

## **e-BOOK**

### **Important Achievements of Health & Family Welfare Department Government of Mizoram (2021-2022)**



**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.

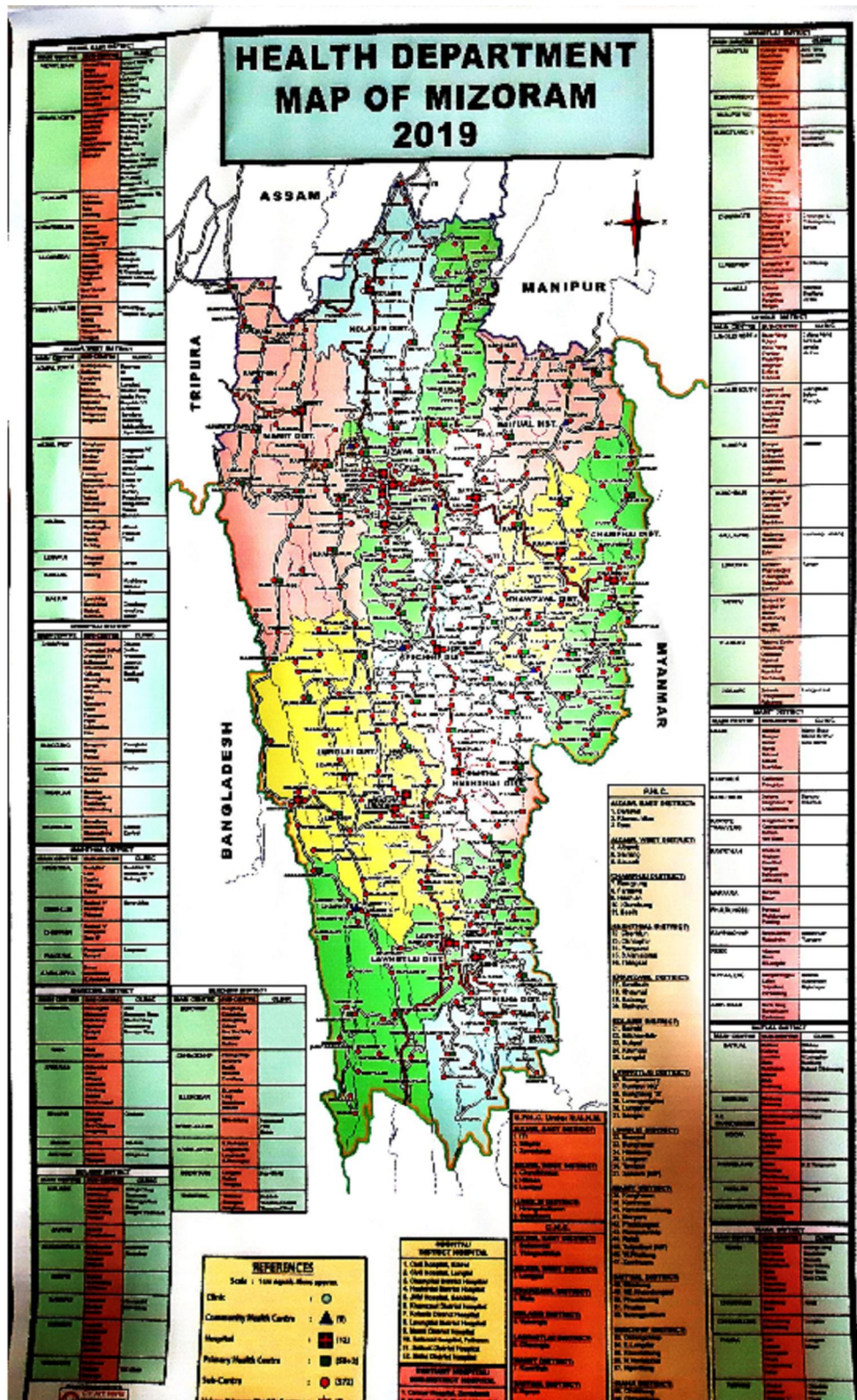
**Directorate of Hospital & Medical Education** : Directorate of Medical Education is entrusted with the responsibility of maintaining & implementing hospitals, teaching & training, further studies and research programmes in the medical field and other patient care services.

**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, Hnahtial, Saitual and Khawzawl in Mizoram.

**HEALTH DEPARTMENT  
MAP OF MIZORAM  
2019**





## Various Achievements under Health & Family Welfare Department

### I. Directorate of Health Services, Planning Section

#### Health Infrastructure Development:

- Under NABARD RIDF XXVI, construction of 5 nos. of Primary Health Centre amounting to Rs. 12.47 crores is in progress.
- Under NABARD RIDF XXVI, construction of 2 nos. of Type IV Quarters, 7 nos. of Sub-Centres and 1 no. of Health & Wellness Centre amounting to Rs. 352.89 lakhs is in progress.
- Construction of Directorate of Health Services building at MINECO amounting to Rs. 820.00 lakhs has been completed and inaugurated on 21<sup>st</sup> January, 2022.
- Under Article 275(i), construction of Sub-Centres, Staff Quarters etc. amounting to Rs. 260.10 lakhs and for procurement of equipments etc. amounting to Rs. 111.55 lakhs has been estimated.



**New Building : Directorate of Health Services, MINECO, Khatla**

## II. Directorate of Hospital & Medical Education

1. **Construction of 100-Bedded District Hospital-In Patient Department (IPD) Block, Mamit, Mizoram:** The Power Finance Corporation (A Govt. of India Undertaking) conveyed approval for implementation of the project at the cost of **Rs 17.93 Crore** by funding pattern of **70:30**. Memorandum Of Agreement (MoA) for implementation of the project was signed and the construction works have been progressing well. Physical Progress is about 40%.
2. **Project-Strengthening Health Infrastructure Development for comprehensive response to possible outbreak of COVID-19 in Mizoram :** The Ministry of Development of North Eastern Region, Government of India conveyed Administrative & Financial Sanction of **Rs 1608.72 lakh** under North East Special Infrastructure Development Scheme (NESIDS) vide No.NESIDS-15012(11)/1/2020-O/0US(NLCPR) Dated 28<sup>th</sup> May,2020. The project includes purchase of medical equipment and instruments. Necessary action is being undertaken.
3. **Establishment of Dialysis Unit at District Hospital, Lawngtlai under NEC :** The North Eastern Council (NEC) conveyed approval of **Rs 63.55 lakh** for the project, the project includes preparation of room and purchase of Dialysis equipments.
4. The following works have been taken up :-
  - 1) Construction of Type – III quarter,Block-1,5-Units at Civil Hospital, Lunglei under NEDP- **Rs 1,78,65,200.00. – works in progress about 93%.**
  - 2) Construction of Type – IV quarter,Block-1,6-Units at Civil Hospital, Lunglei under NEDP-**Rs 3,21,35,400.00 - works in progress about 35%.**
  - 3) Construction of Type – IV quarter,Block-1,6-Units at District Hospital, Siaha under NEDP-**Rs 3,76,68,000.00 - works in progress about 99%.**
  - 4) Upgradation of Civil Hospital, Aizawl-repair/renovation of Hospital building, construction of brace wall cum footpath, installation of EPABX Cabling under SEDP- **Rs 1,73,09,000.00 - works completed.**
  - 5) Construction of General Nursing Midwifery (GNM) Hostel at Siaha under MoHFW,Govt. of India – **works in progress about 60%.**
  - 6) Construction of General Nursing Midwifery (GNM) Hostel at Champhai under MoHFW,Govt. of India – **works in progress.**
5. The Govt. of Mizoram allocated an amount of **Rs 76.21 lakh**, for improvement & upgradation of Mizoram State Cancer Institute, Zemabawk, Aizawl under SEDP , necessary action is being undertaken.
6. Establishment of Trauma centre at Govt. Hospitals: With a rolling out of the scheme from Ministry of Health & Family Welfare, Govt. of India, Trauma centre is being established at the following Hospitals, Civil works are in full swing and purchase of equipment is being processed.
  - 1) Trauma Centre, Civil Hospital Aizawl
  - 2) Trauma Centre, Civil Hospital, Lunglei
  - 3) Trauma Centre, District Hospital, Siaha
  - 4) Trauma Centre, District Hospital, Lawngtlai

- 5) Trauma Centre, District Hospital, Serchhip
- 6) Trauma Centre, District Hospital, Champhai
- 7) Trauma Centre, District Hospital, Kolasib.

Over and above, the Govt. of Mizoram has allocated an amount of **Rs450.00 lakh** and **Rs 300.00 lakh** for Construction of Trauma Centre, Civil Hospital Aizawl and Construction of Trauma centre, Civil Hospital Lunglei respectively in addition to the Central Grant.

7. **Construction of Laboratory Building at Civil Hospital, Lunglei** :With allocation of fund amounting to Rs 3.96 crore under Special Central Assistance, budgetary transfer of fund to the State PWD is being done.
8. **Setting up of Truenat Laboratory under Chief Minister's Relief Fund** :With approved cost of Rs 118.69 lakh from CMRF, TrueNat Laboratories have been established at ten (10) District Hospitals viz. District Hospital Siaha, Lawngtlai, Champhai, Serchhip, Mamit, Kolasib, Khawzawl, Hnahthial, Saitual and Civil Hospital, Lunglei.
9. **Preparation of TrueNat Laboratory at ten (10) District Hospitals**: With sanctioned from the State Budget amounting to **Rs 62.51 lakh**, the preparation of TrueNat Laboratory have been done at ten (10) District Hospitals.
10. **Upgradation and improvement of Intensive Care Unit (ICU), Civil Hospital, Aizawl**: With sanctioned from the State Budget amounting to **Rs 523.00 lakh**, the upgradation and improvement of ICU, Civil Hospital Aizawl is successfully completed. Post creation and filling up viz. Medical Officer – 5 nos, Staff Nurse – 25 nos. and Group D – 10 nos. have been done for ICU, Civil Hospital, Aizawl.
11. **Preparation of Covid Ward** including ICU – 4 beds and HDU – 8 beds at Civil Hospital, Lunglei under State Budget. Recruitment of paid volunteers viz. Medical Doctors, Nurses, Group D have been done.
12. **Purchase of Ventilators-25 nos under State Budget** :With sanctioned from the State Government amounting to **Rs 325.00 lakh**, 25 nos. of Ventilators have been procured for combating Covid-19.



**New Building : Directorate of Hospital & Medical Education MINECO, Khatla**

### III. Integration of Diseases Surveillance Programme (IDSP)

- i) 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.
- ii) A new reporting system, Integrated Health Information Platform (IHIP) was launched on April 2021, and IDSP Mizoram fully migrated to the Platform from January 2022. IHIP links real-time case-based surveillance, clinical data, lab data, and public health emergency data in a single platform. Under IHIP, disaggregated public health surveillance data are collected at all levels and reports are submitted in real-time. The implementation status of IHIP in Mizoram is shown below:

Indicator	Status/Progress
District Level Training	100 %
Sub-district Level Training	100 %
Village to Sub-Centre Mapping	99 %

- iii) Media Scanning and Verification Cell (MSVC) scans media outlets for disease reports and confirmation of these reports. The compiled report is forwarded to CSU each week.
- iv) IDSP publish COVID-19 Bulletin on a daily basis, with about 820 Issues being published to date.
- v) State Field Laboratory Unit (SFLU) was constituted under IDSP in an effort to increase COVID-19 test in the state. The Unit consists of Mobile Teams and Kiosks which had collected/tested around 1,52,916 samples.
- vi) There are 13 Covid Testing Kiosks operated and maintained by SFLU.
- vii) Mass Testing of samples was initiated by SFLU, IDSP on 20<sup>th</sup> July 2021. Mass Testing had been conducted in 75 localities/villages by SFLU. A total of 96371 samples had been tested in the effort.
- viii) IDSP collects and maintains various data on COVID-19 which is trusted as the primary source of data on COVID-19 by the state.
- ix) Various reports and data on COVID-19 are entered daily through 'COVID-19 India Portal', an online Web Portal created by MoHFW.
- x) IDSP co-ordinate with Central Ministries and other states regarding issues on COVID-19.
- xi) Technical Training on COVID-19 (Sample collection, Testing, Data Reporting etc.) were given to various sectors.





#### IV. Rashtriya Kishor Swasthya Karyakram (RKSK) & School Health (SH)

:

##### 1. Adolescent Friendly Health Services (AFHS):

No. of Functional Youth Clinic	50
No. of client load registered in Youth clinic	24927
No. Medical officers trained under AFHS	14
No. of Counselors trained under AFHS	11
Average no. of client load per clinic per month	<b>43%</b>

##### 2. Peer Education Programme:

Total no. of District Covered for PE program	5
Total no of Adolescent Health Day	1914 times in 638 villages
No of PE incentivized	1978
No of PE trained	908

3.

##### 4. Weekly Iron & Folic Acid Supplementation (WIFS):

Total No. of schools covered	1622
Total No. of Anganwadi covered	2244
No. of school boys & girls	95518
Out of school girls(MS & HSS)	10624
Target Beneficiaries	106142
<b>IFA coverage in FY 2021-22</b>	<b>58.50%</b>

##### 5. School Health Program (Ayushman Bharat):

District	No. of Schools covered	No. of HWAs trained	No. of Principals oriented
Champhai	147	325	147
Mamit	148	256	121
Siaha	104	138	45
<b>TOTAL</b>	<b>399</b>	<b>719</b>	<b>313</b>

## V. Rashtriya Bal Swasthya Karyakram (RBSK)

As the need arise in State's Public Health Response against COVID-19 Pandemic, Human Resources under RBSK (RashtriyaBalSwasthyaKaryakram) including all Programme Management personnels, different health expertise in District Early Intervention Centres and all team members of RBSK Dedicated Mobile Health Team (inclusive of all our Facilities and Vehicles) have been actively participated in different domains.

As per Government's instructions for closure of all schools and Anganwadi Centres within the state, routine child health screening have been severely distracted. Hence, normal services is resumed only since September 2021.

Number of children screened

Age Group	Male	Female	Total
6 weeks to 3 years	4096	4282	8378
3 years to 6 years	3373	3664	7037
6 years to 18 years	14223	12206	26429
Total	<b>21692</b>	<b>20152</b>	<b>41844</b>

Number of Anganwadi Centre and School Visits

Sl. No.	Facility	Number of Visits
1.	Anganwadi Centre	251
2.	School	389

Comprehensive Newborn Screening is continued in all centres conducting delivery within the state. All children born in public health facility are screened by existing health professionals for visible birth defects. Table below indicate screening of newborns –

Number of children screened for Comprehensive Newborn Screening in centres conducting delivery		
Male	Female	Total
6342	6052	12394

## VI. Universal Immunization Programme (UIP)

Expanded Programme on Immunization was launched in 1978. It was renamed as Universal Immunization Programme (UIP) in 1985 when its reach was expanded beyond urban areas. Since the launch of National Rural Health Mission in 2005, Universal Immunization Programme has always been an integral part of it. Under UIP, immunization is providing free of cost against 12 vaccine preventable diseases, in Mizoram against 11 vaccine preventable diseases: Diphtheria, Pertussis, Tetanus, Polio, Measles, Rubella, severe form of Childhood Tuberculosis, Hepatitis B and Meningitis & Pneumonia caused by Hemophilus Influenza type B, Rotavirus diarrhoea, Pneumococcal Pneumonia.

### Performance of UIP for 2021-2022

- **Target** (Children below 1 yr of age)
  - RI Microplan (Headcount) : 22,053
  - Estimation by MoHFW : 17,980
- **Full Immunization:**

A child is said to be Fully Immunization if he/she received the following vaccines before reaching 1 year of age:  
3 doses of OPV, 3 doses of Rotavirus, 3 doses of Pentavalent, 2 doses of fractional IPV, 3 doses of PCV, MR vaccine -1st dose

  - No. of Children Fully Immunized before 1 year of age :17,028
  - Full Immunization Coverage :77% (RI Microplan)  
:95% (MoHFW)
- **Hepatitis B Vaccine birth dose coverage** : 80% of institutional deliveries
- **Dropout rate:**
  - Penta 1 to Penta 3 : 8%
  - Penta 3 to MR1 : 2%
  - MR1 to MR2 : 1%
- **Td10 vaccine coverage** : 63% (RI Microplan)  
: 54% (MoHFW)
- Pneumococcal conjugate vaccine was introduced in Routine Immunization in Mizoram since June 2021. This vaccine is used to protect infants, young children, and adults against disease caused by the bacterium *Streptococcus pneumoniae*.



## Covid-19 Vaccination (up to March 2022)

National Covid-19 Vaccination Programme was launched in the country on 16<sup>th</sup> January 2021. Healthcare workers were the first to received the vaccine which was followed by Frontline workers and Citizen in a phase manner.

- Total target (12 yrs and above) : 8,87,873
- Total Dose administered : 15,23,407
- 1<sup>st</sup> dose administered : 8,27,684 (93%)
- 2<sup>nd</sup> dose administered : 6,69,297 (75%)
- Precaution dose : 26,426 (3% of 18 yrs& above)
  - Healthcare workers : 6,767 (48% of eligible)
  - Frontline workers : 10,653 (30% of eligible)
  - 60 yrs and above : 9,006 (13% of eligible)
- Har GharDastak Abhiyan 1.0 (House to house vaccination campaign) was held from 3<sup>rd</sup> November 2021 to 31<sup>st</sup> December 2021.
  - No. of villages achieved 100% 1<sup>st</sup> dose vaccination : 79
  - No. of villages achieved 100% 2<sup>nd</sup> dose vaccination : 67
  - No. of household visited : 1,14,289
  - No of beneficiaries vaccinated with 1<sup>st</sup> dose : 6,059
  - No. of beneficiaries vaccinated with 2<sup>nd</sup> dose : 8,590



## VII. National Ambulance Service (NAS)

The National Ambulance Service was set up in 2013 with 62 Ambulances across the state. The main objective of the National Ambulance Service is to provide transportation facility to Pregnant women and infant in order to provide safe, healthy and hygienic delivery at health institutions.

However, apart from providing pick and drop facility to pregnant women and infant, NAS also transport patients on emergency cases that are in need of emergency medical service.

National Ambulance Service under the National Health Mission provide 62 ambulances across 59 different health institutions within the state that are monitored by a centralized Call Centre (102 toll free) that functions 24/7.

Achievement of NAS Ambulance for 2020-2021 FY						
	Distance covered	Maternity	Infant	Sick	Others	No. of trips
Aizawl East	49117	661	8	32	345	1046
Aizawl West	22141	176	61	21	609	867
Lunglei	61245	308	24	82	549	963
Serchhip	26264	43	1	7	468	519
Mamit	67	2	0	0	3	5
Champhai	51458	73	10	39	575	697
Kolasib	19573	202	7	20	248	477
Lawngtlai	6248	30	4	17	23	74
Siaha	199	131	0	5	0	136
<b>TOTAL</b>	<b>236312</b>	<b>1626</b>	<b>115</b>	<b>223</b>	<b>2820</b>	<b>4784</b>





### VIII. Mass Education & Media (MEM)

1. 55,000 copies of Departmental Magazine Hriselna have been distributed within the state and outside Mizoram by Mass Education & Media Section.
2. Full Co-operation provided to the other Programme while observing Eye Donation fortnight, World Malaria Day, Deworming Day, World TB Day, etc.
3. Official Tour News feeding, VIP message on special occasion and National Important Days etc. has been covered with Video & Still Camera, and broadcasted /telecasted through AIR, DDK, Local TV Channels. Local Newspapers, Hriselna Monthly Magazine are also fully utilised.

#### ACTIVITIES:

1) No. of Press Handout	:	75
2) No. of COVID-19 Awareness Spot Advertisement	:	12
3) No. of COVID-19 Animation	:	4
4) Local Newspaper advertisement	:	9



## IX. Quality Assurance Programme

Quality Assurance Program was launched in November 2014 under National Health Mission. The program was started in the state of Mizoram since December 2015.

### 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.

**Vision:** By the year 2030, QA aims in making all health facilities within the state to achieve the National Accreditation (National Quality Assurance Standards Certification).

### Achievements 2021-22

- **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.  
Mamit DH Labour room faced Virtual National Level assessment and scored weightage - 89.7% and overall - 93% and was awarded National Certification. Then National Level External Assessment will be applied for the rest of DHs.
- Three (3) District Hospitals namely
  1. Civil Hospital Aizawl (Aizawl East District)
  2. Civil Hospital Lunglei (Lunglei District) and
  3. District Hospital Champhai (Champhai District) had scored 70% or more in State Level External Assessment. The Facilities will be awarded State Certification and National level external assessment is in the process.
- Two (2) Primary Health Centres namely
  1. Aibawk PHC
  2. Kawrtethawweng PHC had scored 70% or more in the State Level Assessment. The Facilities will be awarded State Certification and National level external assessment is in the process.



## X. Kayakalp

Award to public health facilities was launched in October 2015 by the Health & Family Welfare Dept, Government of India. It is a National Initiative to give awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. There are categories – District Hospital (DH), Sub-District Hospital/Community Health Centre (SDH/CHC), Primary Health Centre (PHC) and Urban Primary Health Centre (UPHC).

### Objectives:

- To promote cleanliness, hygiene and infection control practices in public health care facilities.
- To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

### Achievements 2021-22

Cleanliness activities where Public Health Facilities are having cleanliness competition. Under these activities during 2020-21 financial years – Internal assessment have been completed, Peer Assessment and External Assessment is yet to be completed. So far, 7 DH out of 9 DH, 6 SDH/CHC out of 11 SDH/CHC, 50 PHC out of 57 PHC and 7 UPHC out of 8 UPHC have scored more than 70% in Peer Assessment.

### Training

The following online trainings already conducted

1. Online Master Training on Kayakalp cum External Assessors Training.
2. Virtual Assessment of Civil Hospital Aizawl, Civil Hospital Lunglei and District Hospital Champhai.
3. Online NQAS sensitization workshop.
4. Online Training on Kayakalp for all Health & Wellness Officers.
5. Online Training on Kayakalp for all Health Workers at SC-HWC.
6. NQAS Internal assessor Training for State Consultant (PH), PHM (NUHM), MSSHP, DQM, DHQM and Health and Wellness Officer.



## XI. Health & Wellness – Achievement under CPHC Programme

The Ministry of Health and Family Welfare under Ayushman Bharat aim to convert 1.5L sub health centers into Health and Wellness Center before 2022. During FY 2021-2022 under Comprehensive Primary Health Care, the MoHFW has given a target for the state of Mizoram to operationalize **280 Health and Wellness Center (HWCs) out of which 292(8 UPHCs + 55 PHCs + 229 SCs)HWCs were made operational and converted into Health and Wellness Center**. These Health and Wellness Centers are the upgraded existing public health facilities such as Urban Primary Health Centers (UPHC), Primary Health Centers (PHC) and Sub-Health Centers (SHCs). Upgradation of existing facilities are done under certain criteria by MOHFW.

### Achievements:

#### 1. Human Resource:

- Total number of HWOs currently posted at SC-HWCs - **264**
- No. of candidates currently undergoing 6 months IGNOU CCH(Certificate in Community Health)–**11**

#### 2. HWC Overall Achievement:

- No. of Teleconsultation conducted at HWC – **2003** consultations
- No. of Wellness Activities Conducted – **32461**
- Total health events organized –**5225**

#### 3. National Level Awards and Recognition:

- **1<sup>st</sup> Prize winner** in Wellness Activity conducted at HWCs on the 3<sup>rd</sup> Anniversary of Ayushman Bharat-Health and Wellness Centers on 14-April-2021 felicitated virtually by Union Health Minister.
- **3<sup>rd</sup> Prize winner** in Wellness Activity conducted at HWCs during observation of Azadi ka Amrit Mahotsav on behalf of the 75<sup>th</sup> India Independence. The award was felicitated by Hon'ble Minister of State for H&FW on the Universal Health Coverage (UHC) Day celebration at Delhi on 13.12.2021.
- **State level 1<sup>st</sup> Prize winner** in best performing HWC-SC is awarded to Tokalo Health & Wellness Center SC, Siaha on UHC day celebration at Delhi on 13.12.2021



## XII. NATIONAL TB ELIMINATION PROGRAMME

- During April 2021 to March 2022, 6745 people were examined for TB.
- There were 1698 TB patients notified in Mizoram.
- 1336 patients were notified from Public Sector and 362 from the Private Sector.
- 1694 out of 1698 (99.76%) TB patients were tested for HIV.
- 289 out of 1694 TB patients tested positive for HIV which is 17.06%
- 1670 out of 1698 were screened for Diabetes Mellitus. Screening coverage is 98.58%
- 1660 TB patients were screened for Tobacco usage in smoking and non-smoking form (97.76%) out of which 407 were referred to Tobacco Cessation Clinics.
- 1642 TB patients were also screened for alcohol usage (96.70%)
- Alcohol usage among TB patients is recorded to be 262 among 1698 patients (15.42%)
- 1314 TB patients were also screened for Covid19 during this period (77.38%) out of which 6 (0.45%)
- The Success Rate of TB patients was 90.57% (Cured + Treatment completed)
- TB Preventive Therapy coverage in <5 years is 20.35%
- TB Preventive Therapy coverage in >5 years is 6.20%
- There were 75 deaths due to TB during the same period.
- 2634 patients were tested for MDR TB.
- 109 were diagnosed with MDR TB out of which 106 were put on treatment (97.24%)
- 64.91% of all MDR TB patients had successful outcomes.





### **XIII. NATIONAL AYUSH MISSION (NAM)**



#### **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 /Clinic and awareness campaign was conducted at 11 districts(44 villages):

- |                      |                        |                       |                      |
|----------------------|------------------------|-----------------------|----------------------|
| 1. Aizawl District   | 2. Lunglei District    | 3. Lawngtlai District | 4. Siaha District    |
| 5. Champhai District | 6. Mamit District      | 7. Kolasib District   | 8. Serchhip District |
| 9. Saitual District  | 10. Hnahthial District | 11. Khawzawl District |                      |

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 selected Govt. Middle school in every 11 districts.

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

- Health check up of all inmates at Tawngtai Bethel Camping Centre, Sakawrtuichhun.
- Health check-up carried out twice every month since April 2<sup>nd</sup> 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.
- Advertisement and documentary flim were given to local cable T.v's and newspaper, sponsorship were given to the NGO's, hoarding were posted at PHC CHCs in order to promote and encourage AYUSH way of life and and health care.

(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. Free Medical Clinic
6. Awareness campaign on AYUSH way of living

(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 & Mizoram Basketball Association wherein several deliverables was made available.

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

In accordance with the rightful decision made by the Government of India, Ministry of AYUSH, National AYUSH Mission, Mizoram thirty Eight (38) Sub-Centres i.e.10% were selected across the 8 districts of Mizoram for upgradation to HWCs under the National AYUSH Mission.

24 (twenty four) nos. of Community Health Officer were recruited on October 2020 and Cascading training for CHO was completed. Deployment of manpower under H&WC at their posting place was done on March 2020. Infrastructure work & Branding is still under process. Another 14 units will be operationalise during 2022.

(8) **AYUSH Wellness Centres including Yoga & Naturopathy:** Under this activity, 20 nos. of Physical & Stress Management Instructors are deployed at every district hospitals and various Mizoram Police units. The functions of these instructors mainly aims at promotion of overall health and wellness and also aims at combating Non-communicable diseases through specific exercises. The services of these instructors are to be utilized at broader aspect in the Health and wellness centres developed under **AYUSHMAN BHARAT**.

**Contribution of Directorate of AYUSH, National Ayush Mission :**

- Since the onset of the first wave of the COVID- 19 Pandemic, **more than 80 AYUSH Doctors** have volunteered and efficiently performed their duties at different Quarantine Facilities, Screening Points, Sample Collection, Contact tracing, CCC, 4C etc.
- AYUSH prophylaxis and immunity boosters such as **Arsenicum Album** and **Chyawanprash, advocated by the Ministry of AYUSH** for COVID- 19 Pandemic have been widely distributed throughout the state.
- AYUSH advisory on COVID- 19, circulated by Ministry of AYUSH has been translated into local language and disseminated as widely as possible among the general public for awareness.
- Fund amounting to more than **Rs.99 lakhs** have so far been utilized by the Directorate of AYUSH in the fight against COVID-19 for various purposes as follows:
  1. Equipments (PPE Full set, gloves, caps, masks etc.)
  2. Medicine (Homoeopathic & Ayurvedic)
  3. Honorarium for volunteers
  4. IEC materials
  5. Radio Wireless System
  6. Conveyence & Contingency
- Medical Officers (AYUSH) posted at different District Hospitals, CHCs, PHCs and other Health Programmes have diligently cared for COVID- 19 patients, and

administered AYUSH medicines such as **Arsenicum album, Chyawanprash, Omeo Allergy, Omeo fever, AYUSH- 64, Samsamani Vati etc.** with huge positive feedback from patients.

- Integrated AYUSH Hospital, Thenzawl has been utilized as COVID Care Centre since the outbreak of COVID- 19 in Mizoram. Till date, a total of 115 patients were successfully treated with 100% recovery rate.

### **EXISTING MANPOWER UNDER NATIONAL AYUSH MISSION:**

No. of AYUSH Doctors in the State

■ AYUSH Doctors under State Government (Regular)	:	11 nos.
■ AYUSH Doctors under RCH / NHM (Contractual)	:	24 nos.
■ AYUSH Doctors under School Health / RBSK(Contractual)	:	40 nos.
■ AYUSH Doctors under National AYUSH Mission	:	38 nos.
■ <b>TOTAL AYUSH Doctors</b>	:	<b>113nos.</b>

<b>LIST OF STAFF UNDER NATIONAL AYUSH MISSION</b>		
<b>SL.NO</b>	<b>PLACE OF POSTING</b>	<b>NO. OF STAFF</b>
1.	Directorate of AYUSH	20 nos.
2.	State Programme Management Unit, NAM	4 nos.
2.	Integrated AYUSH Hospital	54 nos.
3.	State Medicinal Plant Board	7 nos.
4.	State Drugs Testing Laboratory	6 nos.
5.	Physical & Stress Management Instructor	16 nos.

### **CO-LOCATED FACILITIES**

<b>Sl.No</b>	<b>CHC's(7)</b>	<b>PHC's(8)</b>	<b>SDH(3) &amp; SRH</b>
1.	Vairengte, Sakawrdai, Thenzawl, Biate, Lengpui, Chawngte & Saitual	Thingsulthliah, Sairang, Haulawng, Bunghmun, Chakkhang, Marpara, N.Vanlaiphai, S.Vanlaiphai,	Tlabung, Khawzawl, Hnahthial SDH and State Refferal Hospital

### Existing Infrastructure :

Hospitals/Health Centre	No. of bed	District/CHC/PHC
Integrated AYUSH Hospital	50	Serchhip
10 bedded Standalone AYUSH Hospital	10	Lunglei, Lawngtlai, Siaha, Champhai, Serchhip, Mamit & Kolasib
Co-located AYUSH Facilities		11 District Hospital in Mizoram
AYUSH IPD	10	6 CHC's
AYUSH OPD		8 PHC's

### Ongoing Project :

Ongoing project	Status	Place
Establishment of 50 bedded AYUSH Hospital	Approved during 2021-2022	Aizawl
Establishment of 50 bedded AYUSH Hospital	Approved during 2021-2022	Champhai
Establishment of 50 bedded AYUSH Hospital	Approved during 2021-2022	Hnahthial
Establishment of 10 bedded AYUSH Hospital	Approved during 2021-2022	Hortoki
Establishment of 10 bedded AYUSH Hospital	Approved during 2021-2022	Khawzawl
Establishment of 10 bedded AYUSH Hospital	Approved during 2021-2022	Saitual



#### **XIV. Food & Drugs Administration Wing**

##### **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* : **1114 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* : **15 Nos.**  
*No. of Drugs Licence Cancelled* : **83 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* : **33 Nos.**  
*No. of Not of Standard Quality drugs found:* **4 Nos.**
4. Cases are registered in the court of law against those dealing in drugs having no valid drug licence  
*No. of cases registered in the court of law* : **NIL**  
*No. of conviction* : **Pending**
5. Govt. Of Mizoram had allotted Plot No.B-4 measuring 997.62 sq.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. Procurement of Laboratory Equipments, I.T materials and office furniture has been approved by SPAB.
6. Govt. Of Mizoram had also given permission for engagement of empanelled consultancy firm for construction of State Drugs Testing Laboratory amounting to Rs. 250 lacs as funded by Central Government and work had started from December 2019.
7. Mizoram Drugs Price Monitoring Research Unit had been set up on September 2020 for which Project Coordinator – 1 No, Field Investigator- 1 No and Data Entry Operator – 1 No were recruited.
8. **Revenue collected:** : **Rs. 12,91,940/-**



## **Food:**

1. Under provision of FSS Act 2006 and Rules & Regulation 2011 any persons 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* : 1048 **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* : 207 **Nos. (State)**  
8 **Nos. (Central)**
2. Inspection of Food Service Establishment has been conducted many a time.  
*No. of Food Service Establishment Inspected* : 250 **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* : Food Testing Laboratory 354 **Nos.**  
Food Safety on Wheels 231 **Nos.**
4. **Food Safety on Wheels** : A mobile Food Testing Laboratory called **Food Safety on Wheels** was received from Food Safety and Standard Authority of India, MoHFW.
5. **Revenue collected:** : **Rs. 14,92,100 /-**



**XV. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT, MIZORAM**

- No. of Cataract Operation is one thousand eight hundred twenty two (1822)
- No. of school Teachers Trained is two hundred and sixty seven (267)
- No. of School Children Screened is ten thousand six hundred ninety (10690)
- No. of Refractive Error Detected is two thousand nine hundred fifty eight (2958)
- No. of Free spectacles to School Children is two thousand four hundred eleven (2411)
- No. of Free spectacles to old age is two thousand three hundred forty nine (2349)
- No. of Cornea collected is sixty six (66)
- No. of Corneal transplant is ten (10)



## **XVI. National Vector Borne Diseases Control Programme (NVBDCP)**

National Vector Borne Diseases Control Society/Programme, Mizoram was started on April, 2005 to tackle the following diseases – Malaria (w.e.f. April, 2005), Dengue (w.e.f. Oct., 2010) in Mizoram.

### **MALARIA:**

#### **VISION**

“Eliminate malaria nationally and contribute to improved health, quality of life and alleviation of poverty.”

#### **GOALS**

In line with the *WHO Global Technical Strategy for Malaria 2016–2030* (GTS) and the *Asia Pacific Leaders Malaria Alliance Malaria Elimination Roadmap*, the goals of the *National Framework for Malaria Elimination in India 2016–2030* are:.

- Eliminate malaria (zero indigenous cases) throughout the entire country by 2030; and
- Maintain malaria-free status in areas where malaria transmission has been interrupted and prevent re-introduction of malaria.

#### **OBJECTIVES**

The Framework has four objectives:

- Eliminate malaria from all 26 low (Category 1) and moderate (Category 2) transmission states/union territories (UTs) by 2022;
- Reduce the incidence of malaria to less than 1 case per 1000 population per year in all states and UTs and their districts by 2024;
- Interrupt indigenous transmission of malaria throughout the entire country, including all high transmission states and union territories (UTs) (Category 3) by 2027; and
- Prevent the re-establishment of local transmission of malaria in areas where it has been eliminated and maintain national malaria-free status by 2030 and beyond.

#### **CURRENT STATUS:**

As per National Framework for Malaria Elimination (2016 – 2030); Mizoram lies in Category 3 (Intensified Control Phase: i.e. API  $\geq$  1). Categorization of District were as follows –

<b>Category</b>	<b>District Status</b>
<b>Category 0 :</b> Prevention of re- establishment phase	0
<b>Category 1 :</b> Elimination phase	5 District, (Aizawl East, Aizawl West, Kolasib, Champhai, Serchhip)
<b>Category 2 :</b> Pre-elimination phase	0
<b>Category 3 :</b> Intensified control phase	4 District, (Lawngtlai, Lunglei, Mamit, Siahla)

### EPIDEMIOLOGICAL SITUATION OF MALARIA (2021 – 2022)

Name of District	No. of Fever Cases	No. of RDT Performed	No. of BSE Performed	Total Blood Examination	Total Malaria Cases	Pv Cases	Pf Cases	Total No. of Death	ABER	API	TPR	TFR	Pf %	SPR	SFR
Aizawl East	60996	36067	24929	60996	29	11	18	1	22.29	0.11	0.05	0.03	62.07	0.06	0.04
Aizawl West	42754	33768	8986	42754	43	11	32	0	22.72	0.23	0.10	0.07	74.42	0.22	0.17
Lunglei	30144	26909	3269	30178	1817	219	1598	1	18.06	10.87	6.02	5.30	87.95	2.75	2.45
Siaha	12701	10995	1619	12614	430	256	174	0	18.94	6.46	3.41	1.38	40.47	1.54	0.31
Kolasib	20215	17727	2488	20215	34	23	11	0	21.94	0.37	0.17	0.05	32.35	0.60	0.08
Mamit	20920	18342	2578	20920	974	165	809	2	21.55	10.03	4.66	3.87	83.06	1.78	1.63
Champhai	28009	21865	6144	28009	26	8	18	1	19.58	0.18	0.09	0.06	69.23	0.21	0.16
Lawngtlai	34082	31385	2697	34082	2241	362	1879	3	24.28	15.97	6.58	5.51	83.85	5.49	4.75
Serchhip	30925	24388	6537	30925	43	18	25	2	45.65	0.63	0.14	0.08	58.14	0.63	0.38
<b>TOTAL</b>	<b>280746</b>	<b>221446</b>	<b>59247</b>	<b>280693</b>	<b>5637</b>	<b>1073</b>	<b>4564</b>	<b>10</b>	<b>22.71</b>	<b>4.56</b>	<b>2.01</b>	<b>1.63</b>	<b>80.97</b>	<b>0.70</b>	<b>0.54</b>

#### Acronyms –

- 1) RDT – Rapid Diagnostic Kit
- 2) BSE – Blood Slide Examination
- 3) ABER – Annual Blood Examination Rate
- 4) API – Annual Parasite Incidence (Cases per thousand population)
- 5) TPR – Test Positivity Rate
- 6) TFR – Test Falcipurum Rate
- 7) SPR – Slide Positivity Rate
- 8) SFR – Slide Falcipurum Rate

## INTEGRATED VECTOR MANAGEMENT REPORT

### 1. Indoor Residual Spray Operation Report (2021 – 2022): Chemical used DDT. Covered Area Sub-Centre Having API

1<sup>st</sup> Round:

Name of District	Targeted Population	Date of Spray	Coverage								
			Total No. of Houses	No. of Houses Sprayed	% of House sprayed	Total No. of Rooms	Rooms completely sprayed	Rooms Partially Sprayed	% Rooms completely sprayed	Population in sprayed houses	% Population protected
Aizawl West	1937	18.7.2021	333	270	81.08	607	151	456	24.88	1654	85.39
Aizawl East	1447	04.05.2021	270	230	85.19	554	396	158	71.48	1264	87.35
Kolasib	5040	11.05.2021	987	792	80.24	1443	559	647	38.74	4036	80.08
Mamit	38569	02.05.2021	7776	6130	78.83	13535	9840	3695	72.70	30579	79.28
Champhai	Not Cover										
Serchhip	Not Cover										
Lunglei	72402	04.05.2021	15872	12209	76.92	32708	24039	7829	73.50	62364	86.14
Lawngtlai	96084	02.07.2021	21167	16990	80.27	42546	32011	32011	75.24	78883	82.10
Siaha	14534	01.07.2021	2695	1996	74.06	5363	2349	3014	43.80	9937	68.37
<b>Total</b>	<b>230013</b>	<b>N.A</b>	<b>49100</b>	<b>38617</b>	<b>78.65</b>	<b>96756</b>	<b>69345</b>	<b>47810</b>	<b>71.67</b>	<b>188717</b>	<b>82.05</b>



2<sup>nd</sup> Round:

Name of District	Targetted Population	Date of Spray	Coverage								
			Total No. of Houses	No. of Houses Sprayed	% of House sprayed	Total No. of Rooms	Rooms completely sprayed	Rooms Partially Sprayed	% Rooms completely sprayed	Population in sprayed houses	% Population protected
Aizawl West	1937	01.07.2021	333	270	81.08	607	151	456	24.88	1654	85.39
Aizawl East	1447		270	246	91.11	512	434	78	84.77	1325	91.57
Kolasib	5259		989	602	60.87	1363	968	395	71.02	3643	69.27
Mamit	37883		7646	5753	75.24	13124	9388	3736	71.53	29220	77.13
Champhai	Not Covered										
Serchhip	Not Covered										
Lunglei	71463		13442	10397	77.35	29759	20920	8839	70.30	54726	76.58
Lawngtlai	96084		21189	16980	80.14	42548	31799	10749	74.74	78883	82.10
Siaha	14534		2695	2039	75.66	5363	2808	2555	52.36	10887	74.91
<b>Total</b>	<b>228607</b>	<b>N.A</b>	<b>46564</b>	<b>36287</b>	<b>77.93</b>	<b>93276</b>	<b>66468</b>	<b>26808</b>	<b>71.26</b>	<b>180338</b>	<b>78.89</b>

## 2. Distribution of Long Lasting Insecticidal Nets (LLINs) / Insecticides Treated Beds Nets (ITNs)

**Long Lasting Insecticidal Nets (LLINs):** No LLINs was distributed during FY 2021 – 2022.

**Insecticides Treated Beds Nets (ITNs):** Community own bed-nets impregnation was carried out in where there is no other IVM Operation was carried out in the Sub-Centre.

Total SCs covered under ITNs	No. of Nets impregnated	Target Population	% population covered	Re-impregnation Interval	No of SCs covered after re-impregnation	Insecticide Used
245	98657	752125	13.11%	6 months	106	Deltamethrine



## DENGUE & CHIKUNGUNYA

### OBJECTIVES

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

### EPIDEMIOLOGICAL SITUATION OF DENGUE (2021 – 2022)

District	Dengue			
	suspected cases	samples Taken	Confirmed cases	Death
Aizawl West	187	187	36	0
Aizawl East	124	124	28	0
Lunglei	46	46	5	0
Siaha	3	3	1	0
Kolasib	15	15	2	0
Mamit	20	20	3	0
Champhai	13	13	4	0
Lawngtlai	2	2	2	0
Serchhip	10	10	2	0
<b>TOTAL</b>	<b>420</b>	<b>420</b>	<b>83</b>	<b>0</b>



## **XVII. MIZORAM HEALTH SYSTEMS STRENGTHENING PROJECT (MHSSP)**

Mizoram Health Systems Strengthening Project is a World Bank funded project implemented by Health & Family Welfare Department, Govt. of Mizoram. It is a 40 million US\$ project, out of which 32 million US\$ i.e 80% will be funded by the World Bank as a loan and 8 million US\$ (20%) is to be funded by the State Government. During repayment for the loan of 32 million US\$, DEA will repay 90% (28.8 million US\$) at the interest rate of 2 – 3% (depends on London Inter – Bank Offered Rate) and 10% (3.2 million US\$) to be repaid by the State at an interest rate to be decided between the Ministry of Finance & the State Govt. Repayment will commence from September 15, 2026 for a period of 14 years and 5 months.

**A. Project Objective:** To improve management capacity and quality of health services in Mizoram.

### **B. PDO Level Indicators**

- (a) The percentage point increase in average performance score in targeted administrative units as per internal performance agreement from baseline. (percentage) (management capacity)
- (b) Cumulative Number of districts hospitals which are NQAS certified (number) (quality)
- (c) The percentage point increase in average quality index score for CHCs and PHC from baseline. (Percentage) (quality)
- (d) The percentage point increase in score among those who participated in clinical vignettes. (percentage) (quality)
- (e) Improve management and efficiency of Health insurance program by Convergence between the MHCS and AB-PMJAY. (text) (management capacity)

### **C. Project Components:**

Component 1: Strengthen Management & accountability through Internal Performance Agreements – 13.5 million US\$

Component 2: Improve design and management of the state health insurance programs – 2.5 million US\$

Component 3: Enhance quality of health services and support innovations – 16 million US\$

Component 4: Contingency emergency response component

### **D. Chronology of the Project's effectiveness:**

March 20, 2021	105 <sup>th</sup> Screening Committee Meeting of Dept of Economic Affairs(DEA), Ministry of Finance approved posing of MHSSP
March 20, 2021	DEA posed MHSSP to the World Bank
April 1, 2020	Approval of MHSSP was conveyed by the World Bank to DEA
March 5, 2021	Negotiation Meeting on Loan & Project Agreements held in New Delhi World Bank Office between the representatives for DEA, World Bank & Govt. of Mizoram
March 31, 2021	Loan Agreement was approved by the Board of Executive Directors, World Bank

June 17, 2021	Loan Agreement was signed between the representatives for DEA, World Bank & Govt. of Mizoram
July 13, 2021	MHSSP was declared effective by the World Bank

#### **E. Implementation Arrangement:**

The project functions under the direction of the Project Steering Committee (PSC) headed by the Chief Secretary of the State. The project is being implemented by a State Project Management Unit (SPMU) in the Department of Health & Family Welfare. The Project Management Unit, headed by the Project Director, functions under the guidance of Project Executive Committee (PEC).

1. **Project Steering Committee (PSC):** The objective of the PSC under the chairmanship of the Chief Secretary to the Govt. of Mizoram is to provide oversight and guidance to the Mizoram Health System Strengthening Project, ensuring that it achieves its objectives through implementation effectively and efficiently.

#### **Members of the PSC:**

1. Chief Secretary to the Govt. of Mizoram – Chairman
  2. Addl. Chief Secretary, Government of Mizoram – Member & Vice-Chairperson
  3. Secretary, Health & Family Welfare Department – Convener/ Member Secretary
  4. Finance Commissioner, Finance Department – Member
  5. Principal Secretary, EF&CC Department – Member
  6. Commissioner & Secretary, Power & Electricity Department – Member
  7. Secretary, Planning & Programme Implementation Department - Member
  8. Principal Director, Health & Family Welfare Department – Member
  9. Mission Director, NHM/Project Director, MHSSP – Co-convener
2. **Project Executive Committee (PEC):** The PEC under the Chairpersonship of the Secretary to the Govt. of Mizoram, Health & Family Welfare Dept. shall facilitate and provide necessary authorizations on a routine basis for effective and efficient implementation of the project.

#### **Members of the PEC:**

1. Secretary, Health & Family Welfare Dept. - Chairperson
  2. Principal Director, Health & Family Welfare Dept. - Member
  3. Director, Health Services - Member
  4. Director, Hospital & Medical Education - Member
  5. Mission Director, National Health Mission - Member
  5. Nodal Officer, Externally Aided Project, Finance Deptt - Member
3. **Project Management Unit:** The project is implemented by a State Project Management Unit (SPMU) headed by the Project Director in the Department of Health & Family Welfare. SPMU will ensure timely and effective implementation of the Mizoram Health system strengthening Project as well as monitoring and evaluation of its implementation progress and results.

**Members of SPMU:**

1. Project Director – Dr Eric Zomawia
2. Deputy Project Director – DrLalnuntluangi
3. Accounts Officer – Joint Director (Accounts), DHS
4. Procurement Officer – Joint Director (FW), DHS

Individual Consultants are engaged on contractual basis for PMU as listed below:

S/n	Name of Post	No of Post	Place of Posting
1	State Quality Improvement Consultant	1	PMU Office, Aizawl
2	District Hospital Quality Improvement Consultant	1	PMU Office, Aizawl
3	District Quality Improvement Consultant	1	PMU Office, Aizawl
4	HRH Consultant	1	PMU Office, Aizawl
5	Community Mobilization Specialist	1	PMU Office, Aizawl
6	Procurement Specialist	1	PMU Office, Aizawl
7	Public Health Engineer	1	PMU Office, Aizawl
8	Accountant Specialist	1	PMU Office, Aizawl
9	Financial Management expert	1	PMU Office, Aizawl
10	Monitoring & Evaluation Expert	1	PMU Office, Aizawl
11	MIS/IT Consultant	1	PMU Office, Aizawl
12	Divisional Assistants	2	PMU Office, Aizawl
13	Office Assistant	1	PMU Office, Aizawl
14	District Quality Manager	7	CMO Office(Champhai, Kolasib, Lawngtlai, Lunglei, Mamit, Serchhip&Siaha
15	District Hospital Quality Manager	4	District Hospitals( Champhai, Kolasib, Lawngtlai&Lunglei)

PMU is supported by the following Technical agencies engaged by the project:

i) **Project Management and Technical Support Agency**

- Contract was signed on May 11, 2021 with IQVIA Consulting & Information Services India Private Ltd, New Delhi.
- The PMTA shall be responsible for managing, executing and providing technical support for the implementation of the MHSSP line Project management support with technical and fiduciary staff to support PMU function; Health facility assessment, developing BOQ, construction supervision and management; Comprehensive review of policy, systems and operational design of different government-sponsored health insurance schemes; Developing a complete Enterprise Resource Planning (ERP) solution for health insurance schemes; Developing and rollout of communication strategy for increasing demand for services under the health insurance schemes and Technical support for capacity building across project components and training of Village Health, Sanitation and Nutrition Committees (VHSNC) in selected districts.

- ii) **Developing Strategy and management framework for Human Resource for Health**
- Contract was signed on May 10, 2021 with IQVIA Consulting & Information Services India Private Ltd, New Delhi.
  - The main objective of the assignment is to strengthen Human Resource Management through an evidence-based strategy and management framework for human resources for health (HRH) for the department of health and family welfare in Mizoram.
- iii) **Third Party Verification of Result Based Financing result and Project Evaluation –**
- The contract was signed on May 3, 2021 with Sutra Consulting Private Ltd, Bhubaneswar, Odisha.
  - The objective of the assignment is for an independent organization to conduct and manage the monitoring and evaluation of the project results under the Mizoram Health System Strengthening Project, which will check the accuracy of quantitative and qualitative data 70 verified as well as the quality and completeness of services provided by administrative units and health facilities under the project.
- iv) ***Improving clinical competencies and medical care assessment methods for HRH in the context of Mizoram Health Systems Strengthening Project***
- Contract was signed with Tvasan Technologies Private Limited on 11<sup>th</sup> April, 2022
  - The objective of the assignment is to improve the clinical skills and competencies of doctors and nurses in Mizoram through their exercise of clinical vignettes (case simulations) administered by the hired agency (consultancy) that is also responsible
- v) **Internal Auditor for *Mizoram Health Systems Strengthening Project***
- Contract was signed with H.K Agrawala on 11<sup>th</sup> April, 2022
  - The objective is to conduct the internal/operational audit comprising various transactions of the project viz technical outputs, contract management, procurement, finance and accounts, computerized accounting, fixed assets, System Data Backup /Safe custody (if in practice), Review of Management Information System, checking of Interim Unaudited Financial Report (IUFR) and Statement of Expenditure (SOE).
- vi) **Technical Agency for Design and development of IPA Management System**
- Contract was signed with Society for Health Information Systems Programmes on 4<sup>th</sup> May, 2022.
  - The objective of the assignment is to develop an IPA Management System for Component 1 of the project for managing and analyzing the performance of all units/ beneficiaries that will result from the IPA assessment to be conducted every quarter on all units/ beneficiaries under IPA and publish an interactive dashboard for public access.



## F. Project activities:

### Component 1:

- Total number of IPA units – 75
- IPA Agreements signed with all 75 IPA units
- One Time Grant (OTG) was released to all 75 IPA units amounting to Rs. 8.86 crores
- 1<sup>st</sup> Quarterly Ex-Ante Assessment for January, 2022 – March, 2022 was completed on 18<sup>th</sup> May, 2022 for all pilot Units (2 State level units, 5 units in Kolasib district and 7 units in Lawngtlai district)
- 1<sup>st</sup> Quarterly Ex-Post Assessments have also been completed by Sutra (TPA).

### Component 2:

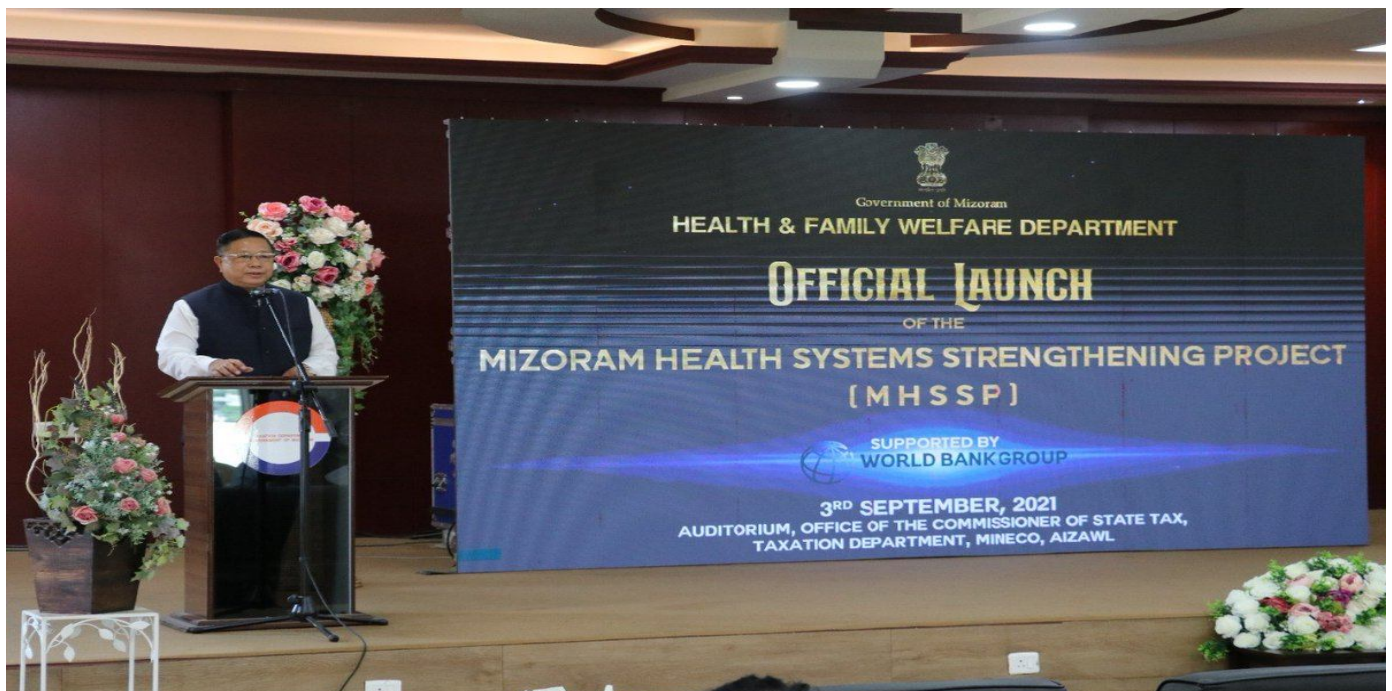
- In-depth Interview with State and District officials (Health Insurance, Communication, Community Process, NCD) of H&FW Dept. and In-depth Interview with Community platforms (VHSNC, SHG) & Focused Group Discussion with Community were completed on January, 2022. The purpose of the activities was to study the current scenario of the available capacity building and communication strategy in NCD and Insurance.
- Survey on Household awareness & enumeration on insurance & NCD have also been completed.
- Drafting of KAP (Knowledge, Attitude and Practices) Report is in its final stage which will be used for developing SBCC (Social and Behavioural Change Communication) Strategy.
- Household enumeration for on Insurance to identify eligible households for the 2 healthcare schemes in the state will also be conducted under the project.

### Component 3:

- I. *Developing Strategy and Management Framework for Human Resources for Health (HRH) and Techno- managerial capacity building.*
  - HR Enumeration and Training Needs assessment (TNA) will roll out once the tools and methodology are finalised with consultation with the department officials.
  - Stakeholder Consultation is expected to be conducted within the month of July, 2022.
- II. *Improving clinical competencies and medical care assessment methods for HRH*
  - Tvasan Technologies Pvt Ltd Agency on board from 11<sup>th</sup> April, 2022.
  - Agency is expected to deliver their first case by end of June and will work toward completion of at least 12 clinical vignettes by September 2022.
- III. *Civil Works*
  - 3 CMO Office buildings construction at Hnahthial, Saitual & Khawzawl are on-going and expected to be completed by mid of 2023.
  - Infrastructure Gap assessment for all DH & SDH (except SRHF & Kulikawn SDH) are completed. Tenders are expected to be floated by July 2022
  - NDT (Non Destructive Test) were conducted for Civil Hospital Aizawl, Champhai DH, Kolasib DH & Serchhip DH
  - Strengthening pre-service nursing education will be undertaken by the Project. Infrastructure assessment for MCON, ANM School (Zemabawk, Lawngtlai, Kulikawn) & GNM School (Lunglei, Kolasib, Serchhip, Siaha & Champhai) was conducted completed. Tenders are expected to be floated by August 2022.
  - The project will support upgradation of: (i) Mizoram College of Nursing (MCON) from B.Sc. to M.Sc. and other nursing specializations; (ii) two GNM schools at Lunglei and Kolasib to B.Sc. colleges in 2022; and (iii) strengthening the four ANM schools (Aizawl -2, Mamit, Lawngtlai). The remaining three GNM schools (Siaha, Serchhip and Champhai) may be proposed for upgradation by March 2023

#### IV. Other activities under Component 3

- Gap assessment for medical equipment as per IPHS norms and BMWM equipment as per Biomedical wastes Rules 2016 (& their subsequent amendments) for all health facilities were conducted. With concurrence from DHS, DHME and NHM, the project will first initiate procurement of Medical Equipment related to Maternal & Child Health.
- Biomedical Waste characterization study has been conducted in 17 Healthcare facilities of the state. A Comprehensive Study of BMWM in healthcare facilities including private and Defence hospitals of the State for Baseline, midline and end-line of the project is expected to be conducted by August, 2022.
- 3<sup>rd</sup> issue of MHSSP e-Newsletter 'DamnaKawlEng' was released on 30<sup>th</sup> March, 2022.
- MHSSP will collaborate with the Department in merging MHSSP e newsletter and the Department monthly magazine 'Hriselna&Damna' with technical and financial support from the project. The first issue of the collaborated monthly magazine will be released for June, 2022.



## **XVIII. Bio Medical Management, Free Drugs Service, Drugs & Vaccine Distribution System, Pradhan Mantry National Dialysis Programme**

### **1). Bio-medical Equipment Management and Maintenance Program –**

- Contract with HLL extended for another 5 years in May 2021 at the rate of 12.8% of asset value.
- Total no. of equipment – 6477. Out of these, 6105 are functional equipments.
- 45 equipments are under warranty and 298 equipments are proposed for condemnation.
- Maximum no. of breakdown calls made by Civil Hospital, Aizawl.

### **2). Free Drugs Service Initiative –**

- Essential drug list for NHM, approved by executive committee of Mizoram State Health Society uploaded in NHM website and circulated to all facilities.
- This program covers all facilities – SCs, PHCs, CHCs, SDHs & DHs and distributed free of cost.

### **3). Free Diagnostics Service Initiative –**

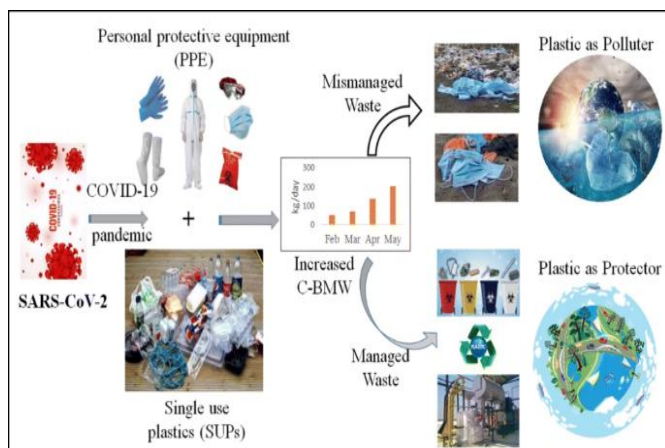
- This program covers 372 sub centres, 9 CHCs, 2 SDHs and 8 DHs.
- Diagnostic items procured distributed free of cost.

### **4). Drugs and Vaccine Distribution and Management System –**

- DVDMS training for MO, Pharmacist, BAM and S/N conducted during November 2020 to January 2021.
- DVDMS now operational in 92 facilities, from DH, SDH, CHC and PHC.
- State data uploaded in Ministry's dashboard and was included in statewise ranking from May 2021.
- In monthly ranking, Mizoram ranks 21<sup>st</sup> in December 2021, in DVDMS Central Dashboard, Ministry of Health & Family Welfare, Government of India.

### **5). PradhanMantri National Dialysis Programme –**

- 3 Dialysis centres at Civil Hospital Aizawl, Civil Hospital Lunglei, District Hospital, Champhai.
- Process underway to open dialysis centre at Kolasib District Hospital.
- There are 792 patients registered for dialysis and 5979 dialysis sessions during this financial year.



## XX. Mizoram State Health Care Society & AB-PMJAY

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**Background:** 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 1<sup>st</sup> 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 be reduced, 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 Principal Chief Executive Officer, whose office is located at 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.

**Objectives:** The Mizoram State HealthCare 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.

### Mizoram State Health Care Scheme (MSHCS):

The Mizoram State Healthcare Scheme strengthen and gave social security to each bonafied residents enrolled under the scheme by providing health insurance coverage up to 2 lakhs during April 2021 to September 2021 with each family enrolled themselves by a minimal user fee of charge Rs.100 for BPL families and Rs.1000 for APL families. As decided by the Governing Body of MSHCS to change the policy year which is October to September against April to March, an additional window of 6 months policy was implemented during October 2021 to March 2022 providing health coverage of Rs 1 lakh for 6 months by collecting user charge of Rs. 50 for BPL families and Rs.500 for APL families. The list of families for segregation of poverty line is adopted from Department of Economics & Statistics, Government of Mizoram. The following table represent the status of achievement during April 2021 to March 2022.

Policy Year	No of Enroll ed Families	Claims Screened/ Received	Claims Amount	Claims paid Count	Claims Paid Amount (Rs)	Pendi ng claim s	Pending Claims Amount
01/04/2021-30/09/2021	1,12,427	26,631	93,15,11,240	16,602	45,31,70,143	10,029	25,29,37,662
01/10/2021-31/03/2022	87,695	12,985	46,36,36,311	NIL	NIL	12,666	33,30,79,643
Total		39,616	1,39,51,47,551	16,602	45,31,70,143	22,695	58,60,17,305

### Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (ABPM-JAY):

Ayushman Bharat PM-JAY 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 92 empanelled hospitals in the State of which 81 hospitals come under public sector and 12 hospitals under private providers. Unlike other health insurance scheme, it is mandatory that all eligible member of the household must have e-card also named 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, Mizoram liaised with Department of Information & Communication Technology (ICT) by integrating with Common Service Centres (CSC's) available at almost every locality along the State. Further, State Health Agency, Mizoram also setup teams to visit hardship places with no or poor internet connectivity to make sure each eligible beneficiary has their own identity golden card prior to exposure from diseases. The endeavour of the sincerity and hard work of all the workers generated **368456 golden cards** so far. The detail of claims during policy year 2021-2022 is highlighted in below table.

Pre-auth Requested Count	Pre-auth Requested Amount	Claims Submitted Count	Claims Submitted Amount	Claims Approved Count	Claims Approved Amount
13870	177153718	13747	174897227	13611	138640321



## Government Employee & Dependents Medical Re-imbursements:

The Government of Mizoram had assigned MSHCS to screen and scrutinise all medical reimbursement claims of Government servants and their dependents since 2018-19, though payment is not done by the Society, it screens and recommends the approved amount based on Government Notified rates, whereupon, the concerned Treasury makes the payment to the Government Servant. The details of claim scrutinised during the year 2021 to 2022 is highlighted in below table.

Year	Claims Screened/ Received	Claims Received Amount	No of Claims Approved	Claims Approved Amount	Claims Deducted/ Adjusted Amount	Avg. claim Size (Rs)	No of Fraudulent claims Rejected
01/04/2021-31/03/2022	14251	85,97,98,910	14,100	73,10,27,711	12,87,71,199	51,297	151

## MIZORAM STATE HEALTH CARE SCHEME 2022-2023

**Mizoram-ah Health Care Scheme chi hnih a awm a, chungte chu:**

- 1. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)**- Central Scheme, Golden Card hmanga ₹5,00,000/- thlang bill theihna.
- 2. Mizoram State Health Care Scheme (MSHCS)**- Mizoram Sawrkar Scheme, ₹2,00,000/- thlang admit ngai natna tam ber leh **OPD-a** inenkawlina thenkhat bill theihna.

### I AYUSHMAN BHARAT - PRADHAN MANTRI JAN AROGYA YOJANA (AB-PMJAY)

**Sawrkar laipui Ministry of Health & Family Welfare hnuia Scheme a ni a.** Mizoramah chuan Mizoram State Health Care Society, Department of Health & Family Welfare in a kengkawh. He Scheme ah hian chhungkaw pakhatin kum khatah ₹5,00,000/- thlang damdawiina inenkawlina senso bill theih tura ruahman a ni.

- 1. AB-PMJAY** hmang thei tute (Sawrkar laipui phal chin) :
  - i. Rural Development Ministry hnuia SECC (Socio Economic Caste Census) 2011 'Deprived List' a tel chhungkuate (khawsak harsa leh hnuaiahnung).
  - ii. 2018 a RSBY (Rashtriya Swasthya Bima Yojana) hnuia thlala a Smart Card neite.
- 2. AB-PMJAY** hamthatnain a ken telte :
  - i. Kum khat chhungin damdawiina inenkawlina ₹5,00,000/- thlang an hmang thei.
  - ii. ₹5,00,000/- hman theih han tih hian vawikhata hman zawh nghal vek a kawh lova, tum khat inenkawlina atan enkawlina rate bithliah (package rate) aia tam a hman theih chuang loh a ni.

- 5. Chhungkaw khata inziaklutte hi an Ration Card nen a inmil tur a ni a.** Nau piang/mo thar etc. erawh chu a tichiangtu atan Birth/Marriage Certificate hman tur a ni ang.

### VI AB-PMJAY GOLDEN CARD LEH MIZORAM STATE HEALTH CARE SCHEME

- 1. Kum 2018 RSBY** (Rashtriya Swasthya Bima Yojana) Smart card leh PM (Prime Minister) Letter hmanga Golden Card nei ten (SECC 2011 'Deprived List' a awm te - chhungkaw harsa leh hnuaiahnung) an Golden Card hi kum 2019-2021 thlang an hmang chhunzawm thei ang a (a thara siam emaw renew a ngai lovang), Golden Card la siam lo te pawhin an siam chhunzawm thei ang.
- 2. SECC/RSBY hmanga AB-PMJAY Scheme** hamthatna dawng thei te pawhin MSHCS hnuaiah 1.04.2022 - 31.03.2023 policy chhung atan an in register (enroll) thei.
- 3. AB-PMJAY (Golden Card) hman theihlohna damdawiin** leh AB-PMJAY in a huam tel loh natnate chu MSHCS hmangin a bill theih a ni.



Issued by:  
**Mizoram State Health Care Society,**  
 -cum-  
**State Health Agency AB PM-JAY, Mizoram**  
**Department of Health & Family Welfare,**  
**Dinthar Aizawl - 796001**

Contact:  
**14555 (Toll Free)**  
**8794444407**  
**9366588506**

## **XIX. Clinical Establishments Act 2010**

### **PROGRAM/ACTIVITY HIGHLIGHT**

The primary responsibility to regulate the health care sector rests with the State/UT Governments. However, the Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010, to provide a legislative framework for registration and regulation of clinical establishments in the country and to improve the quality of health services by prescribing minimum standards of facilities and services which may be provided by them. The Act, initially, came into force in 4 States namely Sikkim, Mizoram, Arunachal Pradesh and Himachal Pradesh and all Union Territories on 1-3-2012, except Delhi. Subsequently, 7 more States namely Uttar Pradesh, Uttarakhand, Bihar, Jharkhand and Rajasthan, Assam and Haryana have also adopted this Act. Thus, as on date, the Clinical Establishments Act is applicable in 11 States and all Union Territories except UT of Delhi.

The Act is for the purpose of Registration and Regulation of the clinical establishments of both therapeutic and diagnostic types belonging to all recognized systems of medicine from both Govt. and Private sector (except those of Armed Forces) with a view to prescribe minimum standards of facilities and services provided by them, so that mandate of article 47 of the Constitution for improvement in public health may be achieved.

#### **OBJECTIVES:**

1. To establish Digital Registry of Clinical Establishments at National, State and District Level.
2. To prevent quackery by unqualified practitioners by introducing registration system which is mandatory.
3. To prescribe minimum standards of facilities and services for all categories of health

#### **ACHIEVEMENTS**

- ▶ **26<sup>th</sup> October, 2021:** The 11th State Council meeting for Clinical Establishments Act was held on 26<sup>th</sup> October, 2021.
- ▶ **3<sup>rd</sup> November, 2021:** Reconstitution of the State Council Members was agreed and letters were sent out to each association/organisation to nominate their representatives.
- ▶ **15<sup>th</sup> December, 2021:** The revised registration fee for Provisional Registration of various categories of Clinical Establishments is issued by H&FW Department.
- ▶ **17<sup>th</sup> March, 2022:** Notification regarding Online health care provider stating that all online healthcare provider must register under CEA is issued.
- ▶ **2<sup>nd</sup> Feb, 2022:** Requesting to issue notification regarding adoption of newly added lists of Charter of Patients' Rights in the already adopted list. (Notification is still awaited)



► **March, 2020:** Visiting and Monitoring at the following districts were done:

- |              |   |                                                         |
|--------------|---|---------------------------------------------------------|
| 1. Serchhip  | - | 1 <sup>st</sup> March, 2022                             |
| 2. Lungle    | - | 8 <sup>th</sup> March, 2022                             |
| 3. Siahla    | - | 10 <sup>th</sup> March, 2022                            |
| 4. Lawngtlai | - | 14 <sup>th</sup> March, 2022                            |
| 5. Champhai  | - | 23 <sup>rd</sup> & 24 <sup>th</sup> , 2022              |
| 6. Mamit     | - | 29 <sup>th</sup> March, 2022                            |
| 7. Kolasib   | - | 31 <sup>st</sup> march, 2022                            |
| 8. Aizawl    | - | 1 <sup>st</sup> Dec – 14 <sup>th</sup> Dec, 2021        |
|              |   | 4 <sup>th</sup> -13 <sup>th</sup> , April, 2022         |
|              |   | 25 <sup>th</sup> , April – 20 <sup>th</sup> , May, 2022 |

**The reasons to why Aizawl Districts needs multiple monitoring and evaluation**

1. It has the least percentage of registration inspite of having the maximum number of Clinical Establishments of all the districts in Mizoram.
2. To improve and update Clinical Establishment registration including hospitals, clinics and laboratories.
3. To create awareness to the public regarding Clinical Establishment Act and at the same time to prevent false practices.



**The Clinical Establishments  
(Registration and Regulation) Act 2010  
and Rules 2012**

**What Is Clinical establishment  
Act?**

This bill makes it mandatory for each and every clinical establishment including every individual clinic, consulting chamber, laboratory or any other investigative or treatment place without indoor beds, nursing homes, hospital etc. by whatever name it may be called to register and follow minimum standards of infrastructure i.e. of space / equipment and qualified para medical staff.

## XX. National Mental Health Programme (NMHP)

Sl. No.	Components		
1.	Early detection and treatment of mentally ill patients		
	a	OPD	14592
	b	IPD	1249
2.	Outreach for increasing awareness and reducing stigma related to Mental Health Problems		
	a	No. of Free Clinic cum Awareness	30
	b	No. of patients seen in Free Clinic	1719
	c	No. of Awareness	98
	d	No. of participants in Awareness Prog	3789
	e	No. of Home Visits	95
	f	No. of referral	25
	g	No. of Phone calls in Crisis/ Suicide Helpline	699



## XXI. National Programme For Prevention And Control Of Cancer, Diabetes, Cardiovascular Diseases And Stroke (NPCDCS)

### Objectives :-

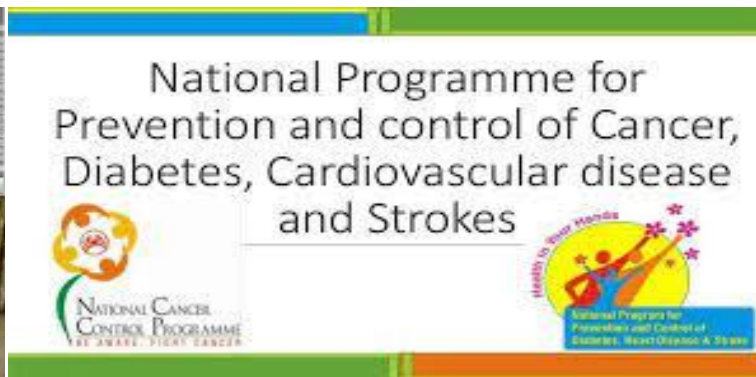
- Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc.
- Opportunistic screening at all levels in the health care delivery system from subcentre and above for early detection of diabetes, hypertension and common cancers. Outreach 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 2021 – 2022
No. of Patients screened	84714
No. of patients -Physiotherapy	2292
No. of persons counselled	15494
Patients diagnosed with	
Diabetes	2762
Hypertension	5232
CVDs	7
Stroke	29
Cancer	244

### Activities :

- Training on Cardiovascular Emergencies under NPCDCS” on 10<sup>th</sup> December, 2021 (Friday)
- Observance of World Cancer Day



## XXII. NATIONAL PROGRAMME FOR PALLIATIVE CARE (NPPC)

**Goal :** Through this programme, terminally ill cancer patients are getting pain relief and other supportive care. Availability & Accessibility of rational, quality pain relief & palliative care to the needy as an integral part of health care at all levels in alignment with community requirement

- **Current Status:** NPPC is a National Programme, implemented in Mizoram since October 2016 and currently covered eight (8) districts – Aizawl East, Aizawl West, Champhai, Kolasib, Mamit, Lawngtlai, Lunglei & Siaha. State Palliative Care Cell is also established at Directorate of Hospital & Medical Education

### ACHIEVEMENTS :

- Renewal of **Registered Medical Institute License (RMI) for procurement, storage and dissemination of Morphine** for 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 completed.
- Procurement of equipments and furnitures for Siaha District completed & disseminated to district.
- **World Hospice and Palliative Care Day** was observed on **10<sup>th</sup> October, 2020**. TV Spots on Palliative Care was broadcast on Local Cables and Article on Palliative Care was published at Local Newspaper.
- **OPD Services available** at District Palliative Care Unit.
- **In Patient Service** – 10 Bedded Palliative Ward at MSCI, Zemabawk and 4 Bedded Palliative Ward at Lunglei District Hospital available.
- **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.
- **Case Detection Status :** A total of **2090 OPD** cases were seen, **209 IPD** cases and **532 New cases**, Home Visit could not be carried out in most Districts and therefore, only **41 patients** were visited at home. **60** Palliative patients died in the Hospital whereas **87 patients** died at home.
- Dissemination of Home Based Care Kit to districts.
- Two Days Training of Doctors & Nurses of Lawngtlai & Siaha District on Palliative Care 10<sup>th</sup> & 11<sup>th</sup> March, 2022 Auditorium, Directorate of Hospital & Medical Education, MINECO, Aizawl.
- Hands On Training Staff Nurses on Home Based Palliative Care at MSCI, Zemabawk on 14<sup>th</sup> - 19<sup>th</sup> March, 2022.
- Stakeholder Meeting cum Review Meeting on 22<sup>nd</sup> March, 2022 at Auditorium, Directorate of Hospital & Medical Education, MINECO, Aizawl.
- Workshop on Strengthening & Promoting Palliative Care Services on 17<sup>th</sup> March, 2022 at Conference Hall, Aijal Club, Treasury Square, Aizawl.



**XXIII. National Tobacco Control Programme, Mizoram**

**A. Physical Achievement:**

Sl.No.	Name of Activity	No of Activity	Details/No of participants
1.	Training and Sensitization Workshop	67	2163
2.	Anti Tobacco Awareness Campaigns and programmes at Churches/Community	48	1857
3.	Anti Tobacco Awareness programmes at Educational Institutions	48	4010
4.	Others (Important Meetings, Talk show etc.)	63	416
<b>Total</b>		<b>226</b>	<b>8446</b>
5.	Total No. of Clients at Tobacco Cessation Clinics (TCC)	2333	
6.	Quit Rate	20.89 %	
7.	Total No. Of Anti Tobacco Squad drives conducted	256	
8.	Total No. of Offenders for violation of COTPA	196	

During the reporting period 49 Educational Institutions has been declared as Tobacco Free Educational Institution as per the guidelines provided by the Ministry of Health & Family Welfare.



#### **XXIV. NURSING SERVICE UNDER HEALTH & FAMILY WELFARE**

Nursing Service in Mizoram was started during the British period by the missionaries based on mission hospitals hundred years ago. But those trainings were on job training without proper certification. Proper and systematic nursing service in Mizoram was established only in 1974. Mizo girls make good and excellent nurses probably because of societal and cultural influence of selfless service.

##### **1. ESTABLISHMENT OF MIZORAM COLLEGE OF NURSING :**

Nursing School Civil Hospital Aizawl was up-graded into College of Nursing in 2005 and Govt. of India sanctioned Rs. 3,70,50,000 (Rupees three crore seventy lakhs and fifty thousand) only for strengthening of upgraded College of Nursing, for construction of Administrative cum teaching block, and Rs. 11 crore was sanctioned for construction of 200 bedded Hostel Building and completed and occupied by student on 2<sup>nd</sup> June, 2018. The Institution is recognized by Indian Nursing Council and has permanent affiliation under Mizoram University. It also has UGC 2(B) 12(B) recognition. About 350 B.Sc. (Nursing) have passed out since its up-gradation. On 15<sup>th</sup> February, 2021 the Executive Committee of the National Assessment and Accreditation Council (NAAC) has declared MCON as Accredited with CGPA of 2.39 on four point scale at 'B' Grade valid upto 14<sup>th</sup> February, 2026. *(Certificate enclosed)*

##### **2. ESTABLISHMENT OF ANM SCHOOL & GNM SCHOOL :**

Government of India has sanctioned 10 crore each for the establishment of 4 General Nursing & Midwifery Schools at – Saiha, Champhai, Serchhip, Kolasib and 5 crore each for Auxiliary Nursing & Midwifery Schools at – Lawngtlai, Mamit, Aizawl, to achieve the Sustainable Development Goals (SDG) which aim at reducing the Maternal Mortality Rate (MMR) to less than 70 per 100,000 live birth by 2030.

Construction of Administrative cum Teaching Block for GNM School at Champhai and Saiha has been completed and both Hostel block is under construction. Administrative cum Teaching Block for GNM School Serchhip has already been completed since May, 2018.

ANM School Lawngtlai was started on 16<sup>th</sup> November, 2017 with 20 students intake per year. School of Nursing Thingdawl, Kolasib (GNM School) was started on 18<sup>th</sup> December, 2017 with 20 students intake per year.

ANM School Zemabawk, Aizawl was started on 19<sup>th</sup> January, 2021 with 20 students intake per year. ANM School Mamit was approved by Govt. of Mizoram on 7<sup>th</sup> January, 2022. 1<sup>st</sup> Batch of ANM Students were recruited for the session 2021 – 2022 with 20 students intake per year on 1<sup>st</sup> February, 2022. The new Institution are functional with all modern equipments as per Govt. of India guidelines and Indian Nursing Council guidelines.



### 3. MIZORAM NURSING COUNCIL :

Mizoram Nursing Council (MNC) was shifted from Civil Hospital Aizawl to the New Building at Secretariat Complex, Khatla, Aizawl on 21<sup>st</sup> June, 2016. One floor is occupied as Office and the remaining floor are completed and has been utilized as Training/Conference Hall.

National Registration Tracking System (NRTS) (Live Registration for Nurses/ANM) was commenced from 30<sup>th</sup> August, 2018 till date. Two technical persons are sponsored by the Indian Nursing Council (INC) and all the expenditures & equipments are received from the Indian Nursing Council. 4157 (as on 7<sup>th</sup> April, 2022) Nurses/ANM are registered under NRTS.

### 4. COVID – 19 PANDEMIC:

During this year, Registered Nurse and Student are involved in Covid-19 patient care in various Covid Care Centre, Public Health Facilities such as – *Dedicated Covid Health Centre(DCHC) Mualpui, DCHC Kulkikawn and DCHC Mineco, Khatla*. They are frontline workers and rendered their valuable services for the public.

### 5. NATIONAL FLORENCE NIGHTINGALE AWARD 2020:

2(two) Nursing personnel received Florence Nightingale Award 2020. Viz-

- (1) Dengthangpuii, Health Supervisor(Rtd)
- (2) Vanlalthuami, Health Worker, Theiriat Sub Centre, Lunglei District.



**Mrs. Dengthangpuii  
Health Supervisor(Rtd)**



**Mrs. Vanlalthuami  
Health Worker, Theiriat**





## 6. ACHIEVEMENT & RESULTS DURING 2020 – 2021

<b>Sl. No</b>	<b>Name of Institution</b>	<b>Duration of Course</b>	<b>No. of intake per year</b>	<b>Board /University</b>	<b>No. of Passing out 2020 - 2021</b>
1	<b>Health Worker Training Institute,</b> Kulikawn, Aizawl	2 yrs	50	MNC	50
2	<b>ANM School Lawngtlai,</b> Lawngtlai, Mizoram	2 yrs	20	MNC	20
3	<b>Nursing School Lunglei (GNM)</b> Lunglei, Mizoram	3 yrs	20	MNC	18
4	<b>School of Nursing (GNM)</b> Thingdawl, Kolasib	3 yrs	20	MNC	19
5	<b>Mizoram College of Nursing B.Sc(N)</b> Falkawn, Aizawl	4 yrs	30	MZU	29
6	<b>ANM School Aizawl,</b> Zemabawk, Aizawl	2 yrs	20	MNC	Newly establish for Academic Session 2021-2022
7	<b>ANM School Mamit</b> Mamit, Mizoram	2 yrs	20	MNC	Newly establish for Academic Session 2021-2022

## 7. POST FILLED DURING 2021 – 2022

<b>Sl. No.</b>	<b>Date</b>	<b>Name of Post</b>	<b>No of Post filled</b>	<b>Mode of Recruitment</b>
1	01.05.2020	Ward Superintendent	1	Promoted from Staff Nurse
2	06.05.2020	Nursing Superintendent	3	Promoted from Ward Superintendent
3	16.11.2020	Ward Superintendent	5	Promoted from Staff Nurse
4	18.12.2020	Ward Superintendent	1	Promoted from Staff Nurse
5	22.05.2020	Senior Lecturer	1	Promoted from Lecturer
6	15.12.2020	Lecturer	1	Promoted from Tutor
7	15.02.2021	Nursing Superintendent	1	Promoted from Ward Superintendent
8	08.04.2021	Joint Director (Nursing)	1	Promoted from Dy. Director(N)
9	08.01.2021	Lecturer	1	Appointed from Tutor
10	16.03.2021	Ward Superintendent	2	Promoted from Staff Nurse
11	23.06.2021	Deputy Director (Nursing)	1	Promoted from Nursing Supdt.
12	21.09.2021	Nursing Superintendent	4	Promoted from Ward Superintendent
13	28.09.2021	Staff Nurse (State Contract) ICU	25	Direct Recruitment
14	11.10.2021	Staff Nurse (ZMC Contract)	50	Direct Recruitment
15	21.09.2021	Nursing Superintendent	4	Promoted from Ward Superintendent
16	02.03.2022	Ward Superintendent	4	Promoted from Staff Nurse



Mizoram College of Nursing Council Building

## **XXV. 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 8<sup>th</sup> 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 2021 - 2022)**

- **Online Training on MIS for Lab Technicians, Pharmacists & Medical Officers on Hepatitis C Module on 5<sup>th</sup> August, 2021. Zoom Online Meeting on Hepatitis B & challenges faced in Mizoram on 14<sup>th</sup> June, 2021.**
- **Zoom Online Meeting on issues relating to Viral Hepatitis in Mizoram on 14<sup>th</sup> July, 2021.**
- **Zoom Online Review Meeting on Viral Hepatitis in Mizoram on 16<sup>th</sup> August, 2021.**
- **Zoom Online Review Meeting on Viral Hepatitis in collaboration with RCH in Mizoram on 14<sup>th</sup> September, 2021.**

- **Online Training through Webex for Mamit District on Diagnostic, Care & Treatment of Hepatitis B** on 30<sup>th</sup> September & 1<sup>st</sup> October, 2021.
- **Zoom Online Review Meeting on Viral Hepatitis in collaboration with Finance Consultant in NHM, Mizoram** 14<sup>th</sup> October, 2021.
- **Online Client Portal Training with Core Diagnostics**, New Delhi on 26<sup>th</sup> October, 2021.
- **National Review Meeting** under NVHCP on 29<sup>th</sup> Dec, 2021 at New Delhi. **Supervisory visit of DTC**, Champhai on 9<sup>th</sup> December, 2021.
- **Supervisory visit of DTC**, Mamit on 27<sup>th</sup> February, 2022.
- **Supervisory visit of DTC**, Lawngtlai on 23<sup>rd</sup> March, 2022
- **Supervisory visit of DTC**, Siaha on 24<sup>th</sup>, March, 2022.

#### **Report on Status of Viral Hepatitis: (FY 2021-22)**

S.no	Activity	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3rd Qtr	4 <sup>th</sup> Qtr
1.	No. of patients tested for Hepatitis C	6167	5864	5969	6677
2.	No. of patients tested positive for Hepatitis C	347	370	395	398
3.	No. of Hepatitis C positive patients tested for Viral load	169	275	358	447
4.	No. of patients found eligible for treatment of Hepatitis C	103	76	163	201
5.	No. of patients put on treatment for Hepatitis C	110	103	212	249
6.	No. of Hepatitis C patients completed treatment	227	263	67	150
7.	No. of patients tested for Hepatitis B	6155	5716	5993	7206
8.	No. of patients tested positive for Hepatitis B	148	166	135	193
9.	No. of Hepatitis B positive patients tested for Viral load	0	1	31	123
10.	No. of patients found eligible for treatment of Hepatitis B	0	0	21	44
11.	No. of patients put on treatment for Hepatitis B	0	0	7	24
12.	No. of patients put on treatment for Hepatitis B (Cumulative)	0	0	7	55



**XXVI. National Oral Health Programme (NOHP)**

ORAL/DENTAL HEALTH REPORT MIZORAM 2021-2022					
Sl.No.	Particulars	Lungdai	Darlawn	Chawngte	TOTAL
1	Dental Caries	220	154	310	684
2	Pericdental Diseases	110	95	96	301
3	Moloclusion	22	14	12	48
4	Cleft lip and Palate	1	2	3	6
5	Oral Cancer	0	0	0	0
6	Oral submucous tibrosis	0	0	0	0
7	Dental fluorasis	3	2	1	6
8	Edentulousness (tooth loss)	18	12	23	53
9	Oral lessons due to HIV AIDS	0	0	0	0
10	Birth defects involving oro facid complex	1	2	1	4
11	Extraction	65	32	43	140
12	Restoration/Filling	52	44	54	150
13	Oral Prophylaxis	8	16	12	36
14	Grant TOTAL	500	373	555	1428



**Oral Health Day 2021**

## XXVII. PC & PNDT ACT ACHIEVEMENTS

### Activities of Statutory Body:

Sl.no	Name	No. of Meeting (2021-2022)
1.	State Supervisory Board	0
2.	State Advisory Committee	3
3.	State Appropriate Authority	3

### Inspection of Ultrasound centres :

Sl.no	Districts	No.of Ultrasound centre Inspected during 2021-2022
1	Aizawl	30
2	Siaha	2
3	Lawngtlai	3
4	Serchhip	2
5	Kolasib	3
6	Mamit	1
7.	Lunglei	7
8.	Champhai	4
9.	Hnahthial Sub-District Hospital	1
10.	Sub District Hospital, Saitual	1
11.	Khawzawl Community Health Centre	1
12.	Kawrthah Community Health Centre	1
13.	Community Health Centre, Sakawrdai	1
	<b>TOTAL</b>	<b>57</b>

### Registration of Ultrasound centres :

Sl.No	Registration	2021-2022
1.	Fresh Registration	9
2.	Renewal of Registration	5
3.	Cancellation of Registration	0
4.	Show cause notice to centre	5

### Implementation of Six Months Training Rules:

Sl.no	Particular	2021-2022
1.	Number of Competency Based Assessment (CBA) conducted	-
2.	Number of candidate clearing CBA	-

### Submission of FORM F :

Sl.No	District	Number of Form F submitted (2021-2022)
1	Aizawl	3691
2	Lunglei	390
3	Siaha	-
4	Serchhip	229
5	Kolasib	470
6	Champhai	248
7	Lawngtlai	345
8	Mamit	159
	<b>TOTAL</b>	<b>5532</b>





## XXVIII. Reproductive & Child Health :

This programme aimed at achieving a status in which women will be able to regulate their fertility, women will be able to go through their pregnancy and child birth safely, the outcome of pregnancies will be successful and will lead to survival and well being of the mother and the child.

So, the main aims of the RCH program was to bring about a change in mainly three critical health indicators i.e. reducing total fertility rate (TFR), infant mortality rate (IMR) and maternal mortality ratio (MMR)

### Objectives:

- \* **Promotion of MCH to ensure safe Motherhood and Child survival**
- \* **Reduction of Maternal and Child Morbidity and Mortality**
- \* **Attainment of Population**

### Stabilization Various Components under RCH:-

1. **Maternal Health:** Maternal Health Division strives to provide quality services to pregnant women and their new-borns through various interventions and programmes, building capacity of health personnel and routine health systems strengthening activities.
2. **Child Health:** The child health programme under the National Health Mission (NHM) comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality.
3. **Family Planning:** Family planning services are defined as "Educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved".

Indicators (Source: HMIS)	2021-22
Total number of pregnant women registered for ANC	21484
Out of the total ANC registered, number registered within 1st trimester (within 12 weeks)	17300 (81%)
Number of PW received 4 or more ANC check ups	13436 (63%)
Number of Home Deliveries attended by Skill Birth Attendant(SBA) (Doctor/Nurse/ANM/ Midwife)	524
Number of Home Deliveries attended by Non SBA (Trained Birth Attendant(TBA) /Relatives/etc.)	1931
Total No of Home Deliveries	2455 (13%)
Number of Institutional Deliveries conducted (Including C-Sections)	16799 (87%)
<b>Total Delivery</b>	<b>19254</b>
Live Birth - Male	9584
Live Birth - Female	9522
<b>Total Live Birth</b>	<b>19106</b>
Number of newborns weighed at birth	18321 (96%)
Number of newborns having weight less than 2.5 kg	989 (5%)
Number of Newborns breast fed within 1 hour of birth	17150 (90%)
Number of Non Scalpel Vasectomy (NSV) / Conventional Vasectomy conducted	1

Number of Laparoscopic sterilizations (excluding post abortion) conducted	20
Number of Interval Mini-lap (other than post-partum and post abortion) sterilizations conducted	390
Number of Postpartum sterilizations (within 7 days of delivery byminilap or concurrent with caesarean section) conducted	459
Number of Post Abortion sterilizations (within 7 days of spontaneous orsurgical abortion) conducted	8
<b>Total Female Sterilization</b>	<b>877</b>
Number of Interval IUCD Insertions (excluding PPIUCD and PAIUCD)	435
Number of Postpartum (within 48 hours of delivery) IUCD insertions	428
Number of Post Abortion (within 12 days of spontaneous or surgical abortion) IUCD insertions	31
Number of IUCD Removals	827
Injectable Contraceptive-Antara Program- First Dose	868
Injectable Contraceptive-Antara Program- Second Dose	639
Injectable Contraceptive-Antara Program- Third Dose	393
Injectable Contraceptive-Antara Program- Fourth or more than fourth	808
Number of Combined Oral Pill cycles distributed	93914
Number of Condom pieces distributed	134036
Number of Centchroman (weekly) pill strips distributed	4011
Number of Emergency Contraceptive Pills (ECP) given	2116
Number of Pregnancy Test Kits (PTK) used	17937
Children aged between 9 and 11 months fully immunized- Male	8855
Children aged between 9 and 11 months fully immunized - Female	8193
<b>Total Children Fully Immunized</b>	<b>17048 (89%)</b>
<b>Total No of Neonatal Deaths</b>	<b>331</b>
<b>Neo Natal Mortality Rate</b>	<b>17</b>
<b>Total No of Infant Death</b>	<b>465</b>
<b>Infant Mortality Rate (IMR)</b>	<b>24</b>
<b>Total No of Maternal Death</b>	<b>25</b>
<b>Maternal Mortality Ratio (MMR)</b>	<b>131</b>

**“NU LEH NAU AN LO HRISEL ZAWK  
NAN CHHUNGKAW RUAHMANNA  
FEL TAK NEI RAWH”**



**Nu leh nau chung a natna leh thihna chhan tam ber chu :**  
*Fa neih hma lutuk* *Chhang zing lutuk*

*Fa neih tam lutuk*

- \* Chhungkaw ruahmanna fel tak nei turin indanna chi hrang hrang te hi Daktawr rawnin hman thin ang che.
- \* Fa i neih duh zat nei turin chhangkhatna hman thin ang che.
- \* Kum 19 i tlin hnuah chauh nupui/pasal nei ang che.
- \* Kum 21 i tlin hnuah chauh fa nei ang che.
- \* Chhangkhat tawka fa neih hi nu leh nau hriselna a ni.
- \* Nau neih hlim leh nau chhiat hlima indanna hman nghal hi thil hlauhawm a ni lo.



**Family Planning, Reproductive and Child Health, National Health Mission**

Please visit : [nhmmizoram.org](http://nhmmizoram.org) [NHM Mizoram](https://www.facebook.com/nhm.mizoram) [nhm\\_mizoram](https://www.instagram.com/nhm_mizoram) [nhmmizoram](https://www.youtube.com/channel/UCmizoram) [NHM Mizoram](https://www.tiktok.com/@nhmmizoram)

## XXIX. State Blood Cell Achievements

### Activities :

- File cabinet, stethoscope, BP instrument, pulse oximeter, table and chairs have been procured for ICHH (Integrated Centre for Haemophilia & Hemoglobinopathies) centre in Civil Hospital, Aizawl.
- Tablet Deferasirox 250 mg and 500 mg has also been procured for patients of Thalassemia.
- Procurement of HPLC machine for screening of Thalassemia & Sick Cell Anaemia in process.
- Observance of World Blood Donor Day on 14<sup>th</sup> June, 2021 in all the districts.
- Observance of National Voluntary Blood Donation Day on 1<sup>st</sup> October, 2021 in all Blood Banks.
- Supervisory visit of Blood Bank, Champhai on 9<sup>th</sup> December, 2021.
- Supervisory visit of Blood Bank, Mamit on 27<sup>th</sup> February, 2022.
- Supervisory visit of Thenzawl BSC on 22<sup>nd</sup> March, 2022
- Supervisory visit of Blood Bank, Lawngtlai on 23<sup>rd</sup> March, 2022
- Supervisory visit of Blood Bank, Siaha on 24<sup>th</sup>, March, 2022.

### Report on Status of Blood Collection: (2021-22)

Sl.No	Particulars	FY April 2021 – March 2022
1	<b>Blood Collection :</b>	
1A	Total Blood Collection	<b>28176</b>
1B	Total Voluntary Blood Collection	<b>24824</b>
1C	Total % VBD	<b>88.10%</b>
2	<b>Voluntary Blood Donation</b>	
2A	No. of VBD camps organized	<b>634</b>
2B	Total Collection in Camps	<b>16064</b>
2C	Static voluntary collection	<b>7605</b>
2D	Static replacement collection	<b>2708</b>
3	<b>Blood Utilization</b>	
3A	No of units of whole blood supplied	<b>9521</b>
3B	No of units of components supplied	<b>34699</b>
3C	No of units of whole blood discarded	<b>1374</b>



**OBJECTIVES:**

Provision of integrated and sustainable Primary Health Care to promote the health Status of urban poor community/ low income neighbourhoods, particularly those who are dwelling in the outskirts of the cities, towns and vulnerable sections, KFAs

1. KIOSKs were installed at all UPHCs in Mizoram during 2021-2022 and all OPD cases were screened. The KIOSK was running 8 hours a day for the Ragt test.
2. UPHCs were notified for DCHC and all Medical officers and staffs were involved in DCHC, CCC and 4C . Covid vaccination was also given and all staffs were involved.
3. Champhai UPHC was newly opened from 21st April, 2021 and is currently functional.
4. 60 outreach camps and 10 Special outreach camps were conducted at local level.
5. 332 Urban Health and Nutrition Day were conducted at Anganwadi Centres.
6. During 21-22, 23664 clients attended OPD at the UPHCs, 362 patients were admitted at the UPHCs and 95 deliveries were conducted at the UPHC.



### XXXI. MIZORAM STATE AIDS CONTROL SOCIETY

1. In order to achieve SDG goal of ending HIV/AIDS by 2030, and to fast track the achievement 95:95:95 strategy was adopted, and this strategy is used for calculating overall performance and achievement in HIV/AIDS program. Based on this strategy, the achievement of Mizoram was-

1 <sup>st</sup> 95	2 <sup>nd</sup> 95	3 <sup>rd</sup> 95
64%	85%	91%

2. No of Blood tested ( General Client): **39032**
3. No of HIV+ve detected(General Clients): **1579**
4. No of Blood tested ( Pregnant Woman): **18705**
5. No of HIV+ve detected(Pregnant Woman): **174**
6. No of Live birth to HIV Positive mother: **209**
7. No of Babies received ARV Prophylaxys: **209**
8. No of PLHIV registered at ART centre (cumulative as on 31 march 2022): **20542**
9. No of HRG registered: (as on 31 March 2022)

IDU	FSW	MSM
11443	787	765

10. No of Needle/ syringes distributed: **1415950**
11. No of IDUs on Opioid Substitution Therapy( as on 31 March 2022): **3194**
12. Percentage of Voluntary Blood Donation for the Year 2021-22: **90.08%**



The love brigade drivers will don red jackets so passengers can distinguish them from other drivers

## XXXII. National Programme for Health Care of the Elderly (NPHCE)

### 1. The vision of the NPHCE is:

- To provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population;
- Creating a new “architecture” for Ageing;
- To build a framework to create an enabling environment for “a Society for all Ages”;
- To promote the concept of Active and Healthy Ageing

### 2. Specific Objectives of NPHCE are:

- To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary healthcare 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.

### 3. Achievements during 21-22 :-

Sl. No	ACHIEVEMENTS DURING FY 2021 – 2022	
1	No. of Elderly Person attended OPD	8755
2	No. of Elderly admitted in wards	1537
3	No. of Elderly provided rehabilitation services	1088
4	No. of Lab test undertaken on Elderly patients	5533
5	No. of Elderly Died in Hospitals	173

### 4. Procurement:

- Physiotherapy equipment** :- Adjustable Walker, Muscles Stimulator, Cervical Traction Manual, Shoulder Wheel, Shoulder Pulley, Adjustable walking sticks, Walker, Elbow crutch, Auxillary crutch).
- Hospital Furniture & Appliances** Nebuliser, Pulse Oximeter, Weighing machine
- Drugs** Tab. Amlodipine, Tab. Metformin, Tab. Enalapril, Tab. Glimepride 1mg, Tab. Glimepride 2mg, Tab. Amlodipine, Tab. Metformin

### 5. Activities :

- Observance of International day of the Older Person**
- Free clinic at Old Aged Home**

### XXXIII. REPORT ON THE IMPLEMENTATION OF THE PROVISIONS OF THE RIGHT TO INFORMATION ACT, 2005 FOR THE YEAR 2021-2022

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#### I. Particulars of Reporting Authority:

1. Name of the office: **Directorate of Health Services**
2. Level (*whether Secretariat, Directorate, District, etc.*) **Directorate**
3. Names of Public Sector Undertakings, Boards, Council etc. under the Office: -
4. Names of NGOs assisted by the Department: -
5. Website address of the Office: **<http://health.mizoram.gov.in>**

#### II. Implementations of Section 4 of the RTI Act, 2005:

1. Whether information in the department/office has been made accessible to State Public Information Officer (SPIO) concerned as required by Sec. 4?  
**Reply:** Yes.
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 to the latest publication may please be attached.  
**Reply:** Yes.
3. Whether suo moto information has been provided to the public at regular intervals as required by Sec 4(2)?  
**Reply:** Yes.
4. Whether every information in the department/office has been widely disseminated with Website address of the office as required by Sec. 4(3)?  
**Reply:** Yes.
5. Whether all the records are catalogued and indexed by the office? If not, state the reasons as to why?  
**Reply:** Yes.

#### III. Report on number of Public Authorities and Applications received:



1. No. of DAAs in the office	<u>1</u>
2. No. of SPIOs in the office	<u>12</u>
3. No. of SAPIOs in the office	<u>3</u>
4. Applications received from within the State (excluding BPL applicants)	<u>27</u>
4. Applications received from outside the State (excluding BPL applicants)	<u>28</u>
5. Applications received from BPL applicants	
a) within the State	-
b) outside the State	-
6. Total no. of RTI applications received during the year under report	<u>55</u>

**IV. Report on number of information furnished/denied, etc., First Appeal and Fees collected under RTI Act, 2005.**

1. No. of applications <b>transferred to</b> other departments	<u>Nil</u>
2. No. of applications received which has been <b>transferred from/by</b> other departments	<u>Nil</u>
3. No. of information <b>furnished</b>	<u>55</u>
4. No. of information <b>reject/denied</b>	<u>Nil</u>
5. No. of applications <b>under process</b>	<u>Nil</u>
6. No. of applications <b>withdrawn</b> by applicant	<u>Nil</u>
7. No. of applications <b>not collected</b> by applicant	<u>6</u>
8. No. of First Appeal received	<u>Nil</u>
9. No. of First Appeal disposed	<u>Nil</u>
10. Total amount of RTI application fees collected	<u>Rs. 550/-</u>
11. Total amount collected for cost of providing Information	<u>Rs. 201/-</u>

## XXXIV. REPORT ON THE IMPLEMENTATION OF THE PROVISIONS OF THE RIGHT TO INFORMATION ACT, 2005 FOR THE YEAR 2021 - 2022

### I. PARTICULARS OF REPORTING AUTHORITY :

1. Name of the Office : **Directorate of Hospital & Medical Education**
2. Level (whether Secretariat, Directorate, District, etc) : **Directorate**
3. Names of Public Sector Undertakings, Boards, Council etc under the Office :  
**1) Mizoram Nursing Council**  
**2) Mizoram State Medical Council**  
**3) Mizoram State Dental Council**
4. Names of NGOs assisted by the Department : **Nil**
5. Web address of the Office : **<https://dhme.mizoram.gov.in>**

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

1. Whether all the records are catalogued and indexed by the office? If not reason as to why?  
Ans : **Yes.**
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.  
Ans : **Yes.**
3. Whether summary information has been provided to the public at regular intervals as required by Sec 4(2)?  
Ans : **No.**
4. Whether every information in the department / office has been widely disseminated as required by Sec. 4(3)?  
Ans : **Yes.**

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

### III. Report on number of Public Authorities and Applications received :

1.	No. of DAAs in the office	:	<b>1 (one)</b>
2.	No. of SPIOs in the office	:	<b>1 (one)</b>
3.	No. of SAPIOs in the office	:	<b>1 (one)</b>
4.	Applications received from within the State (excluding BPL applicants)	:	<b>22 (twenty two)</b>
5.	Applications received from outside the State (excluding BPL applicants)	:	<b>1</b>
6.	Applicants received from BPL applicants		
	a) within the State	:	<b>Nil</b>
	b) outside the State	:	<b>Nil</b>
7.	Total no. of RTI applicants received during the year under report	:	<b>23</b>

### IV. Report on number of information furnished/denied, etc. First Appeal and Fees collected under RTI Act, 2005 :

1.	No. of applicants <b>transferred to</b> other departments	:	<b>1</b>
2.	No. of applications received which has been <b>transferred from / by</b> other departments	:	<b>Nil</b>
3.	No. of information <b>furnished</b>	:	<b>19 (nineteen)</b>
4.	No. of information <b>reject/denied</b>	:	<b>Nil</b>
5.	No. of applications <b>under process</b>	:	<b>3</b>
6.	No. of applications <b>withdrawn</b> by application	:	<b>Nil</b>
7.	No. of application <b>not collected</b> by application	:	<b>2</b>
8.	No. of First Appeal received	:	<b>Nil</b>
9.	No. of First Appeal disposed	:	<b>Nil</b>
10.	Total amount of RTI application fees collected	:	<b>190 (one hundred ninety)</b>
11.	Total amount collected for cost of providing information	:	<b>130 (one hundred thirty)</b>



