

# VARIOUS ACHIEVEMENTS 2018-19

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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 Subdistrict/ 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 subdistrict hospitals. These hospitals should play an important referral link between the Sub-District Hospitals, Community Health Centres, Primary Health Centres and Sub-Centres in the State.

HEALTH FACILITIES UNDER HEALTH & FAMILY WELFARE DEPARTMENT, GOVERNMENT OF MIZORAM

S. NO	District	Tertiary Hospital	District Hospital	Sub-District Hospital	Community Health Centre	Primary Health Centre	Urban Primary Health Centre	SUB-CENTRE	CLINIC
1	Aizawl East	1	1	1 (Saitual)	2	5	3	54	39
2	Aizawl West	0	1	1 (Kulikawn)	1	5	3	41	33
3	Champhai	0	1	1 (Khawzawl)	2	11	0	60	27
4	Kolasib	0	1	0	1	5	0	26	6
5	Lawngtlai	0	1	0	1	6	0	36	19
6	Lunglei	0	1	2 (Tlabung & Hnahthial)	0	9	2	70	16
7	Mamit	0	1	0	1	7	0	33	8
8	Saiha	0	1	0	0	4	0	24	13
9	Serchhip	0	1	0	1	5	0	27	5
TOTAL		1	9	5	9	57	8	371	166

The National Health Mission (NHM) is implemented by Mizoram State Health Society (MSHS) led by Mission Director (MD), NHM. There are 31 health programmes currently being implemented by NHM spanning Reproductive & Child Health, Communicable diseases, Non-Communicable Diseases and interventions aimed at improving health system. Achievement of health programmes are as follows:

#### REPRODUCTIVE & CHILD HEALTH

Reproductive & Child Health (RCH) programme under the wider umbrella of Reproductive, Maternal, Newborn, Child Health & Adolescents (RMNCH+A) is focused on reducing maternal, child and newborn morbidity and mortality. The programme was initiated as RCH I in the year 1977 in which components relating to child survival, safe motherhood, and prevention & management of RTI/STI & HIV/AIDS. The programme continued as RCH II from 1st April 2005 including strategies such as essential obstetric care, emergency obstetric care, JSY, JSSK, Village Health & Nutrition Days (VHND), Maternal & Child Health reviews, IMNCI (Integrated Management of Neonatal & Childhood Illnesses), NBSU (Newborn Stabilisation Units), Special Newborn Care Unit (SNCU), Home-based Newborn Care (HBNC) & Navjat Shishu Suraksha Karyakram (NSSK).

It was realised that an important aspect of improving maternal and child health is the understanding that health and nutrition of the mother has a direct bearing on the health of the baby, who if nurtured well during childhood and adolescence will grow into a healthy adult. Thus, any effort to improve the survival of mothers and children requires interventions in the different stages of life including adolescence, pre-pregnancy period, during pregnancy and delivery, after childbirth and in the newborn period and childhood. Therefore, a lifecycle approach called the RMNCHA+N approach has been adopted under NHM from 2013 to improve maternal and child health.

Improving maternal & child health, and ensuring their survival are critical elements of the Sustainable Development Goals (SDGs). Maternal and Child Health outcomes are sensitive indicators of our state's health system and also indicates how a society treats its most vulnerable members. Health of mothers determines the health of the next generation and ultimately, human capital. Improved maternal, newborn and child health carries economic gains and benefits individuals, families, communities & societies. Households with healthier and better nourished mothers and children spend less on healthcare. There are huge economic gains to be had as healthy people can work more productively and thus improve their own lives and contribute positively to the economy.

Following the guidelines and recommendations of Government of India to reduce Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), the following activities and strategies have been adopted by Health & Family Welfare Department, Mizoram to promote Maternal and Child Health, to reduce IMR & MMR and eventually to contribute to attainment of SDG 3.

- To reduce MMR to less than 70 per 100,000 live births by 2030
- To end preventable deaths of newborns to at least as low as 12/1000 live births and deaths of children less than 5 years to at least as low as 25 deaths per 1000 live births.

S.No	Indicator	Source: HMIS 2018-19
1	Total no. of pregnant women Registered for ANC	22838
2	Total no. of Pregnant women registered within first trimester (within 12 weeks)	16870 (74%)
3	Number of pregnant women received 4 ANC check-ups during their pregnancy	11014 (48%)
4	Number of PW having Hb level<11 (tested cases)	13648 (60%)
5	Number of PW having Hb level<7 (tested cases)	559 (2%)
6	Number of PW having severe anaemia (Hb<7) treated	132 (24%)
7	Total no. of delivery conducted at Home	2243
8	Total no. of delivery conducted at Home by SBA	563 (25%)
9	Total no. of Institutional Delivery	17184 (88%)
10	Total no. of Live birth	19289
11	Total no. of still birth	189 (1%)
12	Total No of New Born weighed at Birth	18524 (96%)
13	Total No of LBW	947 (5%)
14	Number of Newborns breast fed within 1 hour of birth	18365 (95%)
15	Total number of children (9 to 11 months old) fully immunised	15704 (81%)
16	Total No of Female Sterilization	1530
17	Total no. of IUCD Insertion (including PPIUCD)	1654
18	Total no. of Oral pills users	5721
19	Total no. of condom pieces distributed	171356
20	Number of Emergency Contraceptive Pills distributed	1858
21	Total No of Injectable Contraceptive Anantara given	387
22	Neo Natal Mortality Ratio (NNMR)	9
23	Total No of Infant death	340
24	Infant Mortality Rate (IMR)	18
25	Total No of Under 5 death	407
26	Under 5 Mortality Rate	21
27	Total No of Maternal death	26
28	Maternal Mortality Ratio (MMR)	135

## RASHTRIYA BAL SWASTHYA KARYAKRAM (RKSK)

### Achievements Under RBSK Between April 2018 To March 2019

#### Facility Based Screening

No. of children screened for birth defects at centres conducting delivery

Male	Female	Total
5613	5467	11080

1. Number of children screened

Age Group	Male	Female	Total
6 weeks to 3 years	33584	33800	67384
3 years to 6 years	21681	22590	44271
6 years to 18 years	59778	60146	119924
Total	115043	116535	231579

2. Found Positive for selected Health Conditions

Age Group	Male	Female	Total
6 weeks to 3 years	1243	1270	2513
3 years to 6 years	1650	1551	3201
6 years to 18 years	7745	8538	16283
Total	10638	11359	21997

3. Number of children referred to

Health Facility	Male	Female	Total
CHC	732	811	1543
DH	840	2153	2993
DEIC	2075	2109	4184
Total	3647	5073	8720

4. Number of Anganwadi Centre and School Visits

Sl. No.	Facility	To be Visited	Number of Visits	Percentage of Visits
1.	Anganwadi Centre	2116x2=4232	2297	55%
2.	School	2891	2018	70%

5. Number of children receiving treatment during April 2018 to March 2019

Age Group	Medication	Surgery	Early Intervention	Total
6 weeks to 3 years	909	62	35	1006
3 years to 6 years	1645	264	216	2125
6 years to 18 years	6319	1352	1310	8981
Total	8873	1678	1561	12112

Maybe noted that during FY 2018-19, 5 Cleft Lip and Cleft Palate cases, 7 Club Foot cases and 29 Congenital Heart Disease cases had undergone surgical corrections at Tertiary Care Centres.

## **RASHTRIYA KISHORE SWASTHYA KARYAKRAM (RKSK)**

### **Achievements under Adolescent Friendly Health Services (AFHS)**

Districts implementing RKSK	5 Districts(Champhai, Lunglei, Lawngtlai, Mamit and Siahia)	
Total no. of AFHCs/Youth Clinics	49	
Total no. AFHCs/Youth Clinics functional in the state	Functional	Non-Functional
	39	10
<b>ACHIEVEMENT</b>	<b>FY 2018-2019</b>	
Total no. of Adolescent population in 5 RKSK Districts	159806	
Total no. of Clients registered in AFHCs during reporting period	16138	
Total no. of Clients who received clinical services out of total no. of registered clients in AFHCs during the reporting period	9745	
Total no. of Clients who received counseling services in AFHCs out of total no. of registered clients during the reporting period	9252	
Total no. of Clients referred (from AFHCs) to other facilities out of total no. of registered clients during the reporting period	4280	
Average client load per clinic per month	35	

### **Weekly Iron Folic Acid Supplementations (WIFS)**

Total No. of schools covered	1588
No of Anganwadi Centres	2244
No. of school going boys & girls (M/S – HSS)	93936
Out of school girls	12214
<b>Target adolescent population</b>	<b>106150</b>
School Teachers (M/S – HSS)	10750
Anganwadi Workers	2244
Anganwadi Helper	2244
<b>IFA Coverage: April 2018– March 2019</b>	<b>Percentage</b>
April 2018	80%
May 2018	77.62%
June 2018	81.58%
July 2018	85.65%
August 2018	75.42%
September 2018	73.06%
October 2018	59.32%
November 2018	70.93%
December 2018	69.92%
January 2019	NIL
February 2019	NIL
March 2019	NIL

Note: IFA ran out of stock for the month of January – March 2019

**Achievement under Community Process (Peer Educator) scheme  
FY 2018-2019**

Total no. Of District Covered for PE program	5
Total no of identified Peer Educators in 5 RKSK district	2604
Total no of trained ASHA's and Peer Educators	1660 (PE) + 340 (ASHA) = 2000
No. of groups formed	1436
No. of sessions conducted	21840

**Menstrual Hygiene Scheme (MHS)**

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

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

**EXTENDED PROGRAMME ON IMMUNIZATION (EPI)**

ACHIEVEMENT OF UIP DURING APRIL 2018 – MARCH 2019 (HMIS)

**Fully Immunized Children**

A fully immunized child is a child who has received the following vaccines before 1 year of age – BCG, Penta 3 doses, OPV 3 doses, MR 1 dose.

The performance of all district during FY 2018-2019 is as follows:

District	Target - Infants	No of Fully Immunized children	Fully Immunized %
Aizawl East	4450	3889	87%
Aizawl West	2906	2286	79%
Champhai	2284	1875	82%
Kolasib	1163	1201	103%
Lawngtlai	2206	1511	68%
Lunglei	2505	1695	68%
Mamit	1082	1189	110%
Saiha	1365	1106	81%
Serchhip	1264	952	75%
Mizoram	<b>19225</b>	<b>15704</b>	<b>82%</b>

The Fully Immunized percentage for 2018-2019 = 82% (HMIS report)

1. GSA-MI since 1<sup>st</sup> May 2018 at All Districts.

Round	Target	Achievement	%
I - 26 <sup>th</sup> April – 3 <sup>rd</sup> May 2018	1058	1055	99.7%
II – 12 <sup>th</sup> June 2018	409	426	104%

2. GSA-MI-AD at Mamit District from 16<sup>th</sup> July 2018 to 18<sup>th</sup> July 2018

Round	Target	Achievement	%
16 <sup>th</sup> July 2018 to 18 <sup>th</sup> July 2018	88	72	81.8%

### 3. Mission Indradhanush at Champhai District

MI Round	Target	Achievement	%
I – October 2018	593	446	75%
II – Nov- Dec 2018	105	68	65%
III – Jan 2019	149	135	91%

4. Intensified pulse polio Immunization – NID 2019 on 12<sup>th</sup> March 2019
5. Td vaccine introduction on March 2019
6. Routine Immunization Microplan training for Medical Officer held at Champhai, Siaha, Tlabung, Kangmun, Aizawl East and West, Kolasib, Mamit and Lunglei in collaboration with WHO.
7. Measles Case based Surveillance training for Medical Officers, Staff Nurses at District hospital, Private practitioner and media personnel for all district in collaboration with WHO.
8. District Task Force for Immunization held for all District held at each District chaired by Deputy Commissioner of respective district.
9. State Task Force on Immunization held.
10. Induction Training for Newly recruited Medical Officers
11. Training on BRIDGE for DIO/MO, Health Workers, ASHAs, Anganwadi workers.
12. Training on Rotavirus Vaccine for DIO/MO, Health Workers, ASHAs, Anganwadi workers. The State is ready to launch Rotavirus vaccine in August 2019
13. Briefing on Immunization activities and use of MCP card for survey purpose to NFHS-5 Surveyors.
14. Causality Assessment for AEFI held 3 times.
15. Due to special Immunization Weeks in Hard to Reach area, increase in Fully immunized children at Lawngtlai District. Total Number of children Fully Immunized = 646.
16. Rotavirus vaccine was introduced in Mizoram on August 2019 and included in the Monthly Routine Immunization Session
17. Training on Revised Handbook for Medical Officer, MR case-based surveillance and Intensified Mission Indradhanush 2.0 held at Lunglei and Aizawl for all Medical Officers from CHCs and PHCs.
18. Training of Trainers on Revised Handbook on Immunization for Health Workers held as the above points
19. State Task Force on Immunization held at the Office chamber of Secretary, Health & Family Welfare, Mizoram on 4<sup>th</sup> November 2019

## REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

The Revised National TB Control Programme (RNTCP) was launched in 1997 as a national programme with a plan to scale up in a phased manner. Mizoram implemented RNTCP on 24<sup>th</sup> March 2003. The key features of RNTCP were:

Adopting the internationally recommended Directly Observed Treatment Short Course (DOTS) strategy.  
Political and administrative commitment to ensure the provision of organised and comprehensive TB control services.

Reliable and early diagnosis through smear microscopy.

Uninterrupted supply of good quality anti-TB drugs through Patient Wise Boxes (PWBs)

Accountability through proper recording and reporting including effective supervision.

### **TARGETS (Expected outcomes)**

The programme in its 12<sup>th</sup> 5 year plan (2012-2017) has articulated a National Strategic Plan with a vision of a TB Free India. The goal of the NSP is to achieve universal access to quality TB diagnosis and treatment for all TB patients in the community. The objectives of the NSP are:

To achieve 90% notification rate for all cases of TB.

To achieve 90% success rate for all new and 85% for all re-treatment cases.

To significantly improve the successful outcomes of treatment of Drug Resistant TB cases.

To achieve decreased morbidity and mortality of HIV associated TB cases.

To improve outcomes of TB care in the private sector.

### **Achievements In Physical/Financial Aspects**

1. Total Case Notified – 2880
2. Success Rate – 92.68%
3. Universal DST – 54%
4. Total TB patients tested for HIV – 84.28% (13.67% of tested are HIV positive)
5. Active Case Finding – 8508 screened, 334 examined for TB, 8 diagnosed with TB
6. TB patients tested for Diabetes Mellitus – 55.67%
7. No. of TB patients screened for tobacco usage – 64.22% (12.67% of which are referred to Tobacco Cessation Clinic)
8. No. of patients tested for MDR TB – 4782
9. No. of MDR TB diagnosed – 81
10. No. of MDR TB put on treatment – 95
11. MDR TB Success Rate – 63%

### **NATIONAL LEPROSY ERADICATION PROGRAMME**



#### **Objective and Target of the Scheme**

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

#### **Physical Achievement**

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

Total no of cases released from treatment - 1524

Total no of cases under treatment (currently) - 8

Annual new case detection rate (ANCDR) – 0.41 %

Prevalence Rate (PR) – 0.06 %

Year	Cases Detected		Total	Cases Discharged		Total
	MB	PB		MB	PB	
2018-2019	5	0	5	6	1	7

\*MB – Multibacillary, PB - Paucibacillary

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## **MIZORAM STATE AIDS CONTROL SOCIETY**

MSACS implements National AIDS Control Program (Currently Phase 4) in Mizoram, which has two main objectives i.e. (i) Reduce New HIV Infections by 50% (2007 as baseline) and (ii) Comprehensive care, support and treatment to all persons living with HIV/AIDS.

**Component 1:** Intensifying and Consolidating Prevention services with a focus on High Risk Groups (HRG) and vulnerable populations

### **1.1 Scaling up coverage of Targeted Intervention (TI) among HRG**

1. (i) The provision of behavior change interventions to increase safe practices, testing and counseling, and adherence to treatment, and demand for other services;
2. (ii) The promotion and provision of condoms to HRG to promote their use in each sexual encounter;
3. (iii) Provision or referral for STI services including counseling at service provision centers to increase compliance of patients with treatment, risk reduction counseling with focus on partner referral and management;
4. (iv) Needle and syringe exchange for IDUs as well as scaling up of Opioid Substitution Therapy (OST) provision.

### **1.2 Scaling up of interventions among other vulnerable populations**

1. (i) Risk assessment and size estimation of migrant population groups and truckers at transit points and at workplaces;
2. (ii) Behavior change communications (BCC) for creating awareness about risk and vulnerability, prevention methods, availability and location of services, increase safe behavior and demand for services as well as reduce stigma;
3. (iii) Promotion and provisioning of condoms through different channels including social marketing; (iv) Development of linkages with local institutions, both public and NGO owned, for testing, counseling and STI treatment services;
4. (iv) Creation of "peer support groups" and "safe spaces" for migrants at destination;
5. (v) Establishment of need-based and gender-sensitive services for partners of IDUs;
6. (vi) Strengthening networks of vulnerable populations with enhanced linkages to service centers

and risk reduction interventions, specifically condom use.

**Component 2:** Expanding Information, Education and Communication (IEC) services for (a) general population and (b) high risk groups with a focus on behavior change and demand generation

1. (i) Behavior change communication strategies for HRGs, vulnerable groups and hard to reach populations
2. (ii) Increasing awareness among general population, particularly women and youth.

**Component 3:** Basic Service (HIV Testing, Prevention of Parent to Child Transmission & STI/RTI)

(i) Provision of HIV counseling and Testing services to identify as many people living with HIV, as early as possible (after acquiring the HIV infection), and linking them appropriately and in a timely manner to prevention, care and treatment services.

2. (ii) Prevention of the perinatal transmission of HIV from an HIV infected pregnant mother to her newborn baby which entails counselling and testing of pregnant women in the ICTCs and active follow up of the mother-baby pair for HIV services.
3. (iii) Provision of free standardized Sexually transmitted infections services including Syphilis screening and STI drugs.
4. (iv) District AIDS Prevention & Control Unit (DAPCUs) provide programmatic oversight to the HIV/AIDS programme implementation at the district level and also focus on mainstreaming and convergence with other Line Department.

#### **Component 4: Comprehensive Care, Support and Treatment**

1. (i) Provision of anti-retroviral treatment (ART) including second line
2. (ii) Management of opportunistic infections and
3. (iii) Facilitating social protection through linkages with concerned Departments/Ministries. The

program will explore avenues of public-private partnerships. The program will enhance activities to reduce stigma and discrimination at all levels particularly at health care settings.

#### **Component 5: Blood Transfusion Services**

To improve accessibility to adequate quantity of safe, quality and affordable blood and blood components to the needy through blood donation campaign and active screening of transfusion transmittable infections.

#### **Component 6: Strengthening institutional capacities**

1. (i) Strengthening of program planning and management responsibilities at state and district levels to ensure high quality, timely and effective implementation of field level activities and desired programmatic outcomes.
2. (ii) This involves phased integration of the HIV services with the routine public sector health delivery systems, streamlining the supply chain mechanisms and quality control mechanisms and building capacities of governmental and non-governmental institutions and networks.

#### **Component 7: Strategic Information Management Systems (SIMS)**

Support evidence-based planning, program monitoring and measuring of programmatic impacts. Strengthening of surveillance system with focus on tracking the epidemic, incidence analysis, identifying pockets of infection and estimating the burden of infection.

##### **Care and Support Treatment**

Indicator	Number
No of patients registered in ART Care	14,751
No. of patients in Active Care	8,864
No of Deaths among ART registered patients	2,212
Viral Load Tested	1,403
Viral load suppressed	1,138

##### **Integrated Counselling and Testing Centre**

Indicator	Number
No of Blood samples tested (General Clients)	75,077
No of samples tested HIV+ve (General Clients)	2,557
No of Blood samples tested (Pregnant Woman)	24,900
No of HIV+ve (Pregnant Woman)	208

### Targeted Intervention Program

Typology	No. of Registered	No of HIV+ve	Link to ART	On ART
IDU (Injecting Drugs User)	9830	431	439	419
FSW (Female sex worker)	926	11	14	14
MSM (Man Having Sex with Man)	569	16	18	18
Migrants	131858	32	19	19

### NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME (NVBDP)

#### Achievements Under State Vector Borne Disease Control Programme (Svbdcp) During The Year 2018 - 2019

##### I. Intensified Malaria Eradication Project (IMEP):

**Target & Achievement:** During 2017 - 2018, Mizoram was a category 3 state (i.e. Intensified Control Phase). The state target was for category 2 (i.e. Pre-elimination phase) for FY 2018 - 2019 and to achieve this target, NVBDP Mizoram set different targets as mentioned below -

Indicators	Target	Achievement during 2018 - 2019
Annual Parasite Incidence (API); Cases per thousand population.	< 3.50	3.58
Annual Blood Examination Rate (ABER)	> 20.00%	18.16
Mortality due to Malaria	< 3	3

##### II. Dengue & Chikungunya: The following were target and achievement for FY 2018 - 2020 -

Particulars	Target	Achievement during 2018 - 2019
Dengue Case Fatality rate	< 1%	0
Functional Sentinel Surveillance Hospital	2 (Civil Hospital, Aizawl & Lunglei)	2 (Civil Hospital, Aizawl & Lunglei)
Functional Rapid Diagnostic Response team	2 (Civil Hospital, Aizawl for Northern part of the State & Civil Hospital, Lunglei for Southern part of the State)	2 (Civil Hospital, Aizawl for Northern part of the State & Civil Hospital, Lunglei for Southern part of the State)

##### III. Activity Carried out:

###### a) IRS Operation (DDT Spray):

###### i. 1<sup>st</sup> Round Operation (during March & April, 2018):

Sl. No	Name of District	Targeted Population	Population in sprayed houses	Targeted No. of Houses	No. of Houses Sprayed
1	Aizawl West	6893	2511	1496	578
2	Aizawl East	9709	8572	1785	1594
3	Kolasib	19003	11492	3730	2173
4	Mamit	49381	28510	9746	5210
5	Champhai	Not Covered			
6	Serchhip	Not Cover			
7	Lunglei	71894	57743	14599	11742
8	Lawngtlai	95267	70764	19173	13776
9	Saiha	12564	7179	2748	1799
<b>Total</b>		<b>264711</b>	<b>186771</b>	<b>53277</b>	<b>36872</b>

ii. **2<sup>nd</sup> Round Operation** (During June & July, 2018):

Sl. No	Name of District	Targeted Population	Population in sprayed houses	Targeted No. of Houses	No. of Houses Sprayed
1	Aizawl West	6694	2227	1473	500
2	Aizawl East	9714	8627	1805	1631
3	Kolasib	19003	11227	3832	2283
4	Mamit	49381	29798	9819	5623
5	Champhai	Not Covered			
6	Serchhip	Not Covered			
7	Lunglei	71894	54155	14806	11247
8	Lawngtlai	95357	91629	19173	15804
9	Saiha	12675	8006	2782	2045
	<b>Total</b>	<b>2,64,718</b>	<b>2,05,669</b>	<b>53,690</b>	<b>39,133</b>

**b) IEC/BCC Activity carried out:**

S. No	Particulars	Target	Achievement
1	Miking	360	360
2	Flex Board	333	332
3	Source Reduction Drive	109	109
4	Awareness Campaign to NGOs/ Schools	82	82
5	Anti-Malarial Month	66	66
6	World Malaria Day	67	67
7	Anti- Dengue Month	66	66
8	National Dengue Day	67	67

**NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME (NVHCP), NHM, MIZORAM**

**Introduction**

The global hepatitis report, 2017 by WHO, provides the baseline statistics on Hepatitis B virus (HBV) and Hepatitis C virus (HCV) infection, including mortality and coverage levels of key interventions. Hepatitis Band C, the two main types of the five different hepatitis infections (A,B,C,D,E), are responsible for 96% of overall viral hepatitis related mortality.

National Viral Hepatitis Control Programme (NVHCP) was implemented from 2018.

**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.

**MTC (Model Treatment Centre):**

Identification of model treatment centre at Civil Hospital, Aizawl.

**State Laboratory :**

Identification of State Laboratory at Civil Hospital, Aizawl.

**DTC (District Treatment Centre):**

Identification of District Treatment Centre at District Hospital Champhai, Mamit, Lunglei, Serchhip, Kolasib, Lawnglai & Siaha.

**Operationalizing National Viral Hepatitis Control Program in Mizoram:**

- *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.
- *Model Treatment Centre (MTC):*
  - Civil Hospital, Aizawl the biggest hospital in the state is identified as Model Treatment Centre.
  - 1 Physician has been identified as the Nodal Officer at MTC.
- *State Laboratory:*
  - Civil Hospital, Aizawl has also been identified as the State Laboratory
  - 1 Microbiologist has been identified as the Nodal Officer for State Lab.

- 
- *District Viral Hepatitis Management Unit (DVHMU):*
    - 1 district i.e., Aizawl West District was operationalized during this FY 2018-2019 State Referral Hospital, Falkawn was identified as District Treatment Centre as well as District Laboratory for Aizawl West District.
    - 7 new districts i.e., Lunglei, Kolasib, Champhai, Serchhip, Mamit, Lawngtlai & Siaha has been proposed for operationalization as District Treatment Centre & 1 Physician each has been identified as the Nodal Officer at DTC.

**Procurement:**

Almirah, Office Table, Revolving Chairs and Computer Set with Tables has been procured for *Model Treatment Centre (MTC), CHA and District Treatment Centre (DTC), State Referral Hospital, Falkawn.*

Also, procurement of Almirah, Office Table, Revolving Chairs and Computer Set with Tables is in process for *other new District Treatment Centres* such as Lunglei, Kolasib, Champhai, Serchhip, Mamit, Lawngtlai & Siaha.

**Training:**

**(FY 2018-2019)**

- Training of Physicians at MTC, CHA & DTC, SRHF on March, 2019.
- Training of Lab Technicians at State Laboratory, CHA on March, 2019.

**Vision**

- 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.

**Challenges:**

- Lack of manpower.
- Poor internet connection especially in Siaha and Lawngtlai.

**National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) .**

1. Indicators:-

(Clinic + Camps)	FY 18 – 19
No. of Patients screened	1,17,359
No. of patients -Physiotherapy	3,181
No. of persons counselled	22,010
<i>Patients diagnosed with</i>	
Diabetes	8,703
Hypertension	8,978
CVDs	156
Stroke	41
Cancer	116
No of Screening camps	55

2. Supervisory Visit:- State Referral Hospital, Falkawn

3. Training & Review Meeting:-

S. No	Name of Training	Date of Training	Duration
1	Training on Certificate course on Evidence Based Diabetes Management in collaboration with Public Health Foundation of India– 20 Medical Officers	Once every month for 12 months	July 2017- June 2018
2	Training of MO, SN & DPC on Universal Health Checkup& Screening on NCD	26 & 27 June 2018	2 Days
3	Programme Managers Training	8,9 &10 August 2018	3 Days
4	State level one day orientation training pf PMU, MO, NCD Staff on NCD Screening Software	10 <sup>th</sup> Aug, 2018	1 Day
5	Review Meeting of Officers & Staff	24 <sup>th</sup> Oct, 2018	1 Day
6	Refreshers Training of Physiotherapists, Counsellors& DEOs under NPCDCS	26 <sup>th</sup> Oct, 2018	1 Day

4. Important Day Observation:-

- World Heart day by organizing 'Walkathon' on 29<sup>th</sup> September 2018 from Vanapa Hall to Millennium Centre in the presence of the Hon'ble Health Minister Shri Lal Thanzara
- World Stroke Day – 29<sup>th</sup> October 2018
- National Cancer Awareness Day on 7<sup>th</sup> November 2018 at Mission Vengthlang
- World Diabetes Day on 14<sup>th</sup> November 2018 at Civil Hospital Auditorium
- World Cancer Day on 4<sup>th</sup> February , 2019 at Assembly Annexe, Treasury Square in the presence of the Hon'ble Health Minister, Shri Dr. R. Lalthangliana

5. Outreach camps (free clinic):- 52 Screening Camps during FY 18-19.

6. Awareness Campaigns:- 52 awareness campaigns organized during FY 18-19.

7. IEC: Leaflets on Non- Communicable diseases, Cholesterol printed

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

9. Health Mela : Health Mela were organised in collaboration with Public Health Foundation of India (PHFI) at Kolasib district on 24<sup>th</sup> April, 2018 & Serchhip district on 29<sup>th</sup> June, 2018

10. Procurement:

- a. Glucostrips, Glucometers
- b. BP instrument, measuring tape, cancer screening materials for SCs
- c. Drugs – antihypertensives & antidiabetics- Available upto PHCs
- d. Printing – Modules – ASHA & ANM, Family Folder for ASHA, Flipcharts, Charts, Registers, Health Cards, Referral form
- e. Tablets – 110 tablets procured

11. Population Based Screening of NCDs:

a. Number of sub - centres selected form FY 17-19:

- Aizawl : 20 Centres
- Champhai : 20 Centres
- Kolasib : 20 Centres
- Lawngtlai : 10 Centres
- Lunglei : 20 Centres
- Mamit : 10 Centres
- Serchhip : 10 Centres
- Siaha : 10 Centres
- TOTAL : 120 Centres

b. State Trainers on PBS:

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

c. Status of Training (FY 17-19):

- Number of Medical Officers trained : 43
- Number of Staff Nurses trained : 38
- Number of ANMs trained : 178
- Number of ASHAs trained : 258

d. Statistics: Opportunistic Screening + PBS (FY 18- 19) :

(Clinic + Camps)	Opportunistic	PBS	TOTAL
No. of Patients screened	117359	11356	128715
Total population enumeration	-	94718	94718
No. of CBAC filled	-	31811	31811

## **NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS(NPPCD)**

### **Status of Implementation**

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

### **Objectives of the Programme**

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

### **Current Staff Details Under NPPCD:**

Designation	Filled up post	Vacant post
<b>State Monitoring Cell</b>		
1) State Consultant	1	0
2) Programme Assistant	1	0
3) Data Entry Operator	1	0
<b>District Hospital (Aizawl East, Aizawl West, Champhai, Kolasib, Lawngtlai, Lunglei, Mamit, Serchhip &amp; Siahia)</b>		
1) ENT Surgeon/MO	2 (CHA, kol)	1 (Llei)
2) Audiologist	3 (CHA, SRHF, Chp)	0
3) Audiometric Assistant	7	0
4) Instructor for Hearing Impaired Children	7	0
Total no of staff	22	1

### **Achievements:**

- Dissemination of equipments and furnitures to districts.
- Stakeholder Meeting on 10<sup>th</sup> May, 2019.
- World Day of the Deaf observed on 27<sup>th</sup> September, 2019 at Taxation Auditorium.

### **Case detection status:**

<b>Particular</b>	<b>FY 2018-2019</b>
No. of patients examined	29,128
Morbidities Detected	15,388
Hearing Loss	3,716
Referral for Hearing Aid / Rehabilitation	1,305
Ear Surgeries	221
Ear Diseases / Problems	11,686
Investigation Performed	5,339

#### TRAINING:

S. No	Designation / Target	District	Date of Training
1	Training of Medical Officers & Staff Nurses	Siaha & Lawngtlai	17.8.2018

#### Procurement of equipment:

- BERA, Microdrill System, Indigenous Audiometer, Impedance Audiometer, OAE Analyser, Otoendoscope, Otoscope, Cell Seeker, Crocodile Forcep, Aural Syringe, Jobson Horne Probe, House Microcurette and Headlight was completed for the 7 districts.
- Audiometry Room has been completed for District Hospital Lunglei, Civil Hospital Aizawl and Referral Hospital, Falkawn. Construction is going for four districts – Champhai, Kolasib, Mamit and Serchhip.
- Audiometry Room construction is completed for Civil Hospital Aizawl, State Referral Hospital Aizawl, Districts Hospital – Lunglei & Champhai have been completed.

### ACHIEVEMENT UNDER NATIONAL PROGRAMME FOR PALLIATIVE CARE (NPPC)

#### Current Status of Palliative Care in Mizoram:

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

#### Objectives :

To deliver effective pain relief and supportive care to patients with life-limiting illness and their families.

#### Vision & Goal:

1. Integration of rational, quality pain relief and palliative care services that are easily accessible at all levels of the healthcare system in Mizoram.
2. Develop capability and provide authorized license for procurement, storage and prescription of medicinal opioids in all District Hospitals, Community Health Centers and Primary Health Centers of Mizoram.
3. Educate healthcare providers and policy makers, and create public awareness about palliative care.

#### Status of Palliative Care Services available in the District:

- OPD Service at District Palliative Care Unit.
- In Patient Service – 10 Bedded Palliative Ward at MSCI, Zemabawk and 4 Bedded Palliative Ward at Lunglei District Hospital.
- Home Visit – By Doctor & Nurses under District Palliative Care Cell for bed ridden cancer patients to offer supportive care and psychological and moral support for the affected family (currently carried out only at MSCI Zemabawk).

#### Staff Details Under NPPC:

- Currently, there is 1 Data Entry Operator at State Palliative Care Cell, 1 Physician, 1 Staff Nurse and 1 Multitask Worker at MSCI Aizawl East District. There is one Staff Nurse post vacant and all other NPPC implemented district deploy existing staff under State and NHM.

**Achievements:**

- At present, 9 district Hospitals namely – Civil Hospital Aizawl, Mizoram State Cancer Institute(MSCI), State Referral Hospital Falkawn, District Hospital – Champhai, Kolasib, Mamit, Lawngtlai, Lunglei and Siaha had been given Registered Medical Institute License (RMI) for procurement, storage and dissemination of Morphine.
- Procurement of Morphine and dissemination to districts.
- Printing of Morphine Dispense Card.
- Dissemination of equipment and furniture to districts.

- **Case detection Status :**

Indicators	2018 - 19
No. of OPD case	1715
No. of IPD case	6
No. of new case	436
No. of home visit	6

**Training:****1. Training @ HIGHER CENTRE**

Name & Place of Orientation	Date	Trainee
National Consultation on Palliative Care	17 <sup>th</sup> – 18 <sup>th</sup> May, 2018	SNO
3 Days Training on Educating Nurses to improve Quality Palliative Care @ Guwahati	31 <sup>st</sup> May – 2 <sup>nd</sup> June, 2018	2 NPPC SN
2 Days Workshop for Sensitizing Master Trainees @ Delhi	23 <sup>rd</sup> – 24 <sup>th</sup> August, 2018	1 MO & SN
3 days Hands on Training @ MSCI, Zembawak	16 <sup>th</sup> – 18 <sup>th</sup> August, 2018	6 MOs from 5 districts
10 Days Foundation Course in Palliative Care @ Synod Hospital	18 <sup>th</sup> – 28 <sup>th</sup> Feb, 2019	6 MOs and 9 SN

**2. Orientation/Training organized within Mizoram**

Name of Training	Date
One day Training of Doctors and nurses under Aizawl East, Aizawl West & Lunglei District on Palliative Care @ Meeting Room, State Cell, DHME	10.5.2018
Training of Doctors & Nurses under Mamit, Champhai & Kolasib @ DHS Conference Hall	16.8.2018
Training of Doctors & Nurses under Mamit District @DHS Conference Hall	17.9.2019

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## **Achievement of National Programme for Health Care of the Elderly (NPHCE) during FY 2018-2019**

### **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

### **Specific Objectives of NPHCE are:**

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

### **Core Strategies to achieve the Objectives of the programme are:**

- Community based primary health care approach including domiciliary visits by trained health care workers.
- Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC, etc.
- Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery & equipment, consumables & drugs, training and IEC.
- Strengthening of 8 Regional Medical Institutes to provide dedicated tertiary level medical facilities for the Elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.
- Information, Education & Communication (IEC) using mass media, folk media and other communication channels to reach out to the target community.
- Continuous monitoring and independent evaluation of the Programme and research in Geriatrics and implementation of NPHCE.

### **Supplementary Strategies include:**

- Promotion of public private partnerships in Geriatric Health Care.
- Mainstreaming AYUSH – revitalizing local health traditions, and convergence with programmes of Ministry of Social Justice and Empowerment in the field of geriatrics.
- Reorienting medical education to support geriatric issues.

### **Expected Outcomes of NPHCE**

- Regional Geriatric Centres (RGC) in 8 Regional Medical Institutions by setting up Regional Geriatric Centres with a dedicated Geriatric OPD and 30-bedded Geriatric ward for management of specific diseases of the elderly, training of health personnel in geriatric health care and conducting research;
- Post-graduates in Geriatric Medicine (16) from the 8 regional medical institutions;
- Video Conferencing Units in the 8 Regional Medical Institutions to be utilized for capacity building and mentoring;
- District Geriatric Units with dedicated Geriatric OPD and 10-bedded Geriatric ward in 80-100 District Hospitals;

- Geriatric Clinics/Rehabilitation units set up for domiciliary visits in Community/Primary Health Centres in the selected districts;
- Sub-centres provided with equipment for community outreach services;
- Training of Human Resources in the Public Health Care System in Geriatric

### **Achievement :**

#### **1. New facilities –**

4 new districts – Serchhip, Mamit, Lawngtlai & Siaha operationalised under NPHCE during FY 2018-2019.

#### **2. Achievements during FY 18-19 :-**

SI.No	ACHIEVEMENTS DURING FY 2018 – 2019	
1	No. of Elderly Person attended OPD	8,476
2	No. of Elderly admitted in wards	1,035
3	No. of Elderly provided rehabilitation services	1,237
4	No. of Lab test undertaken on Elderly patients	8,048
5	No. of Elderly Died in Hospitals	62

#### **3. Procurement:**

##### **a. Physiotherapy equipment :-**

Shortwave Diathermy, Ultrasound Therapy, Cervical Traction Machine, Transelectric Nerve Stimulator (TENS), Interferential Therapy IFT, Muscles Stimulator for 4 new districts – Serchhip, Mamit, Lawngtlai & Siaha

##### **b. Hospital Furniture & Appliances :-**

Nebuliser, Weighing machine, glucometer, glucostrips , bp instrument, Furniture etc for 4 new districts – Serchhip, Mamit, Lawngtlai & Siaha

##### **c. Drugs :**

Tab. Amlodipine, Tab. Metformin

#### **4. IEC:**

- Day Observation** : International Day for the older persons observed on 1<sup>st</sup> Oct, 2018 followed by NCD Screening Camp
- Printing of leaflets** on Elderly care / UplateHriselnachungchangahraitturpawimawhte
- TV Spots** on Elderly Care

## **BLOOD SERVICES & DISORDERS (STATE BLOOD CELL), MIZORAM**

### **BLOOD SERVICES & DISORDERS (State Blood Cell)**

#### **Status of Implementation**

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

#### **Goal**

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

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

#### **Current Staff Details Under SBC:**

<b>Designation</b>	<b>Filled up post</b>	<b>Vacant post</b>	<b>Remarks</b>
1) State Coordinator	1	0	State Cell
2) Technical Supervisor	1	0	CHA
<b>District Hospital ( Civil Hospital Aizawl, District Hospital Champhai, Lunglei, Serchhip, Siahia, Kolasib, Mamit, Lawngtlai, Synod Hospital Durtlang, Christian Hospital Serkawn)</b>			
1) Data Entry Operators	10	0	All Post filled up
<b>Blood Collection and Transportation Van</b>			
1) Medical Officer	0	1	Vacant
2) Social Worker / PRO	1	0	All Post filled up
3) Attendant	1	0	All Post filled up
4) Driver	1	0	All Post filled up
5) Van Cleaner	1	0	All Post filled up
<b>Total no of Staff</b>	<b>16</b>	<b>1</b>	

#### **Procurement:**

- FY 2018 - 2019**
- Procurement of Solar Blood Bank Refrigerator, Domestic Refrigerator for Tlabung SDH.
- Procurement of Double Blood Bag, Triple Blood Bag, HIV Elisa Kit, Hepatitis B Elisa Kit, Hepatitis B Rapid, Hepatitis C Elisa Kit, Hepatitis C Rapid, & VDRL (RPR) Test Kits for 8 Govt. Blood Banks.

#### **Training:**

- Training of Trainers on Haemoglobinopathy** from 21<sup>st</sup> to 24<sup>th</sup> August, 2018 at Department of Haematology, NRS Medical College & Hospital, Kolkata.
- Training on Clinical Use of Blood & Blood Disorders** from 31<sup>st</sup> October to 1<sup>st</sup> November, 2018 at ATI, New Secretariat Complex, Aizawl.
-

- **Review Meeting of Blood Banks & Blood Storage Centres** on 2<sup>nd</sup> November, 2018 at JL Conference Hall, MSACS, Aizawl, Mizoram.
- **Review Meeting cum Training of Data Entry Operators under Blood Services & Disorders** on 16<sup>th</sup> Nov, 2018 at State NCD Cell, DMHE

**Report on Status of Blood Collection: (September, 2018 to March, 2019)**

SI.No.	Particulars	FY 2018 - 2019	FY 2019 – till date
1	<b>Blood Collection :</b>		
1A	Total Blood Collection	27684	7597
1B	Total Voluntary Blood Collection	23885	6758
1C	Total % VBD	86.27%	88.95%
2	<b>Voluntary Blood Donation</b>		
2A	No. of VBD camps organized	475	125
2B	Total Collection in Camps	19622	4692
2C	Static voluntary collection	4057	1846
2D	Static replacement collection	3126	766
3	<b>Blood Utilization</b>		
3A	No of units of whole blood supplied	9306	2845
3B	No of units of components supplied	29643	4077
3C	No of units of whole blood discarded	1506	255

**ACHIEVEMENT UNDER NATIONAL ORAL HEALTH PROGRAMME**

The National Oral Health Programme (NOHP) under NHM had been implemented in the state of Mizoram since January 2015 at the state level covering 3(three) districts, namely Darlawn PHC in Aizawl East District and Lungdai PHC in Kolasib District and Chawngte CHC in Lawngtlai District out of the 9 (nine) Districts in the state.

- National Oral Health Programme – implemented at 3 (three) Centres viz. Primary Health Centre, Darlawn, Aizawl East District; Primary Health Centre, Lungdai, Kolasib District & Community Health Centre, Chawngte, Lawngtlai District.

• OPD Report, District-Wise :

Annual Statement Showing Achievement In Respect Of Dental Units Health & Family Welfare Department And National Oral Health Programme, National Health Mission																													
MONTH : January to December														YEAR : 2018-2019															
S I. N o	NAME OF HOSPITAL	Dental Caries	Periodontitis	Malocclusion	Oral Cancer	Pre-Cancerous Lesion(Oral Submucous Fibrosis, Leukoplakia, etc)	Dental Fluorosis	Birth defects involving Oro-Facial Complex (Cleft Lip/Palate)	Edentulous (Tooth loss)		Oral lesions due to HIV/AIDS	Attrition/Abrasion/Erosion	OTHERS																
									Partial	Complete			Extraction	Restoration/ Filling		Oral prophylaxis(Scaling)	Fracture Reduction		Trans-Alveolar Extraction	Osteomyelitis	Cyst/Oral Ulcer	Fracture			Surgery involving Oro-Facial Complex			Temporo-Mandibular Joint Problems	Total No. of Patients attended within the month
														Temporary	Permanent		IMF	ORIF				Tooth	Maxilla	Mandible	Abscess	Dressing	Operculectomy		
1	Civil Hospital, Aizawl	11357	3351	60	7	20	0	0	0	25	0	465	9759	150	150	75	40	14	306	10	15	45	0	0	116	32	74	53	26124
2	Kulikawn Hospital	4813	1755	100	0	0	0	0	28	8	0	103	1964	990	191	0	0	0	42	0	23	87	0	0	12	22	30	8	9285
3	Civil Hospital, Lunglei	2370	1664	78	2	2	12	2	263	29	0	288	2870	110	81	13	3	0	66	0	12	231	1	0	116	20	62	18	8313
4	District Hospital, Champai	2152	1342	60	0	0	0	1	1438	11	1	146	1516	103	43	11	0	0	38	3	44	48	0	2	27	13	58	7	7064
5	District Hospital, Serchhip	2718	681	314	0	1	0	1	471	3	0	502	997	0	0	34	0	0	9	0	18	35	0	0	30	17	7	15	5837
6	District Hospital, Saiha	1891	340	180	0	0	0	0	254	2	0	354	680	0	0	25	0	0	10	0	15	33	0	0	22	21	5	12	3835
7	District Hospital, Kolasi	2046	118	62	1	1	0	0	397	3	0	70	1652	8	1	0	0	0	192	3	17	30	6	0	11	12	72	13	4715
8	District Hospital, Mamit	1338	227	17	0	0	0	0	21	2	0	0	817	12	5	27	0	0	23	0	14	25	0	0	12	91	6	9	2574
9	District Hospital, Lawngtlai	2352	249	26	0	0	0	1	25	8	0	204	721	11	0	7	0	0	15	6	53	21	1	0	12	12	16	6	3746
10	State Referral Hospital	5041	507	84	0	6	4	0	466	0	0	75	1032	125	126	21	19	10	124	11	48	38	3	64	16	22	21	24	7867
11	Biate CHC	462	140	43	0	13	0	0	180	11	0	58	490	0	0	12	0	0	23	0	44	14	0	0	12	91	3	16	1540
12	Vairengte CHC	591	160	22	0	14	0	0	151	2	0	135	167	0	0	4	0	0	0	3	54	17	0	0	6	48	8	6	1344
	TOTAL	37131	10534	1046	10	57	16	5	3694	104	1	2400	22665	618	597	29	62	24	848	36	57	64	16	6	392	139	382	187	82244

- Contractual Staff posted at 3 (three) centres rendering their services in last year.
  - Dental Surgeon – 3 nos.
  - Dental Hygienist – 3 nos.
  - Dental Assistant – 3 nos.
- The intended benefit of the programme is being availed by the needy patients of the three centres along with the neighbouring villages.
- Oral Health Camp and Oral Cancer Screening have been organized in the 3 villages – Sakawrdai, Aizawl East District, Diltlang, Lawngtlai District and Zanlawn, Kolasib during January & February, 2019.
- Training on Basic Oral Health had been conducted successfully for selected School Teachers and selected Health workers from 9 districts of Health Department.
- World Oral Health Day, 20<sup>th</sup> March, 2019 had been organized successfully at the 3(three) centres of NOHP, i.e Darlawn, Lungdai and Chawngte.
- Regional Review meeting for SNOs of NOHP held at Shillong, Meghalaya on 31/1/2019 had been attended by Dr.VanlalhumaSailo, SPO-NOHP, Directorate of Hospital & Medical Education, Health & Family Welfare Department.

#### **NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)from April 2018 to March 2019**

<b>S.No</b>	<b>Name of Activity</b>	<b>No of Activities</b>	<b>Details/No of participants</b>
1.	Training and Sensitization Workshop	141	6,648
2.	Anti-Tobacco Awareness Campaigns and programmes at Churches/Community	200	17,025
3.	Anti-Tobacco Programmes at Educational Institutions	529	40,880
4.	Others (Important Meetings, Talk show etc.)	243	1,612
<b>TOTAL</b>		<b>1,113</b>	<b>66,165</b>

- Anti-Tobacco Squad drives were conducted 588 times
- There are 5646 new clients at Tobacco Cessation Clinics during the reporting period.
- Average Quit rate is 21.85%

## NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

### Introduction:

The World Bank report (1993) revealed that the Disability Adjusted Life Year (DALY) loss due to neuro-psychiatric disorder is much higher than diarrhea, malaria, worm infestations and tuberculosis if taken individually.

Neuro-psychiatric disorder account for 12% of the global burden of disease (GBD) and an analysis of trends indicates this will increase to 15% by 2020 (World Health Report, 2001). Estimated that 6-7 % of population suffers from mental disorders.

The Government of India has launched the National Mental Health Programme (NMHP) in 1982.

The District Mental Health Program (DMHP) was launched under NMHP in the year 1996 (in IX Five Year Plan).

### Components of DMHP:

- Components of setting up of DMHP center
- Infrastructure, Preparatory phase.
- IEC & Community mobilization activities
- Targeted intervention at community level
- Trainings
- Drugs
- Equipment
- Ambulatory services
- Monitoring and Evaluation

### 1. TARGETS (EXPECTED OUTCOMES):

Government of India has permitted to open DMHP in 9 (nine) districts, however, due to financial problems only 7 (seven) DMHP have been opened in the states.

In the same way TI (Targetted Intervention) under DMHP were opened

### 2. ACHIEVEMENTS - PHYSICAL

2018 – 2019	
DMHP	8 nos. (Aizawl E&W covered by 1 team)
TI under DMHP	The state of Mizoram covered by 1 T.I. team
Early detection and treatment of mentally ill patients (OPD/IPD)	13,913
No. of Free Clinic cum awareness campaign	118
No. of Awareness organized	244
Suicide Helpline	282
Training Organized	4

## NATIONAL IODINE DEFICIENCY DISEASES CONTROL PROGRAMME (NIDDCP)

Salt Testing of Iodine content by Test Kit Method

Collected	Above 15 ppm	%
83238	83011	99.73%

### GLOBAL IDD DAY

This important day is being observed in the State as well as 9 (nine) Districts in this financial year 2018-2019 particularly to create Awareness on IDD and importance of Iodized Salt.

Goitre Survey

Year	No of District	No. of Person Examined	Percentage of Goitre
2018-2019	2	7231	5.4%

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

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

## NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT

Achievement - Cataract Surgery - April 2018-March 2019															
District	Target	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	IOL
Aizawl West	450	32	42	35	34	82	65	59	35	21	44	57	69	575	575
Aizawl East	600	68	124	82	102	113	148	152	125	37	79	164	137	1331	1331
Serchhip	150	0	0	0	0	0	0	0	0	0	0	0	19	19	19
Lunglei	350	12	29	27	18	19	39	23	25	4	29	28	43	296	296
Lawngtlai	100	0	0	0	0	0	0	0	0	0	0	43	77	120	120
Saiha	100	0	0	0	0	0	0	0	0	0	0	0	56	56	56
Champhai	300	5	22	10	0	0	0	0	3	9	27	25	3	104	104
Kolasib	350	56	28	17	24	16	13	13	3	4	6	10	62	252	252
Mamit	100	0	0	0	0	0	0	0	0	0	0	66	0	66	66
Synod Hospital (NGO & Pvt. Prac.)	3000	16	27	14	8	22	17	16	20	6	11	13	19	189	189
TOTAL	5500	189	272	185	186	252	282	263	211	81	196	406	485	3008	3008

CATARACT PERFORMANCE FOR THE YEAR 2018 - 19								
Month : Up to March 2019								
Sr. No.	Name of District	Target (Govt)	Medical College	District Hospital + Sub-Dist. Hosp + CMU + DMU	NGO Hospital	Private Doctors	Other	Total
1	Aizawl West	450	-	53	0	522		575
2	Aizawl East	600	-	585	935	0		1520
3	Serchhip	150	-	0	0	19		19
4	Lunglei	350	-	296	0	0		296
5	Lawngtlai	100	-	10	0	110		120
6	Siaha	100	-	56	0	0		56
7	Champhai	300	-	104	0	0		104
8	Kolasib	350	-	252	0	0		252
9	Mamit	100	-	66	0	0		66
<b>TOTAL</b>		<b>2500</b>	<b>0</b>	<b>1422</b>	<b>935</b>	<b>651</b>	<b>0</b>	<b>3008</b>

SCHOOL EYE SCREENING DURING 2018 - 19Up to March, 2019									
Name of Districts	Teacher Trained	Children Screened		Detected with Refractive Errors		Provided Free Glasses		Distribution of free spectacles to old persons suffering from presbyopia	
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
Aizawl West	108	9000	7577	600	1383	250	296	250	171
Aizawl East	148	9000	9457	600	1444	250	515	250	519
Serchhip	69	3000	2674	200	684	200	282	200	321
Lunglei	65	5000	3268	400	1007	250	282	250	563
Lawngtlai	46	4000	4367	200	90	200	185	200	170
Saiha	113	4000	3997	200	240	200	133	200	411
Champhai	146	6000	5755	400	1113	250	565	250	862
Kolasib	151	5000	7073	200	958	200	159	200	237
Mamit	62	5000	2617	200	458	200	118	200	446
Synod Hosp. (NGO)	0	0	4009	0	166	0	64	0	12
Total	908		50794		7543		2599		3712

Cornea Collection During 2018 - 19 up to March, 2019			
Name of state	Target	2018-19	Keratoplasty conducted
Mizoram	100	105	30

State	Other Eye Diseases 2018 - 19									Total
Name of Districts	Glaucoma	Diabetic Retinopathy	Childhood Blindness	Trachoma	Squint	ROP	Low Vision	Corneal Blindness	Other (OPD)	
Aizawl West	45	134	0	0	42	1	4	5	22276	22507
Aizawl East	154	76	0	0	275	4	42	2	36391	36944
Serchhip	0	0	0	0	2	0	3	6	3710	3721
Lunglei	61	51	0	0	70	0	66	8	4327	4583
Lawngtlai	5	1	3	0	9	0	5	6	2027	2056
Siaha	5	1	0	0	8	0	0	2	4757	4773
Champhai	60	0	0	0	74	0	27	9	3663	3833
Kolasib	73	17	0	0	61	0	24	8	3417	3600
Mamit	2	0	0	0	17	0	0	1	2421	2441
TOTAL	405	280	3	0	558	5	171	47	82989	84458

#### **Activities :**

- 1) Awareness through local newspaper, Doordarshan & Two local cable networks twice in a year.
- 2) Messages to the public were broadcasted through health talk on All India Radio.
- 3) Sponsored to five NGO's displaying the importance of "Eye Donation" etc.
- 4) ROP, Glaucoma, Amblyopia screening have been conducted at Civil Hospital, Aizawl, Synod Hospital, Eye Care Community & Research Centre & Aizawl Hospital & Research Centre.
- 5) Glaucoma screening have been conducted in all Districts.
- 6) Eye Camp conducted in –
  - 1) Chawngte CHC      2) Serchhip District Hospital      3) Mamit District Hospital
  - 4) Zawlnuam PHC      5) Kawnthah CHC      6) Siaha District Hospital
  - 7) Hospital based Eye Camp Civil Hospital, Aizawl, Civil Hospital, Lunglei, Kolasib District Hospital, Synod Hospital Durtlang & Aizawl Hospital & Research Centre.
  - 8) Eye Donation Fortnight observed in each Districts and Closing Function conducted at DHS, Conference Hall in the state.
  - 9) World Sight Day observed in each Districts and in the state. Mass Eye Screening Camp conducted for Mizoram Upa Pawl at Conference Hall, Civil Hospital, Aizawl. Where spectacles were distributed free of cost.

## INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP) 2018-2019

- 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. The consistency of IDSP Reporting Units during 2018-2019 is given below.

Table. Reporting Percentage of IDSP Mizoram in IDSP Portal

Year	Form S	Form P	Form L
2018-19	99 %	99 %	99 %

- ii) Web Conferencing was held every week on Monday with Central Surveillance Unit and other States in connection with programme activities.
- iii) Media Scanning and Verification Cell (MSVC) scans media outlets for disease reports and confirmation of these reports. The compiled reports were forwarded to CSU each week.
- iv) Seven (7) outbreaks were investigated by IDSP during 2018-2019.
- v) Scrub Typhus data is collected from all districts by IDSP and reported to SSU. There have been 2179 confirmed cases and 8 deaths reported in Mizoram during the year.
- vi) H1N1 screening of incoming passengers was done at Lengpui Airport during November of 2018.
- vii) Special Issue of IDSP bulletin on Scrub typhus disease was issued on 24/5/2018. This Bulletin was distributed to sub-centre, PHC, CHC and District Hospital of every district. It was utilised during Scrub Typhus outbreaks at Thenzawl and Sawleng villages.
- viii) Scrub typhus joint investigation was done with an expert team from Indian Council of Medical Research (RMRC) Dibrugarh at Thenzawl and Samtlang during February 2019.
- ix) Training of Medical officers on Rickettsial diseases held at DHS Conference Hall on 19<sup>th</sup> March, 2019

Sl. No.	Place of occurrence	Disease/Syndrome	No. of cases	No. of deaths
1	Pangzawl	Scrub Typhus	112	1
2	Thenzawl	Scrub Typhus	208	2
3	Sawleng	Scrub Typhus	79	2
4	ITI Veng	Food Poisoning (Soya bean)	20	Nil
5	Zemabawk	Food Poisoning (Soya bean)	29	Nil
6	Samtlang	Scrub Typhus	32	Nil
7	Khawzawl	Scrub Typhus	124	Nil

- x) Training of IDSP Staff and Private Hospital Laboratory Technicians was conducted at DHS Conference Hall on 28<sup>th</sup> March, 2019
- xi) Entomological Research conducted at Champhai, Kolasib, Lawngtlai, Lunglei, Mamit and Siaha districts during April – June 2019 with provision from Government of Mizoram.

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## MOBILE MEDICAL UNITS (MMU)

**Objective** : Mobile Medical Unit provide a range of health care services for population living in remote, impossible, un-served and underserved areas, mainly with the objective of taking health care service delivery to the doorsteps of these population.

**Nature of Services provided** : Clinical services by a medical Officer and his/her team with basic laboratory investigations including screening activities and referral to higher centre.

Performance of MMU 2017-2018  
(April 2017 to March 2018)

District	Number of Clinics	No. of Patient Examined
Aizawl East	29	2766
Aizawl West	34	3338
Champhai	54	3651
Mamit	33	2962
Lawngtlai	9	731
Kolasib	31	2069
Serchhip	34	1674
Saiha	36	2522
Lunglei	34	2114
Total	294	21827

## NATIONAL AMBULANCE SERVICE (NAS)

Objectives :

- i) The National Ambulance Service essentially consist of basic patient transport, primarily aimed to provide ;
  - a) pregnant women and b) infants (below 1 year), free transfer from home to government facility, inter-facilities transfer in case of referral and transport from hospital to home through JSSK entitlements, thereby increasing the number of institutional deliveries attended by skilled birth attendants and in turn reduce infant and maternal mortality.
- ii) To provide quick and free transports for patient with serious or life-threatening conditions and Emergencies.

The National Ambulance Service operates through a centralized Call Centre (102), and have 62 Ambulance Vehicle stationed at various Government Hospitals all over the State.

### National Ambulance Service Report 2018-2019 FY

District	Distance covered	Maternity	Infant	Sick infants	Others	No. of trips
Aizawl East	26,784	695	15	32	105	847
Aizawl West	11,908	102	19	31	237	389
Lunglei	21,959	212	5	26	92	281
Serchhip	6,679	50	1	8	51	110
Mamit	0	0	0	0	0	0
Champhai	24,563	45	1	10	165	221
Kolasib	10,985	45	11	21	81	158
Lawngtlai	0	0	0	0	0	0
Siaha	2,358	5	1	11	18	35
<b>TOTAL</b>	<b>1,05,236</b>	<b>1154</b>	<b>53</b>	<b>139</b>	<b>749</b>	<b>2041</b>

### Mobile Medical Units (MMU) - achievement 2018-19

Sl. N O	DISTRICT	April'18	May '18	June '18	July' 18	Aug' 18	Sept' 18	Oct'1 8	Nov' 18	Dec'1 8	Jan'1 9	Feb'1 9	March '19	No of Clin ics	No of patien t
1	Aizawl East	4	8	2	6	5	6	8	7	4	7	8	7	72	6325
2	Aizawl West	5	5	4	5	5	4	4	5	4	4	6	7	58	5129
3	Champh ai	7	Nil	4	4	6	5	8	6	8	3	7	8	66	4569
4	Mamit	3	4	2	1	7	5	6	8	5	7	6	6	60	5152
5	Kolasib	5	7	Nil	10	2	6	7	8	7	3	8	9	72	6896
6	Serchhip	8	8	6	8	8	9	8	8	8	8	8	8	95	4527
7	Lunglei	1	5	3	3	3	4	5	3	2	4	6	6	45	3237
8	Lawngtl ai	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	NIL	Nil
9	Siaha	3	3	3	4	4	5	6	6	6	6	6	6	58	3886
<b>TOTAL</b>														<b>526</b>	<b>39721</b>

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#### **Free Drugs Service Initiative(FDSI) Programme2018 - 2019**

- Implemented in Mizoram in 2014
- Objective: To ensure uninterrupted availability of free essential drugs to all public health facilities for the smooth functioning of the health system and to reduce out of pocket expenditure on health care
- ROP was 66.46 lakhs from which Essential drugs were purchased and supplied to all SCs, all PHCs, all CHCs and all DHs within the whole of Mizoram during FY 2018-2019.

#### **Free Diagnostic Service Initiative Programme2018 - 2019**

- Implemented in 2016
- Objective: Provide a set free of essential diagnostics at SC, PHCs, CHCs & DHs and reduce out of pocket expenditure on healthcare
- Programme implemented in Mamit District Hospital as it is an aspirational district during FY 2018-2019.
- For purchasing free diagnostic equipment for FY 2018-2019, 23 lakhs was approved for essential diagnostics including both Pathological and Radiological Diagnostics.
- Process is under way to include all SCs, all PHCs, CHCs and DHs in the whole of Mamit District to provide free diagnostic services to the public during FY 2019-2020.

#### **Biomedical equipment management and maintenance Programme 2018 - 2019**

- Introduced in 2016 in Mizoram
- Objective: To have a well-functioning biomedical equipment in all public health facilities for smooth functioning and delivery of quality health services
- Maintenance work outsourced to HLL Infra Tech Services Ltd(HITES) since April 2016
- Total number of biomedical equipment under the service provider as of March 2019 is 4740.
- 94% of equipment are well functioning
- Proposal underway for elimination of Annual price escalation of 10% on maintenance cost after negotiation with the service providers

#### **Pradhan Mantri National Dialysis Programme2018 - 2019**

- Objective: Ensure comprehensive dialysis services delivery at district hospitals and reduce out of pocket expenditure of patients on dialysis
- 2 functional dialysis centres-Civil Hospital Aizawl & Lunglei District Hospital
- 12 functional dialysis machines (8-in Aizawl, 4 in Lunglei)
- 503 patients registered for dialysis having 3524 sessions since inception of programme in the state during 2018-2019.
- Process is under way to provide free consumables to all dialysis patients

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## COMMUNITY PROCESS

Community Process Programme is introduced in 2005 with a vision of universal access to health, with a strong focus on community engagement to ensure people's participation in health and to enable action on the social determinants of health.

The key instruments/two components:-

1. Accredited Social Health Activist (ASHA)
2. Village Health, Sanitation and Nutrition Committees (VHSNC)

The ASHA has proven to be a key pillar of this process. There should be one ASHA/1000 population and VHSNC in all the Revenue villages. In Mizoram, we have 1091 ASHAs and 830 VHSNC  
Performance during October 2018 to June 2019

- ASHA visited 64% of new born baby under Home based New born Care (HBNC), under this scheme the ASHAs are expected to visit all the new born for counselling and assessing their health status- Nutritional status, growth status, illness, etc on 1<sup>st</sup>, 3<sup>rd</sup>, 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup> and 42<sup>nd</sup> day from birth.
- Two new State ASHA trainers are selected and these new trainers had undergone 15 days training and passed the exam.
- VISHWAS (Village Based Initiative to Synergise Health, Water and Sanitation) training given. All the Village Health Sanitation Committee Members were given training on importance of water conservation, clean drinking water, personal hygiene and utilization and having toilets.
- All the 1091 ASHAs were given Refreshers trainings at District Level. ASHAs are given regular yearly refresher training which is required as new activities coming up in different programmes in addition to their regular activities.
- Rogi Kalyan Samity members are given training at the Village/facility level.
- ASHA Assured Incentive is increased from Rs 1000 per month to Rs 2000 per month.
- Accreditation of ASHA Training Site (SIRD, Durtlang) by NIOS.
- Accreditation of two State ASHA Trainers by NIOS. Training and examination was conducted at Delhi and State Trainers passed the examination.

## QUALITY ASSURANCE PROGRAMME

(Achievements during 2018-19)

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

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

- National Quality Assurance Standards Certification

QA aims in making the health facilities within the State to achieve National Accreditation by abiding with the National Quality Assurance Standards. Two facilities –

1)Aizawl East District Hospital(Civil Hospital, Aizawl)hadachieved more than 70% in the latest 2019 surveillance assessmentretaining the NQAS certification.

2)ITI UPHC (with conditionality)has achieved National Accreditation.

- Two days Internal Assessors training and three days Service Provider Training were conducted for Chief Medical Officers of each District, Medical Superintendents, one Senior Medical Officers from each 9 District, Two Senior most Medical Officers of each District Hospital, one Nursing Superintendent of each 9 District Hospital, One Senior Staff Nurse of each 9 District Hospital, One Pharmacist of each 9 District Hospital, One Laboratory Technician of each 9 District Hospital. The total number of participants will be 90. Field visits and monitoring of 9 DH within the state were completed.
- Aibawk and ReiekPHC scored more than the minimum required points ie 70% in the State level QA external assessment
- Lunglei District Hospital also achieved the minimum required points in the internal assessment.

### Kayakalp

Award to public health facilities was launched in 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).

### Achievements

- Master Training on Swachh Bharat Abhiyan and One day Awareness cum Internal Assessors Training were conducted at State level and also One Day Swachh Bharat Abhiyan training is conducted at all facilities.
- Out of 9 DH, 8 DH (89%) achieved more than 70% and received Kayakalp Award.

Out of 11 SDH/CHC, 5 SDH/CHC (46%) achieved more than 70% and received Kayakalp Award.

Out of 57 PHC, 48 PHC (85%) achieved more than 70% and received Kayakalp Award.

Out of 8 UPHC, 5 UPHC (63%) achieved more than 70% and received Kayakalp Award.

During the year 2018-19, 78% of public health facility achieved Kayakalp Awards

Details of Kayakalp winners 2018-19:

#### *District Hospital*

1<sup>st</sup> Prize- Rs 5 lakhs (Lawngtlai District Hospital)

2<sup>nd</sup> Prize- Rs 4 lakhs (Champhai District Hospital)

3<sup>rd</sup> Prize- Rs 3.5 lakhs (Civil Hospital, Aizawl)

Commendation Award- Rs 2 lakhs each for 5 hospitals

Special Award- Most Improved (Siaha DH)

Most Beautiful (Lawngtlai DH)

Rs 0.75 lakh each is given for each health facility for the special award.

#### *Community Health Center*

1<sup>st</sup> Prize - Rs 8 lakhs (Biate CHC)

2<sup>nd</sup> Prize- Rs 4 lakhs (Thenzawl CHC)

3<sup>rd</sup> Prize- Rs 2 lakhs (Vairengte CHC)

Commendation Award- Rs 1 lakh each for 2 health facilities

Special Award – Most Improved (Thenzawl CHC)

Most Beautiful (Sakawrdai CHC)

Rs 0.75 lakh each is given for each health facility for the special award

#### *Primary Health Center (PHC)*

1<sup>st</sup> Prize- Rs 2 lakhs

2<sup>nd</sup> Prize- Rs 94000

3<sup>rd</sup> Prize – Rs 81100

Commendation Award - Rs 20000 to 22 PHC scoring more than 70% in PHC

*Urban PHC*

Best UPHC- Rs 2 lakhs (ITI UPHC)

2<sup>nd</sup> Prize - Rs 1 lakh (Chawlhmun UPHC)

Commendation Award –Rs 50000 given to 3 UPHCs

Special Award - Most Inspiring (Sazaikawn UPHC)

Most Beautiful (ITI UPHC)

Cash prize of Rs 25000 is given for each special award



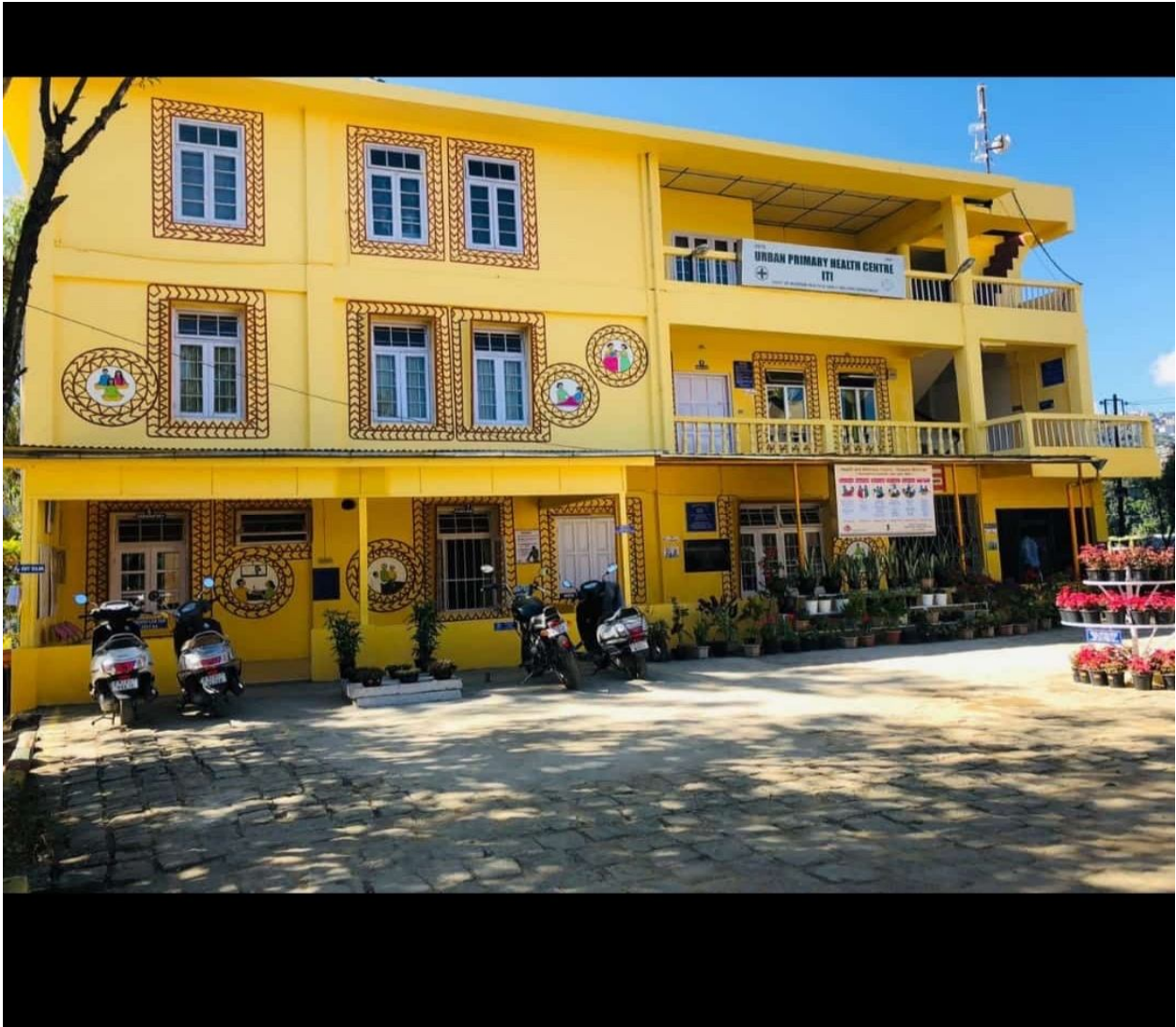
**Pic: BiateCHC , Winner Of Kayakalp 2017, 2018.**



**Pic: Sakawrdai CHC**



**Pic : Lawngtlai DH Winner 2018 Kayakalp**



Pic : ITI UPHC , QA Certified Facility



**Pic: Civil Hospital Aizawl, NQAS Certified District Hospital**



**Pic :Aibawk PHC**

## NATIONAL URBAN HEALTH MISSION (NUHM)

- Construction of Zemabawk UPHC and Hlimen UPHC have been completed on 15th, March 2018 and April 2018 respectively.
- Construction of Hrangchalkawn UPHC and Lawipu UPHC are ongoing and soon to be completed.
- Ongoing renovation of ITI UPHC and Sihphir UPHC is completed.
- 1<sup>st</sup> responder training was conducted on 7<sup>th</sup> February, 2018.
- NUHM workshop of city level staffs was conducted on 2<sup>nd</sup> February, 2018.
- Convergence of H & FW, UD & PA and AMC, RIPANS and Apollo school of Nursing.
- 60 camps conducted as approval (Rs. 10,000 sanctioned per camp)
- Urban Health and Nutrition Day (UHND) held 332 times (Rs. 200 sanctioned per camp)
- Specialist visit time is made for once a month at the UPHC.
- Medicines are purchased by floating Open Tender through Local Newspaper as per requirement listed out by each UPHC which is tallied to fall under the budget as per ROP approval
- Equipment are purchased by floating Open Tender through Local Newspaper as per requirement listed out by each UPHC which is tallied to fall under the budget as per ROP approval
- Upgradation of ITI & Chawlhmun UPHC to Health & Wellness Centre on August 2018.

## MIZORAM STATE HEALTH CARE SOCIETY (MSHCS)

The Mizoram State Health Care Society has taken drastic actions for the success of the Scheme(s) which it undertakes. The achievements are as follows:

1. AB-PMJAY
  - The Society issued 3,87,529 (Three Lakh Eighty Seven thousand Five Hundred & Twenty Nine) Golden Cards till date and drive for Golden Card is undergoing.
2. Mizoram State Health Care Scheme
  - 1,12,760 (One Lakh Twelve Thousand Seven Hundred and Sixty) beneficiaries both under BPL and APL with an amount of Rs.2,40,73,460 (Rupees Two Crore Forty Lakhs Seventy Three Thousand Four Hundred and Thirty) was received during 2018-2019.
3. Government Medical Reimbursement
  - Scrutinizing and screening of Govt. MR Bill as per the Medical Attendance Rules is undertaken by the Society.
4. Provision of coverage under Mizoram State Health Care Scheme to enrol beneficiaries upto Rs. 3 Lakhs per family.
5. Statistical Data for Achievement made under MSHCS for 2018-2019 as follows.

Name of Scheme, etc.	No. of Claims	Claims Paid Amount (Rs.)
Govt. MR Bill	15,214	55,27,22,166
Health Care Scheme	4,256	13,92,57,755
AB-PMJAY	23,562	18,91,20,849

## CLINICAL ESTABLISHMENTS ACT (CEA)

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 care establishments.

### ACHIEVEMENTS

- ▶ **25th July 2018:** On the recommendation of 7th State Council meeting, the minimum standards of Hospital and Laboratory was adopted. Amendment of Mizoram Clinical Establishment rules 2014 was proposed.
- ▶ **14th March, 2019:** The 8th State Council meeting for Clinical Establishments Act was held on 14<sup>th</sup> March, 2019. Importance of Advocacy training was discussed and it was resolved to organize in the near future. State CEA cell were requested to work out the suitable dates.
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### Registration status as on March 2019

1. Provisional Registration:

#### New Registration

District	Government	Private
Aizawl	-	3
Lawngtlai	-	1
Siaha	5	5
<b>Total</b>	<b>5</b>	<b>9</b>

#### Renewal Registration

District	Government	Private
Aizawl	-	3

2. The Mizoram Council for Clinical Establishments Act meeting held on 14<sup>th</sup> March, 2019

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## **PRE-CONCEPTION & PRENATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) ACT, 1994**

**Objectives:** The Pre-Conception & Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, is an act to provide for:

Prohibition of Sex Selection, before and after conception, and  
Regulation of Pre-natal Diagnostic Techniques for the purposes of detecting genetic malformations or sex-linked disorders  
Prevention of their misuse for sex determination leading to female foeticide

**Targets/Expected Outcomes:**

To identify areas with skewed Child Sex ratio and to improve child sex ratio by 2030

To resolve shortage of Ultrasound Operators (Radiologists/Sonologists) through implementation of 6 months training rules.

To identify all unregistered ultrasound centres through regular inspection.

**Achievements (Physical/Financial)**

- |  |                     |
|--|---------------------|
| • Number of State Supervisory Board meeting held                           | : <b>1 (one)</b>    |
| • Number of Advisory Committee meeting held                                | : <b>3 (three)</b>  |
| • Number of Appropriate Authority meeting held                             | : <b>4 (four)</b>   |
| • Number of ultrasound centre granted fresh registration during 2018-19    | : <b>8 (eight)</b>  |
| • Number of ultrasound centre granted renewal registration during 2018-19  | : <b>1(one)</b>     |
| • Number of centres inspected by SIMC during the year 2018-19              | : <b>36 centres</b> |
| • Status of implementation of Six Months Training during the year 2018-19: |                     |
| <b>a)</b> Number of CBA exam conducted                                     | : <b>1 (one)</b>    |
| <b>b)</b> Number of candidate clearing CBA                                 | : <b>3 (three)</b>  |

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**FOOD & DRUGS ADMINISTRATION: APRIL 2018 – MARCH 2019**  
**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* : **600 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* : **9 Nos.**  
*No. of Drugs Licence Cancelled* : **55 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* : **461 Nos.**  
*No. of Not of Standard Quality drugs found* : **5 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* : **2 Nos.**  
*No. of conviction* : **1 Nos**
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.
6. Govt. Of Mizoram had also given permission for engagement of empanelled consultancy firm for construction of State Drugs Testing Laboratory amounting to Rs. 3,00,00,000/- as funded by Central Government.
7. The required procedure for recruitment of 3 post of Drugs Inspector, 10 post of Asst. Drugs Inspector, 10 Post of Data Entry Operator and 6 post of IV Grade already completed.
8. **Revenue collected:** : **Rs. 10,56,729/-**

**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* : **304 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* : **215 Nos.**
2. Inspection of Food Service Establishment has been conducted many a time.  
*No. of Food Service Establishment Inspected* : **360 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* : **165 Nos.**
4. **Revenue collected:** : **Rs. 9,48,700/-**

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## NATIONAL AYUSH MISSION

### 1. PUBLIC HEALTH OUTREACH ACTIVITY:

i. For solving community health problems and by improving health status of the population Free Health Camp / Free Clinic and awareness campaign was conducted at the following villages. Medicines are provided free of cost to entire patient who attend the free clinic.

- |                |                   |                 |                 |
|----------------|-------------------|-----------------|-----------------|
| 1. Khawbung    | 2. Khuangthing    | 3. Suangpuilawn | 4. Muallungthu  |
| 5. Rawpuichhip | 6. Kawrtethawveng | 7. Bungthuam    | 8. Suarhliap    |
| 9. Hnahthial   | 10. Tuipui D      | 11. Darzo       | 12. Muallianpui |

ii. Free Medical Health Check up was carried out at Children's Home in every district.

ii. Hypertension and diabetes screening was carried out in every District by ASHA.

iii. Orientation of ASHAs to the potential of AYUSH on general wellness with special reference to diabetes mellitus was organised at every district for M.O(AYUSH), ASHA Co-ordinator, ASHA Mobilizer & ASHA.

### 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.

AYUSH free clinic and awareness campaign was carried out at selected 9 Government Middle Schools across 3 districts (Aizawl, Lunglei & Champhai).

School Health Programme was carried out at Luangpawl Primary School, Middle School II, Mamit and Government High School, Mamit during 14 - 16 October, 2019.

### 3. BEHAVIOUR CHANGE COMMUNICATION (BCC) / INFORMATION EDUCATION & COMMUNICATION (IEC) :

i. - 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.

- Programme to continue for 1 year.

- 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 received for the services rendered under this programme.

ii. Live T.V Talk Show on AYUSH system of Medicine was held at Champhai, Lunglei & Serchhip District

iii. For generating awareness on AYUSH Inter District Middle School Quiz & AYUSH MZP Inter High School Quiz was organised

#### 4. AYUSH Gram :

Under this activity, 7 villages(S.Vanlaiphai, Tlabung, Haulawng, Darlawn, Rengdil, Aibawk& Saitual ) 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 Health Check up

#### 5. AYUSH WELLNESS CENTRES:

Under this activity, 18 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.

#### 6. Sports Medicine through AYUSH :

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

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

#### 7. Health & Wellness Centre under AYUSHMAN BHARAT:

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

#### 8. CONSTRUCTIONS

##### i. Completed -

- |                                    |  |
|------------------------------------|--|
| <b>a. IPD (AYUSH ten bedded) -</b> | Hnahthial, Tlabung, Sakawrdai, Biate, Vairengte& Lengpui |
| <b>b. OPD -</b>                    | Thingsulthliah, Haulawng, Sairang,                       |

The following are the achievements and activities of State Medicinal Plants Board (SMPB) Mizoram, Directorate of AYUSH during the year 2018-2019 –

1. Training & Awareness cum Buyers/Sellers Meet

During the 28<sup>th</sup>& 29<sup>th</sup> May, 2019 training for farmers, buyers and sellers and interested persons was conducted at Chanmari YMA Hall, Aizawl. Approx. 100 farmers along with few other interested persons attended the programme.

2. Setting up of Small Nursery at Mizoram University-

A small nursery is set up at Mizoram University Campus under the supervision of Department of Horticulture, Aromatic and Medicinal Plants, Mizoram University.

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3. Setting up of Model Nursery at Sairang –

A model nursery for medicinal plants is being constructed at Sairang under the supervision of Environment, Forest & Climate Change Department, Govt. of Mizoram.

4. Storage godown constructed at KudamKawn, Serchhip

A storage godown for medicinal plants farmers is being constructed at Serchhip.

5. Rural Collection Centre at LungrualZau, Serchhip -

A collection centre for medicinal plants farmers is being constructed at Serchhip

6. Cultivation of Medicinal Plants –

Medicinal Plants viz., Amla, Cinnamon and Sarpagandha are cultivated at different districts through selected beneficiaries. These beneficiaries are –

- Kanaan Farming Society
- Sihphir Cooperative Farming Society
- MF Medicinal Plants Society
- Keifang Medicinal & Herbal Growers Society
- Ramlai Society for Traditional Medicine

7. Convergence with SPMRM project –

Under Shayma Prasad Mukherjee RuRban Mission, convergence was made for cultivation of medicinal plants at two RuRban Clusters – Khawzawl RuRban Cluster and East Lungdar RuRban Cluster.

Homalomenaaromatica and Cinnamomumverum were cultivated.

The State Medicinal Plants Board conducted training for the beneficiaries as well as assists the cultivation and also distributed planting materials for the cultivation.

8. *Tinosporacordifolia* project –

A project on general awareness and cultivation of *Tinosporacordifolia* was taken up. Under this project, mass plantation, awareness about the medicinal plant at different levels was undertaken.

## **ZORAM MEDICAL COLLEGE**

### **1. TARGETS**

The target for 2018-19 is as per the MCI requirements for 1<sup>st</sup> renewal of permission which is given below :

<b>Sl. No</b>	<b>Infrastructural facilities</b>		<b>Target for 2018-19</b>
1	Lecture Theatre [College Building]	a) Number	2
		b) Capacity	120
		c) Type	Gallery
2	Examination Hall	Capacity	250
		Number	1
3	Central Library	a) Area (sq. m)	800
		b) Seating Capacity	100
		c) Books	1500
		d) Journals (Indian + Foreign)	14 + 06
4	Hostel	a) Boys/Girls Capacity @60%	120
		b) Residents Capacity @100%	47
		c) Nurses accommodation @20%	35
5	Residential Quarters	a) Teaching @20%	18
		b) Non -Teaching @20%	32
6	<b>Bed Distribution</b>		
6 (A)	Medicine & Allied	a) Gen. Medicine	72 beds/ 3 units
		b) Pediatrics	24 beds / 1 unit
		c) TB & Chest	8 beds / 1 unit
		d) Skin V.D.	8 beds / 1 unit
		e) Psychiatry	8 beds / 1 unit
		<b>Total</b>	<b>120 beds / 7 units</b>
6 (B)	Surgery & Allied	a) Gen. Surgery	90 beds / 3 units
		b) Orthopedics	30 beds / 1 unit
		c) Ophthalmology	10 beds / 1 unit
		d) ENT	10 beds / 1 unit
		<b>Total</b>	<b>140 beds / 6 units</b>

6 (C)	Obstetrics & Gynaecology	a) Obstetrics & ANC	25 beds / 1 unit
		b) Gynecology	15 beds / 1 unit
		Total	40 beds / 2 units
	Grand Total		300 beds / 15 units
7	Bed occupancy %		60%
8	OT & ICU	a) Major OT	4
		b) Minor OT	2
		c) ICCU	5 beds
		ICU	5 beds
		PICU/NICU	5 beds
		SICU	5 beds
		d) Casualty Beds	10
9	Radiology (X-ray machines and Ultrasound machines)	a) Static unit - 300 mA	1
		- 600 mA	1
		b) Mobile unit - 60 mA	1
		- 100 mA	1
		c) USG (Color)	2
10	Practical Laboratories		6 (150 sq. m)
			2 (60 sq. m)
11	Central Laboratory		1

## 2. PHYSICAL & FINANCIAL ACHIEVEMENTS :

All the target given above have been achieved and 2<sup>nd</sup> renewal of permission for admission of 100 students (2<sup>nd</sup> batch) into MBBS courses was granted by the Medical Council of India on the 25<sup>th</sup> May, 2019 after thorough inspection and assessment of the college based on the targets given above.

Apart from these, the following infrastructural projects were completed :

SL NO	WORK LIST	AMOUNT	REMARKS
1	Para Clinical Building- Basement Extension	Rs.16,58,100.00	Completed
2	Type III , block IV Quarters renovation	Rs.15,00,000.00	Completed
3	Side drain	Rs.7,99,000.00	Completed
4	Bank And Post Office	Rs.60,35,000.00	Completed
5	Pavement Road	Rs.33,87,800.00	Completed

6	Retaining wall (Near Entrance)	Rs.3,70,000.00	Completed
7	Type-IV & Type-V External painting	Rs.30,00,000.00	Completed
8	Type-III Painting (5 Blocks)	Rs.19,30,000.00	Completed
9	Retaining wall (TB Hospital Road)	Rs.19,40,000.00	Completed
10	Type-I Quarters Repairing (8 Blocks)	Rs.10,38,000.00	Completed

### 3. **BRIEF WRITE-UP IMPLEMENTATION OF SCHEMES / PROJECTS UNDER CSS –**

Zoram Medical College is established at State Referral Hospital Falkawn under the CSS “Establishment of Medical College attached with existing district/referral hospitals” with a project cost of Rs. 189 crores.

The details of funding for CSS under MOHFW is given below-

Sl.No.	Head	Amount
1.	Building for Medical College	Rs.69 crores
2.	Hostel for students/faculty	Rs.40 crores
3.	Equipment	Rs.50 crores
4.	Upgradation of district hospital	Rs.30 crores
	<b>Total</b>	<b>Rs. 189 crores</b>

**Funding pattern= 90:10 (Rs. 170.1 Crores as Central share & Rs.18.9 Crores as state share).**

**Letter of Permission (LoP)** for opening of Medical College with 100 MBBS annual admissions was given by MoHFW, New Delhi on the **25<sup>th</sup> May, 2018**.

The Medical College currently have the following functional teaching departments namely: Departments of Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Microbiology, Forensic Medicine, Community Medicine, General Medicine, Paediatrics, Dermatology, TB & Respiratory Diseases, Psychiatry, General Surgery, Obstetrics & Gynaecology, Orthopedics, Oto-Rhino-Laryngology, Ophthalmology, Aneesthesiology, Dentistry, Radio-Diagnosis.

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Funds have also been received from the Government of Mizoram through **NEDP** for upgradation of the hospital as follows:

- **2016-17 – Rs. 28 crores**
- **2017-18 – Rs. 15 crores**
- **2018-19 – Rs. 20 crores**

Funds received from NEDP were mainly used for purchase of equipment as per MCI norms. **Rs. 5 crores** each has been allocated for construction of new boys and girls hostel.

#### **4. PROBLEMS, OPPORTUNITIES AND FUTURE PROSPECTS :**

The major problem in the establishment of Zoram Medical College arises from lack of adequate funding, inadequate infrastructure, inadequate qualified faculties and remote location from city area which results in lack of infrastructural facilities such as telephone networks and internet connection.

#### **OPPORTUNITIES & FUTURE PROSPECTS**

As per the Medical Council of India Post-Graduate Medical Education Regulations, 2000, Postgraduate courses may be started in the near future to augment the shortfall of specialist doctors in the state. Plans for expansion of campus by acquisition of additional land for development of hostels and quarters have been approved by the Government of Mizoram. Super-speciality hospital providing specialist care, Maternal & Child Health Centre and Physical Medicine & Rehabilitation Centres are planned to be established in the future.