.5
		Lungsen	70.3	0.5
		S. Vanlaiphai		
		Cherhlun	70	0.5
		Bunghmun		
<b>8</b>	<b>LAWNGTLAI</b>	Bungtlang 'S'		
		Bualpui 'NG'	81.6	0.5
		Lungpher	<b>83.3</b>	2
		Sangau	41	
		Borapansuri		
<b>9</b>	<b>SAIHA</b>	Chhualung	<b>84.6</b>	2
		Chakhang		
		Tuipang	84	0.5
		Phurazawl		

District hospital	Point scored	Cash awards(RS)
Champhai DH	83.4	300000

Serchhip DH	82.2	300000
Kolasib DH	81.2	300000
Aizawl East DH(CHC)	81	300000
Mamit DH	73.6	300000

Name of CHC/SDH	Points scored	Cash awards(Rs)
Vairengte CHC	91	1000000
Biate CHC	88.6	400000
Hnahthial CHC	86.6	300000
Saitual CHC	82.2	100000
Kawrthah CHC	74.6	100000
Ngopa CHC	70.8	100000
Sakawrdai CHC	70.1	100000

#### X. National Programme for Prevention & Control of Cancer, Diabetes, Cardio-Vascular Diseases & Stroke



#### MAJOR ACHIEVEMENTS :

March 2014	Started in Mizoram
2013-2014	State NCD Cell + Aizawl (West) & Lunglei District (2 districts)
2014-2015	Expanded to Champhai & Saiha districts (Total 4 districts)
2015-2016	Kolasib & Mamit districts (Total 6 districts)
2016-2017	Serchhip & Lawngtlai districts (Total 8 districts)

**FY 2014-2015**

**World No Tobacco Day** was observed on 31<sup>st</sup> May' 14 at DHS Conference Hall, Dintar as well as at NCD Clinic, Aizawl

**Breast Awareness Cancer Month** was observed in collaboration with MSCI, Zembawk in the month of Oct' 14

**National Cancer Awareness Day cum Training on Cancer Registration** on 7<sup>th</sup> Nov' 14

**World Diabetes Day** in collaboration with World Diabetic Society on 14<sup>th</sup> Nov' 14

**World Cancer Day** on 4<sup>th</sup> Feb' 15

**FY 2015-2016**

**World No Tobacco Day** was observed separately in 4 districts of Mizoram on 2<sup>nd</sup> June' 15

**World Stroke Day** on 29<sup>th</sup> Oct, 2015 at Laipuitlang

**National Cancer Awareness Day** on 7<sup>th</sup> Nov, 2015

**World Diabetes Day** on 13<sup>th</sup> Nov, 2015

**World Cancer Day** on 4<sup>th</sup> Feb, 2016



<b>FY 2016-2017</b>
<b>World Health Day</b> observed in 6 districts under NPCDCS on 7 <sup>th</sup> April, 2016
<b>World Heart Day</b> on 29 <sup>th</sup> September 2016 at Conference Hall, Tourist Lodge, Chaltlang
<b>World Diabetes Day</b> on 14 <sup>th</sup> Nov'14 at I&PR Auditorium, Treasury Square

<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
NPCDCS with NPHCE was launched in Mizoram on 4 <sup>th</sup> Feb'2014	2 new districts – Champhai & Saiha	2 new districts – Mamit & Kolasib
1 State NCD Cell was set up at Health Directorate, Dintar	District NCD Cells - CMO Office, Champhai & Saiha	District NCD Cells – CMO Office, Mamit & Kolasib
2 districts covered – Aizawl & Lunglei	District NCD Clinics - District Hospital, Champhai & Saiha	District NCD Clinics - District Hospital, Mamit & Kolasib
District NCD Cells - CMO Office, Aizawl 'W' and Lunglei	5 CHC under Aizawl & Lunglei district – Lengpui, Saitual, Thingsulthiah, Sakawrdai & Hnahthial	5 CHCs/ SDH – Kulikawn SDH, Falkawn SDH, Tlabung SDH, Khawzawl CHC & Ngopa CHC
District NCD Clinics- Civil Hospital, Aizawl and Lunglei	1 doctor and 4 nurses were posted at Cardiac Care Unit(CCU) at Civil Hospital, Aizawl & Lunglei	PHCs and Sub-centres under Aizawl & Lunglei districts were covered
19 staff recruited	58 staff recruited	41 staff recruited
60 lakhs was received during this financial year	326.66 lakhs approved out of which only 176 was sanctioned	649.86 lakhs approved



**2014-15**

	<b>CLINIC</b>	<b>CAMP</b>	<b>TOTAL</b>
<b>No. of Patients screened</b>	<b>23947</b>	<b>657</b>	<b>24604</b>
<b>No. of patients - Physiotherapy</b>	<b>617</b>	<b>370</b>	<b>987</b>
<b>No. of persons counselled</b>	<b>2914</b>	<b>357</b>	<b>3271</b>
<b>Patients diagnosed with</b>			
<b>Diabetes</b>	<b>3512</b>	<b>388</b>	<b>3900</b>
<b>Hypertension</b>	<b>2119</b>	<b>472</b>	<b>2591</b>
<b>CVDs</b>	<b>85</b>	<b>0</b>	<b>85</b>
<b>Screening Camps - 7</b>			

**2015-16**

	<u><b>CLINIC</b></u>	<u><b>CAMPS</b></u> <u><b>(63)</b></u>	<u><b>TOTAL</b></u>
<b>No. of Patients screened</b>	77827	7883	85710
<b>No. of patients - Physiotherapy</b>	1134	267	1401
<b>No. of persons counselled</b>	12743	257	13000
<b>Patients diagnosed with</b>			
<b>Diabetes</b>	8966	700	9666
<b>Hypertension</b>	11756	1148	12904
<b>CVDs</b>	673	0	673
<b>Screening Camps</b>		<b>63</b>	

**OTHER IEC**

- **Leaflets on NCD**
- **Signage**
- **Wall Writing at Civil Hospital, Aizawl**

- **2 TV Spots – 1. Healthy Lifestyle**
  1. NCD Clinic

### TRAINING /REVIEW MEETINGS

- **Healthy Lifestyle Concert** was organized in which NCD message / slogan of adopting a healthy lifestyle was delivered  
*FY 2014- 2015*
- **1 day Orientation training** of NPCDCS staff on 2<sup>nd</sup> April ' 14 & 2<sup>nd</sup> Dec' 14  
*FY 2015- 2016*
- **1 day orientation training** for staff on 16<sup>th</sup> Apr'15 & 4<sup>th</sup> Nov'15
- **3 days Training** on AV Magnivisualizer for Cervical Cancer Screening during 27<sup>th</sup> – 29<sup>th</sup> Apr'15 was conducted by ICPO, Noida & ICMR
- **Review Meeting** under NPCDCS during 2<sup>nd</sup> – 3<sup>rd</sup> June'15
- **1<sup>st</sup> Review Meeting cum Training** of NPCDCS during 2<sup>nd</sup>-3<sup>rd</sup> July'15. Experts from the different departments were invited as Resource persons. Training on different topics related to NCDs were given by local experts.



#### **b. New Delivery Centres upgraded at 62 different sub centres**

It was felt that home and unsafe delivery was a major factor in high IMR, therefore the bdepartment took importance of institutional delivery in sub centres where people can get easy access for delivery nof babies under expert care of the health workers. 62 sub centres are selected for upgradation to have appropriate labour room from funds received as an incentive for IMR reduction from the Ministry. This has helped highly in increase of institutional delivery in the state.

**c. Mental Health programme**

1. To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population;
2. To encourage the application of mental health knowledge in general healthcare and in social development; and
3. To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

The District Mental Health Program (DMHP) was launched under NMHP in the year 1996 (in IX Five Year Plan). The DMHP was based on 'Bellary Model' with the following components:

1. Early detection & treatment.
2. Training: imparting short term training to general physicians for diagnosis and treatment of common mental illnesses with limited number of drugs under guidance of specialist. The Health workers are being trained in identifying mentally ill persons.
3. IEC: Public awareness generation.
4. Monitoring: the purpose is for simple Record Keeping.

**Y. Elderly Health Programme**

To provide easy access to preventive, promotive,

To make use of the community based primary health curative and rehabilitative services to the elderly care approach and strengthen capacity of the medical and paramedical professionals as well as the care-takers within the family for caring practices of the elderly.

To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support

To provide referral services to the elderly patients through district hospital, medical colleges and strengthen health manpower development in the field of geriatric medicine.

Development of treatment models for the elderly persons in our country.

**Packages of services to be made available at different levels under NPHCE**

Health Facility	Packages of services
Sub-centre	Health Education related to healthy ageing Domiciliary visits for attention and care to home bound/bedridden elderly persons and provide training to the family care providers in looking after the disabled elderly persons. Arrange for suitable calipers and supportive devices from the PHC to the elderly disabled persons to make them ambulatory. Linkage with other support groups and day care centres etc. operational in the area

<p>Primary Health Centre</p>	<p>Weekly geriatric clinic run by a trained Medical Officer Maintain record of the Elderly using standard format during their first visit Conducting a routine health assessment of the elderly persons based on a simple clinical examination relating to eye, BP, blood sugar, etc. Provision of medicines and proper advice on chronic ailments.</p> <p>Public awareness on promotional, preventive and rehabilitative aspects of geriatrics during health and village sanitation day/camps.</p> <p>Referral for diseases needing further investigation and treatment, to Community Health Centre or the District Hospital as per need.</p>
<p>Community Health Centre</p>	<p>First Referral Unit (FRU) for the Elderly from PHCs and below. Geriatric Clinic for the elderly persons twice a week. Rehabilitation Unit for physiotherapy and counseling Domiciliary visits by the rehabilitation worker for bed ridden elderly and counseling of the family members on their home-based care.</p> <p>Health promotion and Prevention.</p> <p>Referral of difficult cases to District Hospital/higher health care facility</p>
<p>District Hospital</p>	<p>Geriatric Clinic for regular dedicated OPD services to the Elderly. Facilities for laboratory investigations for diagnosis and provision of medicines for geriatric medical and health problems. Ten-bedded Geriatric Ward for in-patient care of the Elderly. Existing specialities like General Medicine; Orthopaedics, Ophthalmology; ENT services etc. will provide services needed by elderly patients. Provide services for the elderly patients referred by the CHCs/PHCs etc. Conducting camps for Geriatric Services PHCs/CHCs and other sites. Referral services for severe cases to tertiary level hospitals.</p>

## Z. Oral Health Programme

### .Objective

At present, the average daily dental patients' attendance is 100 at the Dental – OPD in the Civil Hospital, Aizawl which is the largest and most advanced hospital in the State. Referred dental patients are coming from all corners of the State and the serious ones need prompt and utmost care that can be done only under general Anaesthesia (GA) in Operation theatre (OT). Along with the usual routine of the OPD the patients who need treatments in the OT are looked after simultaneously by sharing the Operation Theatre (OT) of ENT dept. & Ortho – dept. OT which causes untold miseries to the poor patients. The working Dental Surgeons here comprise of 2 (two) Oral – Maxillo – Facial Surgeons, 2 (two) orthodontist, 1 (one) Periodontist and 1 (one) Endodontist 1 (one) Prosthodontist and 3 (three) general Dental Surgeons, for all these working as a team, a separate & distinct operation theatre (OT) is a must and badly needed. The proposed Dental operation theatre (OT) must be having an attached Dental ward having at least 6 (six) beds.

Among the Dental Surgeons, some were posted at CHC or PHC where any Dental Surgeon had never been posted before. In some of the Dental Surgeon posting places, like in District Hospitals etc., the Dental Chair and its unit or any other Dental Equipment had never been supplied before and even if supplied they were in-completely given and are by now non-functioning and getting rusted and all of them need replenishment or replacement.

#### AA. DEAFNESS CONTROL PROGRAMME

1. To prevent avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and 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.

Long term objective:

To prevent and control major causes of hearing impairment and deafness, so as to reduce the total disease burden by 25% of the existing burden by the end of 12th Five Year Plan.

#### BB. Mizoram State Tobacco Control :

Major achievements 2015-16

- 1) Pamphlets distributed – 2178
- 2) Stickers distributed – 3098
- 3) Signage distributed – 67
- 4) COTPA Booklet distributed – 2

Total No. of Challaned – 872

Total amount of Fines Collected – Rs.63,231/-.

208 cartons of contraband cigarettes were also seized.

(i)	Public Schools covered – 173	
(ii)	Private Schools covered – 69	
(iii)	Coaching institutes – 0	
	Number of children	18285
	Number of schools	242
	1) Tobacco Cessation Clinic, Aizawl West District – 1 no.	
	2) Tobacco Cessation Clinic, Lunglei District – 1 no.	
	3) Tobacco Cessation Clinic, Champhai District – 1 no.	
	4) Tobacco Cessation Clinic, Saiha District – 1 no.	
	1) Tobacco Cessation Clinic, Aizawl East District – 1 no.	
	2) Tobacco Cessation Clinic, Kolasib District – 1 no.	
	3) Tobacco Cessation Clinic, Serchhip District – 1 no.	
	4) Tobacco Cessation Clinic, Mamit District – 1 no.	
	5) Tobacco Cessation Clinic, Lawngtlai District – 1 no.	

No. of persons who availed services at the TCCs	569	1704
Number of persons who received counseling	569	1704
Number of persons who received pharmacotherapy	370	1040
Number of persons who received both	370	1040

### CC. State Health Care and RSBY

Policy Period of 2015-2016			Policy Period of 2015 - 2016 RSBY		
Health care					
Particulars	Healthcare		Particulars	RSBY	
	Claims	Amount (Rs)		Claims	Amount (Rs)
MR Bill dawn zat ( Nos of Received)	2689	71494550	Nos of Claim Received	12624	65017530
Bill pawm( accepted)	1640	37516354	No of claim settled	7595	37111895
Bill Pek tawh (Paid)	1640	37516354	No of Paid	692	3261050
Bill Hnawl (Rejected)	148	2724422	No of rejected	871	5692875
Bill Buaipui mek (Processing)	901	31253774	Under process	4158	22212760
Deducted amount					
Policy Period of 2015-16 a enrollment (registration) dinhmun					
	No of Enrollment		Target	Percentage	collection
Health Care	BPL Family	61451	NA	NA	10034438
	APL Family	15913	NA	NA	
RSBY	BPL Family	90309	120565	74.9	
	Non Family	62674	92007	68.1	

e-BOOK of  
Important Achievements of  
Health & Family Welfare Department  
Government of Mizoram  
(2016-2017)



Issued by  
Directorate of Health & F.W. Department  
Mizoram : Aizawl