

**e-BOOK**

**Important Achievements of  
Health & Family Welfare Department  
Government of Mizoram  
(2020-2021)**



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

## Table of Content

	<b>Page No.</b>
1. About the Department	..... 3
2. MAP (Health)	..... 4
3. Directorate of Health Services	..... 5-6
4. Directorate of Hospital & Medical Education	..... 7-13
5. Covid-19 Activities	..... 14-16
6. Healthcare & AB-PMJAY	..... 17-18
7. National Vector Borne Diseases Control Programme (NVBDCP)	..... 19-20
8. Reproductive & Child Health (RCH)	..... 21-22
9. National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS).	..... 23-24
10. National Programme for Palliative Care (NPPC)	..... 25-26
11. National Programme on Preventive Control of Deafness(NPPCD)	..... 27-28
12. National Oral Health Programme (NOHP)	..... 29-30
13. State Mass Education & Media (SMEM)	..... 31
14. Clinical Establishment Act 2010	..... 32-33
15. Blood Services & Disorder (State Blood Cell)	..... 34-35
16. Quality Assurance	..... 36-40
17. Mizoram State AIDS Control Society (MSACS)	..... 41
18. National Mental Health Programme	..... 42-43
19. National Viral Hepatitis Control Programme (NVHCP)	..... 44-45
20. National Programme for Control of Blindness	..... 46
21. Revised National TB Control Society (RNTCB)	..... 47
22. Rashtriya Kishor Swasthya Karyakram (RKSK)	..... 48
23. Rashtriya Bal Swasthya Karyakram (RBSK)	..... 49
24. School Health	..... 50
25. Mizoram State Tobacco Control Society (MSTCS)	..... 50
26. National AYUSH Mission	..... 51
27. Food & Drugs Control Programme	..... 52-53
28. Universal Immunization Programme	..... 54-55
29. National Ambulance Service (NAS)	..... 56
30. National Leprosy Eradication Programme (NLEP)	..... 57
31. Integrated Diseases Surveillance Programme (IDSP)	..... 58
32. National Programme for Health Care Elderly (NPHCE)	..... 58
33. PC & PNDT (Prohibition of Sex Selection) Act, 1994	..... 59
34. Health & Wellness	..... 60
35. Drugs & Vaccines Distribution Management System	..... 60
36. National Urban Health Mission (NUHM)	..... 61-62
37. Mobile Medical Unit (MMU)	..... 63
38. Information & Technology (I.T.)	..... 64
39. Implementation of RTI Act 2005 Reports	..... 65-67

## About the Department

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

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

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

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

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

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

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

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



## VARIOUS ACHIEVEMENTS UNDER HEALTH & FAMILY WELFARE DEPARTMENT GOVERNMENT OF MIZORAM 2020-21

### **I. DIRECTORATE OF HEALTH SERVICES**

#### **1. Health Infrastructure Development:**

- Under NABARD RIDF XXV, construction of 3 Primary Health Centre, 3 Sub-Centre and 6 Staff Quarters amounting to Rs. 20.03 crores is in progress.
- Administrative Approval for NABARD RIDF XXVI amounting to Rs. 19,57,42,000/- has been obtained and Expenditure Sanction submitted to Finance Department.
- Under Article 275(i), construction of Primary Health Centre, Isolation Ward at Community Health Centre, Sub-Centre, Sharp Pit for Bio-Medical Waste Management at 16 Sub-Centres amounting to Rs. 110.47 lakhs is in progress.
- Directorate of Health Services building at MINECO is under construction (Amount – Rs. 5,50,00,000/-), Rs. 1,70,00,000/- has been additionally allocated for extension.

#### **2. WORLD BANK - MIZORAM HEALTH SYSTEMS STRENGTHENING PROJECT**



World Bank leh Mizoram sawrkar tangkawpin Mizoram health system tihchak nana project - Mizoram Health Systems Strengthening Project chu June ni 17, 2021 khan sign fel ani ta a. He project, US \$ 40 million hi 80%, i.e., \$32 million hi World Bank atanga loan hmanga thawh tur ani a. \$8 million hi state sawrkar tum tur ani a. A rulhlet lamah chuan \$32 million rulh leh tur hi 90% Department of Economic Affairs (DEA) in min rulhsak anga, 10% erawh Mizoram sawrkarin a tum ve a ngai dawn ani. He Project in a tum ber chu Mizoram a Health System kalphung tih changtlun leh tih hmasawn a ni. (to improve management capacity and quality of health services in Mizoram).

MHSSP hian Component 4 a nei a, chungte chu:

#### **Component 1: Strengthen Management and Accountability through Internal Performance Agreements (cost US\$13.5 million):**

Internal Performance Agreement hi State, District leh health facilities level a kalpui tur niin, agreement siam a ni ang a, Result based incentives (an hnathawh dan azira sum hmuh) hmuh theihna tur a ni a, indicators tur te hi duan mek a ni. Hemi in a tum ber chu Health facilities zawng zawng NQAS (National Quality Assurance Scheme) certification hmu thei khawpa tih changtlun a ni.



**Component 2: Improve Design and Management of the State Health Insurance Programs (US\$2.5 million) :**

Mizoram Health Insurance Programme kan neih leh PMJAY te tun aia tha zawk leh mipuite te tana hlawk zawka kalpui dan tur te ngaihtuaha duan ani ang a. Mipui tam zawkin Insurance Scheme a an tel ve theih nana hmalakpui a tel bawh.

**Component 3: Enhance Quality of Health Services and Support Innovations (US\$15.92 million):**

Kan damdawiin leh thawktute hnen atanga enkawlina kan dawn te hi tun aia tha leh zuala tihchangtlun leh tihhmasawn tum a ni a. Heta ngaih pawimawh ber chu 'quality' a ni. Hei hian a tul dan a zirin infrastructure tih changtlun pawh a keng tel ang.

**Component 4: Contingent Emergency Response Component (US\$0 million):**

Engemaw tul bik thil Emergency ah a chung a mite khi pawh pen theih an ni ang.

**Hmalak tawhna te:**

- 1) Project Management Unit atan consultants 11 lak tawh a ni.
- 2) Consultancy Services/ firm Pali (4) lak tur te hi Contract award theih tawh dinhmun ah awm.
- 3) Hnathial, Saitual leh Khawzawl district ah CMO office Building sakna tur atan contract sign theih tawh a ni bawh.



*Officers & Staff, Mizoram Health System Strengthening Project (World Bank)*

## II. Directorate of Hospital & Medical Education :

### Sectoral Electoral Overview :

The Directorate of Hospital & Medical Education is one of the two wings of the Health & Family Welfare Department, Government of Mizoram with a separate Budget since 2006-2007, it is a social service sector encompassing most of the aspects of human life and a secondary health care Department. It has also inter-sectoral role and linkages with majority of the Department for the service to the people of Mizoram. Since its inception, it is look after eight (8) Districts Hospitals viz. Aizawl, Lunglei, Lawngtlai, Siaha, Serchhip, Mamit, Kolasib, Champhai including Mizoram State Cancer Institute/Cancer Hospital, Zemabawk, Kulikawn Hospital, State Referral Hospital Falkawn along with three (3) Medical Institutions viz. School of Nursing, Lunglei and Thingdawl, Mizoram College of Nursing (MCON), Falkawn. The newly declared new Districts viz. Khawzawl, Saitual, Hnahthial, the existing Community Health Centres (CHCs) are being upgraded into District Hospital under this Directorate.

#### Targets and objectives of the Department:

1. To provide comprehensive quality of health care which is affordable, accessible and attainable with minimal expenditure to the people and to excel in the field of Medical Education and Research.
2. To provide quality care and service through the various branches of Medical Speciality and Super-Speciality.
3. To provide leadership and managerial services in terms of hospital healthcare delivery.
4. Continuation of Medical Education and Research.
5. Development of inter-sectoral , co-ordinator and partnership with various stakeholder of the Department.
6. Upgradation and strengthening of District Hospitals, Nursing Institutions and Tertiary Care facilities.

#### GOVERNMENT HOSPITALS (2019 – 2020)

Sl. No.	Name of Hospitals	No. of Beds
1	Civil Hospital, Aizawl	273
2	Kulikawn Hospital, Aizawl	50
3	Civil Hospital, Lunglei	160
4	District Hospital, Champhai	85
5	District Hospital, Serchhip	60
6	District Hospital, Saiha	45
7	District Hospital, Kolasib	60
8	District Hospital, Mamit	30
9	District Hospital, Lawngtlai	34
10	State Referral Hospital, Falkawn (including TB Hospital)	290
11	Mizoram State Cancer Institute (MSCI), Zemabawk	50
12	Integrated Ayush Hospital, Thenzawl	50
	<b>Total</b>	<b>1187</b>

### **NON - GOVERNMENT (PRIVATE) HOSPITALS (2019 – 2020)**

<b>Sl. No.</b>	<b>Name of Hospitals</b>	<b>No. of Beds</b>
<b>1</b>	Presbyterian Hospital, Durtlang	355
<b>2</b>	Christian Hospital, Serkawn	100
<b>3</b>	Greenwood Hospital, Bawngkawn	87
<b>4</b>	Adventist Hospital, Seventh Day Tlang	50
<b>5</b>	Nazareth Hospital, Ramhlun, Aizawl	30
<b>6</b>	Bethesda Hospital, Bawngkawn	60
<b>7</b>	Aizawl Hospital & Research Centre, Mission Veng	145
<b>8</b>	Care Hospital & Research Centre, Dawrpui	21
<b>9</b>	Grace Nursing Home, Electric Veng	32
<b>10</b>	Ebenezer Medical Centre, Chawnpui, Aizawl	98
<b>11</b>	Maraland Gospel Centenary Hospital, Saiha	60
<b>12</b>	Lairam Christian Medical Centre, Lawngtlai	70
<b>13</b>	Alpha Hospital, Kulikawn	40
<b>14</b>	Med-Aim Adventist Hospital, Champhai	22
<b>15</b>	B.N. Hospital Kulikawn	59
<b>16</b>	Nazareth Nursing Home, Tumpui Kolasib	20
<b>17</b>	Hope Hospital, Lunglei	35
<b>18</b>	Faith Hospital, Lunglei	35
<b>19</b>	D.M Hospital, Champhai	30
<b>20</b>	City Hospital, Mission Veng	62
<b>21</b>	LRM Hospital, Ramhlun, Aizawl	67
<b>22</b>	Redeem Hospital, College Veng, Aizawl	16
<b>23</b>	John William Hospital, Lunglei	30
	<b>Total</b>	<b>1562</b>

### **OUT – PATIENT & IN – PATIENTS DURING 2019 – 2020**

<b>Sl. No.</b>	<b>Hospitals</b>	<b>No. of Out-Patients</b>	<b>No. of In-Patients</b>
<b>1</b>	<b>Government Hospitals</b>	<b>902864</b>	<b>46519</b>
<b>2</b>	<b>Non- Government Hospitals</b>	<b>305900</b>	<b>52718</b>

- No. of patients referred outside the state of Mizoram for investigation and treatment during 01.04.2019– up to 31.03.2020 = 2986
- The Hospitals where patients were referred most = Tata Memorial Hospital, Mumbai and Tata Memorial Centre, Kolkata.

### **ACHIEVEMENT MADE IN THE SECTOR DURING THE YEAR-2020-2021:**

1. **Construction of 100-Bedded District Hospital-In Patient Department (IPD) Block, Mamit, Mizoram:** The Power Finance Corporation ( A Govt. of India Undertaking) conveyed approval for implementation of the project at the cost of **Rs 17.93 Crore** by funding pattern of **70:30**, Memorandum Of Agreement (MoA) for implementation of the project was signed and necessary action is under process.



2. **Project-Strengthening Health Infrastructure Development for comprehensive response to possible outbreak of COVID-19 in Mizoram** : The Ministry of Development of North Eastern Region, Government of India conveyed Administrative & Financial Sanction of Rs 1616.26 lakh under North East Special Infrastructure Development Scheme (NESIDS) vide No.NESIDS-15012(11)/1/2020-O/0US(NLCPR) Dated 28<sup>th</sup> May,2020. The project includes purchase of medical equipment and instruments. Necessary action is being undertaken.
3. The following works have been taken up and in progress:
  - 1) Construction of Type – III quarter,Block-1,5-Units at Civil Hospital, Lunglei under NEDP- **Rs 1,78,65,200.00**.
  - 2) Construction of Type – IV quarter,Block-1,6-Units at Civil Hospital, Lunglei under NEDP-**Rs 3,21,35,400.00**
  - 3) Construction of Type – IV quarter,Block-1,6-Units at District Hospital, Siaha under NEDP-**Rs 3,76,68,000.00**
  - 4) Upgradation of Civil Hospital, Aizawl-repair/renovation of Hospital building, construction of brace wall cum footpath, installation of EPABX Cabling under SEDP- **Rs 1,73,09,000.00**.
  - 5) Construction of General Nursing Midwifery (GNM) Hostel at Siaha under MoHFW, Govt. of India –**Rs 2,50,00,000.00**.
  - 6) Construction of General Nursing Midwifery (GNM) Hostel at Champhai under MoHFW, Govt. of India –**Rs 2,50,00,000.00**.
4. In order to proper disposal of Hospital waste at Civil Hospital, Aizawl, construction of Bio-Digester – 2 nos. amounting to **Rs 50.00 lakh** are successfully completed under NEDP.
5. For improvement & upgradation of Cobalt Therapy Unit, Zemabawk, Aizawl, high-tech equipments viz. Huestis Cascade Simulator and upgradation of Theratron 780C Cobalt Unit into NreTheratron Basic Equinox 80 Cobalt Unit with TPS amounting to **Rs 8,18,56,000.00** are being procured and installed.

Over and above, the Govt. of Mizoram has allocated an amount of Rs **450.00 lakh** and **Rs 300.00 lakh** for Construction of Trauma Centre, Civil Hospital Aizawl and Construction of Trauma centre, Civil Hospital Lunglei respectively in addition to the Central Grant.

6. During the Financial Year 2019-2020, the following items/projects have been done and completed:
  - 1) Purchase of complete Dosimetry Instruments for Linear Accelerator (LINAC), Mizoram State Cancer Institute (MSCI), Zemabawk, Aizawl- **Rs 3,25,68,000.00**.
  - 2) Establishment of HDU & Dialysis Unit at District Hospital, Champhai- **Rs 22,97,166.00**.

- 3) Purchase of Laboratory Re-agents & Consumables for all Blood Banks in Mizoram- **Rs.1,42,76,330.00.**

**7. IMPLEMENTATION OF SCHEMES/PROJECTS UNDER VARIOUS FUNDING AGENCIES :**

Sl. No	Name of Project	Source of funding & Pattern of Funding	Approved cost (Rs in lakh)	Status of project
1	Bio-Medical Waste Management System for district hospital Lawngtlai, Champhai, Serchhip, Mamit	NEC 90:10	Rs 468.00	Completed
2	Construction of Main Building of School of Nursing, Synod Hospital, Durtlang, Mizoram.	NEC 90:10	Rs 833.00	The project achievement is about 84%
3	Construction of 100-Bedded Hospital Saiha	NLCPR, MoD NER 90:10	Rs 1593.00	On the verge of Completion
4	Construction of 50-Bedded Hospital, Lawngtlai under NLCPR.	NLCPR, MoD NER 90:10	Rs 1191.51	On the verge of Completion
5	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, Civil Hospital, Aizawl under CSS, Ministry of H & FW	MoHFW, G.o. I 90:10	Rs 1027.20	Works in progress
6	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Lawngtlai under CSS, Ministry of H & FW	MoHFW, G.o. I 90:10	Rs 494.20	Works in progress
7	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Siaha under CSS, Ministry of H & FW	MoHFW, G.o. I 90:10	Rs 494.20	Works in progress
8	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Kolasib under CSS, Ministry of H & FW	MoHFW, G.o. I 90:10	Rs 494.20	Works in progress
9	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, District Hospital, Champhai under CSS, Ministry of H & FW	MoHFW, G.o. I 90:10	Rs 494.20	Works in progress
10	Developing Trauma Care	MoHFW, G.o.	Rs 494.20	Works in progress

	Facilities in Govt. Hospitals in National Highway, District Hospital, Serchhip under CSS, Ministry of H & FW	I 90:10		
11	Developing Trauma Care Facilities in Govt. Hospitals in National Highway, Civil Hospital, Lunglei under CSS, Ministry of H & FW	MoHFW, G.O. I 90:10	Rs 494.20	Works in progress

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

1.	<b>Under National Infrastructure Pipeline</b>		
	a)	Upgradation of ten (10) District Hospitals	3,574,621,400.00
	b)	Upgradation of Hospitals in Aizawl city	3,332,134,100.00
	c)	Upgradation of Nursing institutions in Mizoram	1,004,622,000.00
	d)	Strengthening & Upgradation of Zoram Medical College, Falkawn, Mizoram	10,584,000,000.00
2	<b>Under NESIDS</b>		
		Construction of 100-Bedded District Hospital, Kolasib	Rs 20,00,00,000.00
		Construction of 100 -Bedded Jawahar Lal Nehru (District) Hospital, OPD Block & Housing Complex at District Hospital, Serchhip	Rs 51,75,20,400.00
3	<b>Under Ministry of Minority Affairs (PMJVK)</b>		
	a)	Construction of Residential Complex at Civil Hospital, Lunglei	Rs 18,19,33,000.00
4	<b>Under 15th Finance Commission</b>		
	a)	Construction of Staff Quarter Building (Type III, IV & V) at Civil Hospital Complex, Lunglei	Rs 14,10,58,000.00
	b)	Construction of 100-Bedded Jawahar Lal Nehru (District) Hospital Main Building and OPD Block at Serchhip	Rs 20,00,00,000.00
	c)	Construction of 100-Bedded Kolasib District Hospital, OPD Block and quarters at Kolasib.	Rs 25,53,36,000.00
	d)	Civil Hospital, Lunglei - Construction of Kitchen Building, painting of main Hospital Building, Vertical Extension of Medical Superintendent Office, Mortuary Building, Quarter Type II, III, IV, V.	Rs. 194,280,000.00
	e)	District Hospital, Kolasib - Construction of Main Hospital Building, OPD Block, Quarter Type III, IV, V	Rs. 289,503,000.00

	f)	District Hospital Lawngtlai – Construction of Quarter Type IV Building	Rs. 35,975,900.00
	g)	Kulikawn Hospital – Construction of Quarter Type III & IV	Rs. 56,523,000.00
	h)	District Hospital, Serchhip – Construction of Hospital Building, OPD Building, Quarter Type III, IV, V.	Rs. 501,589,000.00
	i)	District Hospital, Hnahthial – Construction of Quarter Type II, III, IV, V	Rs. 131,254,000.00
	j)	District Hospital, Saitual – Construction of Quarter Type II, III, IV, V	Rs. 126,432,000.00
	k)	District Hospital, Khawzawl – Construction of Quarter Type II, III, IV, V	Rs. 130,143,000.00
	l)	Improvement of Health Infrastructure at MSCI, Zemabawk	Rs. 158,796,000.00
	m)	10 Ambulances (8 district hospitals and 1 each for Hon'ble Governor and Hon'ble Chief Minister) and maintenance of vehicle.	Rs. 20,907,000.00
5	<b>Under NABARD</b>		
	a)	Construction of 100-Bedded District Hospital Building at Kolasib, Mizoram	Rs. 19,41,30,000.00
	b)	Construction of 100-Bedded District Hospital, Serchhip, Mizoram	Rs. 20,34,00,000.00
	c)	Construction of 50-Bedded District Hospital Building at Hnahthial, Mizoram	Rs. 10,29,40,000.00
	d)	Construction of 50-Bedded District Hospital Building at Saitual, Mizoram	Rs. 10,18,40,000.00

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

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

## 9. PROBLEMS AND CHALLENGE IN THE STAGE OF IMPLEMENTATION

- **Man power:**

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

- **Diagnostic Equipment:**

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

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

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

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

- **Provision of Diagnostic Equipments/Supply of vital medicines and consumables:** In order to avoid a large number of referred cases outside the state for necessary investigation and treatment, the various hospitals need to be well equipped with machineries, diagnostic equipments, supply of vital medicines and consumables. Hence, more funds are required so as to achieve the financial loss of Government exchequer.
- **Renovation/Construction of Buildings:** The existing Hospital buildings and staff quarters are very old, dilapidated and congested to accommodate the increasing no. of patients, re-construction of Hospital buildings, quarters are very much essential so as to provide good health care to the people. Hence, more funds are required.

## 10. PUBLICATIONS:

The Directorate of Hospital & Medical Education has published Hospital Statistics 2019 – 2020 based on Monthly Statistical Bulletin, hard copy along with soft copy attached

### **III. Health & Family Welfare Department on Covid-19 activities**

- 1) Ni 19<sup>th</sup> January 2020 ah Central IDSP, Delhi atangin 2019-Novel coronavirus Advisory dawn a ni.
- 2) Ni 20<sup>th</sup> January 2020 ah China atanga lo haw te monitor na tur Central IDSP in a format a duansa hmangin daily report pek tan a ni.
- 3) Ni 22<sup>nd</sup> January 2020 ah National Institute of Virology, Pune atangin, Sample lak leh thawn dantur guideline leh SOP te dawn a ni.
- 4) Ni 23<sup>rd</sup> January 2020 ah Principal Director Office chamber ah Officers meeting neih a ni.
- 5) Ni 26<sup>th</sup> January 2020 ah Union Health secretary hova Video Conference hmasaber neih a ni.
- 6) Ni 28<sup>th</sup> January 2020 ah central lam atangin, COVID-19 a Nodal officer ruatna tur chungchang mail alo thleng a ni. Hemi ni vek hian Mizoram chhunga China a zin thin te zat lakkhawm a ni.
- 7) Ni 30<sup>th</sup> January 2020 ah Honble. Minister H&FW ho in meeting neih a ni a, hemi ni hian State Level task force pawh din nghal a ni. Lengpui airport arrival hall ah COVID-19 Signage/hoarding tar a ni.
- 8) 1<sup>st</sup> February 2020 ah Lengpui airport ah COVID-19 Screening neih tan a ni. He mi ni vek hian a vawi khatna turin, COVID-19 test atan China atanga lo haw mipakhat hnen atangin sample lak a ni. State pawn (NICED Kolkata, GMC Guwahati, leh SMC Silchar) ah hian sample 58 thawn a ni a, heta zinga 1 hi a positive a ni.
- 9) Ni 4<sup>th</sup> February 2020 ah Zokhawthar, Champhai district ah Screening neih tan a ni.
- 10) Ni 6<sup>th</sup> February 2020 ah CMO te hnenah District level task force siam tur leh ramri neite screening kalpui turin Secreatry H&FW in a hriattir.
- 11) Ni 9<sup>th</sup> February 2020 ah Kawrpuchhuah leh Missionary kai Tlabungah screening neih tan a ni.
- 12) Ni 11<sup>th</sup> February 2020 ah Vairengte leh Bairabi ah Screening neih tan a ni.
- 13) Ni 12<sup>th</sup> February 2020 ah PPE district ah te thawn a ni.
- 14) Ni 17<sup>th</sup> Febuary 2020 ah COVID-19 chungchang a mipuite hnena zirtirna Print leh electronic media ah te tihchhuah a ni.
- 15) Ni 19<sup>th</sup> February 2020 ah Kanmun, Mamit district ah screening neih tan a ni.
- 16) Ni 25<sup>th</sup> February 2020 ah Department in COVID-19 chungchanga hmalakna te Mizoram Legislative Assembly House ah present a ni.
- 17) Ni 27<sup>th</sup> February 2020 ah Health Official te COVID-19 chungchanga meeting in Agartala, Tripura ah an kal a ni.
- 18) Ni 6<sup>th</sup> March 2020 ah COVID-19 chungchanga training ( National Training of trainers ) neih a ni a, hetah hian Doctor 3 te leh Media officer 1 an kal a ni. Hemi ni vek hian Saisihchhuah, Zochachhuah leh Siminasora Lawngtlai district ah te screening tan a ni.
- 19) Ni 9<sup>th</sup> March 2020 ah Lungkawh leh Sailulak Serchhip district ah te screening neih tan a ni.
- 20) Ni 14<sup>th</sup> March 2020 ah District CMO, DMS, SMO te tan COVID-19 training neih ani a, Delhi a training zu kal ten zirtirna an pe a ni.
- 21) Ni 14<sup>th</sup> March 2020 vek hian, Dedicated Call centre siam a ni a, 102 toll free leh landline number dang 3, COVID-19 atan hman tan a ni.



- 22) Ni 17<sup>th</sup> March 2020 ah the Mizoram Epidemic Diseases (COVID-19) Regulations, 2020 Mizoram Gazette ah tihchhuah a ni.
- 23) Ni 24<sup>th</sup> March 2020 ah Mizoramin a hmasaber atan positive case a nei a ni.
- 24) Ni 6<sup>th</sup> April 2020 ah ZMC COVID testing Lab in RT-PCR test an tan.
- 25) Ni 19<sup>th</sup> April 2020 ah ICMR atangin IgM 3840 leh IgG 3840 dawn a ni.
- 26) Ni 5<sup>th</sup> June 2021 COVID-19 Volunteer kan nei tan a, IMA lam atangin mi 3 Volunteer an rawn dah bawk a ni.
- 27) Ni 12<sup>th</sup> June 2020 ah Lunglei District Hospital Lab in TrueNAT test an tan.
- 28) Ni 20<sup>th</sup> July 2020 ah Rapid Antigen Test Lengpui Airport ah test neih tan a ni.
- 29) Ni 22<sup>nd</sup> July 2020 mipui te mamawhna avangin Emergency test Directorate
- 30) Building Top Floor ah test hi neih tan a ni a, tun thlengin test hi la kalpui chhonzawm a ni.
- 31) Ni 23<sup>rd</sup> July 2020 ah Rapid Antigen test Vairengte neih tan a ni.
- 32) Ni 28<sup>th</sup> July 2020 ah District hrang hrangah Rapid antigen test hman tan ani.
- 33) Ni 7<sup>th</sup> September 2020 Truenat Lab Lawngtlai District Hospital ah tan a ni.
- 34) Ni 9<sup>th</sup> September 2020 hian Siaha, Hnahthial, Kolasib ah te Truenat test neih tan a ni.
- 35) Ni 10<sup>th</sup> September 2020 hian Serchhip leh Saitual District ten Truenat Test an nei tan.
- 36) Ni 14<sup>th</sup> September 2020 hian Champhai District te Truenat test an nei tan a ni.
- 37) Ni 15<sup>th</sup> September 2020 ah Mamit District in Truenat Test an nei tan a ni.
- 38) Ni 23<sup>rd</sup> September 2020 ah Khawzawl District in Truenat test an nei tan a ni.
- 39) Ni 28<sup>th</sup> October 2020 hian Private Hospital Ebenezer, Trinity, BN leh Synod Hospital Durtlang ah te RAT test neih tan a ni.
- 40) Ni 29<sup>th</sup> October 2020 atangin Emergency Sample collection/ Test team din a ni a, Team ah hian member 4 awm in, an ni hian a tul hun a piangah chhun leh zan sawi lovin test hi an nei a ni.
- 41) Ni 15<sup>th</sup> December 2020 ah Kiosk Bawngkawn ah Test neih tan a ni.
- 42) Ni 16<sup>th</sup> December 2020 ah Kiosk Chawlhmun ah Test neih tan a ni.



## Second wave a hmalakna langsar zual te :

- 43) Ni 16<sup>th</sup> January 2021 atangin, vaccine pek tan a ni a, tun dinhmunah mi mi 575780 in vaccine la tawhin, mi 519452 in First dose an dawng tawh a, 56328 in complete dose an dawng tawh bawk a,
- 44) 28<sup>th</sup> April 2021 ah COVID – 19 positive symptom nei lo te 4C ah dah tan an ni.

- 45) 19<sup>th</sup> May 2021 ah Home isolation SOP leh Medical management protocol for CCC leh 4C tan notification tihchhuah ani.
- 46) 21<sup>st</sup> May 2021 ah Contact tracing SOP thar notification tihchhuah a ni.
- 47) 28<sup>th</sup> May 2021 ah Mucormycosis SOP notification tihchhuah a ni.
- 48) Tun dinhmnun, 2<sup>nd</sup> July 2021 ah hian, 4C awmzat chu 177 a ni mek a, mi 4771 an awm thei a, CCC hi 55 awmin mi 2737 an awm thei a ni, paid CCC 2 kan nei a, khum 41 a awm, DCHC hi 15 a awm a, khum 171 a awm, step down hospital MINECO ah 1 neiin khum 50 a awm a, DCH 1 neiin khum 271 a awm.
- 49) Tun dinhmun, 9<sup>th</sup> June 2021 ah hian, khum 733 hi oxygen support a awm mek a, ventilator 62 leh ICU khum 59 a awm mek a ni. .
- 50) Ni. 25<sup>th</sup> May 2021 ah COVID-19 natna lengmek zirchiangtu tur, State Research Unit on COVID-19 din a ni.



#### IV. Mizoram State Health Care Scheme & AB-PMJAY

- 1) The Mizoram State Healthcare Scheme strengthens and gives social security to each bonafide entitled residents enrolled under the scheme by providing health insurance coverage up to 2 lakhs, with each family enrolling themselves by a minimal user charge of ₹ 100 for BPL families and ₹ 1,000 for APL families for all ailments requiring hospital admission and selected 26 OPD cases.

During the financial year 2020-21, there is an increase in quantity of enrolled families as compared to the previous year. The details of comparative enrollment and financial report is given in table 1.A and 1.B as shown below:

**Table. 1. A: No. of enrolled families under State Healthcare Scheme.**

No. of enrolled families under State Healthcare Scheme			
Sl. No.	District	2019-2020	2020-2021
1	Aizawl	38469	56822
2	Champhai	3214	9301
3	Kolasib	4207	9449
4	Lawngtlai	3062	6620
5	Lunglei	6116	14697
6	Mamit	1930	5292
7	Serchhip	2386	7260
8	Siaha	1631	4279
<b>Total</b>		<b>61015</b>	<b>113720</b>

**Table. 1. B: Detail of claim scrutinized and financial disbursement.**

Claim scrutinized and financial disbursement				
Treatment/Claims	Count	Claim Amount (₹)	Approved Amount (₹)	Deducted Amount (₹)
Within State	14067	46,85,73,706	38,19,46,854	8,66,26,852
Outside State (REFER)	205	1,97,80,683	1,79,67,519	18,13,164
Rejected	191	94,83,635	NA	NA
<b>Total</b>	<b>14463</b>	<b>49,78,38,024</b>	<b>39,99,14,373</b>	<b>9,79,23,651</b>

#### 2) Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

AB PM-JAY is a Centrally sponsored health insurance scheme for Socio-economic Caste Census (SECC) derived families as well as Rastriya Swasthya Bima Yojana (RSBY) families. It provides access to health care services for the beneficiary at all empanelled hospitals through cashless mechanism mitigates catastrophic expenditure on medical treatment. There are 87 empanelled hospitals in the State of which 80 hospitals come under public sector and 7 hospitals under private sector. At present, **355225 Golden Cards** are already issued and the year wise number of golden Cards issued and financial disbursement is given in table 2.A and 2. as shown below.

**Table. 2. A: No. of Golden Cards (Individual) issued under AB PM-JAY.**

No. of Golden Cards (Individual) issued under AB PM-JAY				
Sl. No.	District	2018-19	2019-20	2020-21 (upto June, 2021)
1	Aizawl	36752	50459	2249
2	Champhai	37969	37617	1304
3	Kolasib	19441	19348	952
4	Lawngtlai	2732	15544	1767
5	Lunglei	8462	46330	2056
6	Mamit	7426	12856	1391
7	Serchhip	2863	11846	630
8	Siaha	17353	17148	730
Total		132998	211148	11079
Total Overall				355225

**Table. 2. B: Detail of claim scrutinized and financial disbursement.**

Claim scrutinized and financial disbursement				
Treatment/Claims	Count	Claim Amount (₹)	Approved Amount (₹)	Deducted Amount (₹)
Within State	14137	17,07,01,198	15,46,56,634	1,60,44,564
Outside State (REFER)	40	2,69,240	2,50,890	18,350
Total	14463	17,09,70,438	15,49,07,524	1,60,62,914

**3). State Govt. Employee Medical Reimbursement.**

Screening of Medical Reimbursement bills of Govt. Servants and their dependents is also undertaken. During 2020-21, 12163 Medical Reimbursement bills were scrutinised and approved. Prior to screening of MR bills, the average financial outgo was approximately ₹100-120 crores. Screening by MSHCS has reduced the financial outgo by approximately ₹40 crores as it detects frauds, overbilling, deduction of out-dated cash memo's, etc and has discouraged such malpractices. The details of claims are shown as below:

**Table. 3: Detail of claim scrutinized.**

Claim scrutinized				
Treatment/Claims	Count	Claim Amount (₹)	Approved Amount (₹)	Deducted Amount (₹)
Within State	11173	52,39,76,470	46,46,83,261	5,92,93,209
Outside State (REFER)	943	15,55,29,986	14,39,86,388	1,15,43,598
Rejected	47	37,48,503	-	37,48,503
Total	12163	68,32,54,959	60,86,69,694	7,45,85,310

## V. National Vector Borne Diseases Control Program 2020 – 2021

### 1. MALARIA

Name of District	No. of Fever Cases	No. of RDT Performed	No. of BSE Performed	Total Blood Examination	Total Malaria Cases	Pv Cases	Pf Cases	Total No. of Death	ABER	API	TPR	TFR	Pf %	SPR	SFR
Aizawl East	60172	31131	29068	60199	13	4	9	0	22.21	0.05	0.02	0.01	69.23	0.00	0.00
Aizawl West	44194	22228	20157	42385	27	8	19	0	23.59	0.15	0.06	0.04	70.37	0.01	0.01
Lunglei	34406	28859	5547	34406	2926	330	2596	0	21.33	18.14	8.50	7.55	88.72	3.17	2.76
Saiha	10228	9159	1049	10208	396	221	175	0	15.36	5.96	3.88	1.71	44.19	1.05	0.29
Kolasib	18213	15885	2328	18213	34	12	22	2	19.99	0.37	0.19	0.12	64.71	0.86	0.64
Mamit	19835	16864	2854	19718	727	117	610	0	20.40	7.52	3.69	3.09	83.91	1.12	1.02
Champhai	22369	13105	9180	22285	20	8	12	0	16.06	0.14	0.09	0.05	60.00	0.11	0.08
Lawngtlai	40817	36712	4004	40716	4190	828	3362	4	29.54	30.40	10.29	8.26	80.24	9.19	7.09
Serchhip	29618	23484	8220	29704	16	10	6	0	43.91	0.24	0.05	0.02	37.50	0.13	0.04
<b>TOTAL</b>	<b>279852</b>	<b>197427</b>	<b>82407</b>	<b>277834</b>	<b>8349</b>	<b>1538</b>	<b>6811</b>	<b>6</b>	<b>22.95</b>	<b>6.90</b>	<b>3.01</b>	<b>2.45</b>	<b>81.58</b>	<b>0.76</b>	<b>0.60</b>

### 2. DENGUE

District	Dengue			
	suspected cases	samples Taken	Confirmed cases	Death
Aizawl West	164	164	11	0
Aizawl East	139	139	7	0
Lunglei	162	162	36	0
Saiha	3	3	1	0
Kolasib	35	35	2	0
Mamit	75	75	3	0
Champhai	21	21	4	0
Lawngtlai	5	5	0	0
Serchhip	16	16	2	0
Other State	3	3	1	0
<b>TOTAL</b>	<b>623</b>	<b>623</b>	<b>67</b>	<b>0</b>

### 3. CHIKUNGUNYA

District	Dengue			
	suspected cases	samples Taken	Confirmed cases	Death
Aizawl West	0	0	0	0
Aizawl East	0	0	0	0
Lunglei	34	34	0	0
Saiha	0	0	0	0
Kolasib	0	0	0	0
Mamit	0	0	0	0
Champhai	0	0	0	0
Lawngtlai	0	0	0	0
Serchhip	0	0	0	0
Other State	0	0	0	0
<b>TOTAL</b>	<b>34</b>	<b>34</b>	<b>0</b>	<b>0</b>





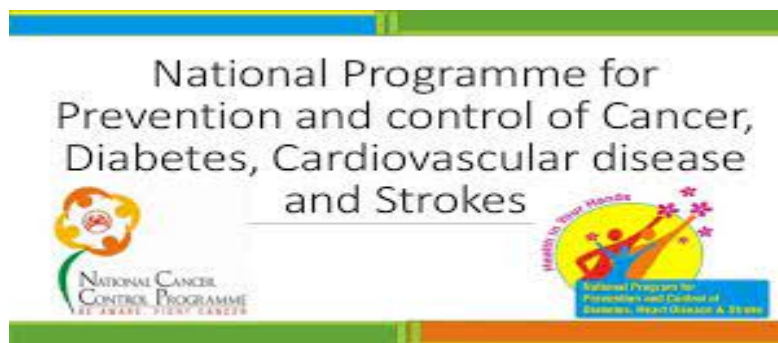
## VI. Reproductive & Child Health

PHYSICAL ACHIEVEMENT OF RCH (Source : State NHM-HMIS )			
Sl.No	Data Items	2020-21	%
	<b>Ante Natal Care</b>		
1	Pregnant women registered for ANC	22759	
2	Pregnant women registered for ANC within 1st trimester	17578	77.00
3	Pregnant women received 3 or more ANC check up	NA	0.00
4	Pregnant women received 4 ANC check up	13929	61.00
	<b>Pregnancy Outcomes</b>		
1	Live Birth	19677	100.00
2	Still birth	196	0.99
3	Delivery	19765	87.00
4	Home delivery	2603	13.00
5	Institutional delivery	17162	87.00
6	Safe Delivery	17624	89.00
7	Low Birth Weight	859	5.00
8	Newborns breastfed within 1 hour of birth	19134	97.00
	Fully immunised below One year		
1	Fully Immunized - children 9 to 11 months old	18746	95.00
	<b>Family Planning Services</b>		
1	Female sterilisation	1031	
2	IUCD insertion (including PPIUCD)	1544	
3	Injectable Contraceptive-Antara Program	2242	
4	Oral Pills users	7234	

5	Comdom users	1725	
	<b>Mortality</b>		
1	Neo Natal death	235	
2	Neo Natal Mortality Rate	12	
3	Total no of Infant death	432	
4	Infant Mortality Rate	22	
5	Total no of under 5 yrs death	494	
6	Uunder 5 years Mortality Rate	25	
7	No of Maternal death	22	
8	Maternal Mortality Ratio	112	



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



**State Nodal Officer : Dr. Jeremy L Pautu**  
**Portal Name :- [ncd.nhp.gov.in](http://ncd.nhp.gov.in)**

**Objectives :**

Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc. Opportunistic screening at all levels in the health care delivery system from subcentre and above for early detection of diabetes, hypertension and common cancers. Outreach camps are also envisaged.

- To prevent and control chronic Non-Communicable diseases, especially Cancer, Diabetes, CVDs and Stroke.
- To build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation.
- To support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.
- To support for development of database of NCDs through Surveillance System and to monitor NCD morbidity and mortality and risk factors

**Indicators:-**

(Clinic + Camps)	FY 2020 – 2021
<b>No. of Patients screened</b>	<b>111819</b>
<b>No. of patients -Physiotherapy</b>	<b>2302</b>
<b>No. of persons counselled</b>	<b>16510</b>
<b>Patients diagnosed with</b>	
<b>Diabetes</b>	<b>4260</b>
<b>Hypertension</b>	<b>7645</b>
<b>CVDs</b>	<b>34</b>
<b>Stroke</b>	<b>82</b>
<b>Cancer</b>	<b>152</b>

**Human Resource :****Programme Management Unit**

State/District Programme Officer	: 4
State/District Programme Coordinator	: 9
State/District Finance cum Logistic Consultant	: 7
Data Entry Operator	: 6

**Clinical Staff**

Medical Officer	: 9
Physiotherapist	: 8
Laboratory Technician	: 15
Staff Nurse	: 18
Counsellor	: 12
Data Entry Operator	: 10

**Activities :**

- Review Meeting under NPCDCS.
- Training on Cardiovascular Emergencies.
- Orientation Training on PBS for Health Supervisors.
- Supervisory Visit at main Centre (Aizawl East, West, North, South).
- Training on NCD Apps (MO Portal) for PHCs Medical Officers.

## **VIII. NATIONAL PROGRAMME FOR PALLIATIVE CARE (NPPC), MIZORAM**

### **Introduction :**

NPPC is a National Programme, implemented in Mizoram since October 2016 and currently covering seven (7) districts – Aizawl East, Aizawl West, Champhai, Kolasib, Lunglei, Lawngtlai & Mamit. State Palliative Care Cell was also established at Directorate of Hospital & Medical Education under Health & Family Welfare Department.

### **Targets (Expected outcome) :**

- Integration of rational, quality pain relief and palliative care services that are easily accessible at all levels of health care system in Mizoram.
- 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.
- Educate health care providers and policy makers and create public awareness about palliative care.

### **Achievements :**

Case detection status:

1.	No. of OPD case	-	2308
2.	No. of IPD case	-	189
3.	No. of new case	-	580
4.	No. of home visit	-	14
5.	No. of patients visit at home	-	13
6.	No. of dead at hospital	-	50
7.	No. of dead at home	-	126

### **Problems & Challenges :**

- Delay and Pausity in flow of Funds.
- Unability in reaching out to Grassroot Level.
- No dedicated State Consultant, no dedicated Physician & Staff Nurse in other implemented districts except at MSCI, Aizawl East District. This poses difficulty in carrying out Home Visit though existing staff under regular post & NHM were utilised.
- No Dedicated Palliative Care Clinic and Palliative Ward could be set up except at MSCI, Aizawl East District. This is due to absence of dedicated Human Resource and also, it is partly due to unavailability of space in the hospital.

### **Opportunity/endowment concerning the sector :**

- Working with Stakeholders – NGOs like Mizoram State Cancer Society, Cancer Care Foundation, Palliative Care Unit - Synod Hospital, MHIP, etc.

**Statistic outcome and Time series data :**

- **Year wise implementation of Facilities and Functionality :**

SI No.	District	Infrastructure	Year of Implementation
1	Aizawl East	Mizoram State Cancer Institute (MSCI)	2016 - 2017
2	Lunglei	District Hospital, Lunglei	2017 -18
3	Aizawl West	State Referral Hospital, Falkawn	
4	Champhai	District Hospital, Champhai	2018 -19
5	Kolasib	District Hospital, Kolasib	
6	Mamit	District Hospital, Mamit	2019 -20
7	Lawngtlai	District Hospital, Lawngtlai	2020 - 21
8	Siaha	District Hospital, Siaha	2021 - 22





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

### **Introduction:**

NPPCD was launched in Mizoram since April, 2014 and currently, the Programme is implemented in nine (9) districts namely Aizawl East, Aizawl West, Champhai, Kolasib, Lawngtlai, Lunglei, Mamit, Serchhip and Siahia District.

### **Targets (expected outcome) :**

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

### **ACHIEVEMENTS :**

Case detection status:

1. No. of patients examined	15067
2. Morbidities Detected	8885
3. Hearing Loss	2651
4. Referral for Hearing Aid / Rehabilitation	1038
5. Ear Surgeries	117
6. Ear Diseases / Problems	6369
7. Investigation Performed	3891

### **Problems & Challenges :**

- Delay and Pausity in flow of Funds.
- Unability in reaching out to Grassroot Level.
- Inadequate and dedicated Human Resource working under the programme.

### **Opportunity/endowment concerning the sector :**

- Working with Stakeholders – NGOs like Ephatha Society, Parents of the Hearing Impaired Society, Redeem Garden School & Gilead Special School.

### **Future perspective/prospect :**

- Intensification of Implementation at tertiary level – Zoram Medical College.\
- Better Coordination with Social Welfare Department and NERC - NILD

## Statistic outcome and Time series data :

### • Year wise implementation of Facilities and Functionality :

Year	District Approved	Name of Facility	District Functional
2014	Aizawl East, Aizawl West, Lunglei	Civil Hospital Aizawl, Aizawl East State Referral Hospital Falkawn, Aizawl West District Hospital Lunglei	All Functional
2015	Champhai	District Hospital Champhai	Functional
2016	Mamit, Kolasib, Serchhip	District Hospital Mamit, Kolasib & Serchhip	All Functional
2017	Siaha	District Hospital Siaha	Though training and procurement is completed, due to unavailability of dedicated Human resource under NPPCD, it remains partially functional. Existing staff under the State are mobilised
2018	Lawngtlai	District Hospital Lawngtlai	

### Way forward :

1. Re Orientation Training of NPPCD Staff, ENT Surgeon Obs & Gynae & Paediatrician.
2. Procurement of equipments for Civil Hospital Aizawl & Serchhip.





## **X. National Oral Health Programme (NOHP)**

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 12 (twelve) Districts in the state.

### **Targets (Expected outcomes) :**

- Dental OPD regularly practiced in District hospital, some CHCs' and 3 (three) NOHP Centres.
- Training and Outreach Programme to be organised.
- IEC programme to be done towards awareness of oral health in the state.
- Oral Cancer screening have to be in some villages by the NOHP Staff.

## **ACHIEVEMENTS**

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 :

Sl.No.	Particulars	Lungdai	Darlawn	Chawngte	TOTAL
1.	Dental Caries	450	370	422	1262
2.	Periodontal Diseases	127	142	117	386
3.	Molocclusion	27	25	17	69
4.	Cleft lip and Cleft Palate	3	4	6	14
5.	Oral Cancer	0	0	0	0
6.	Oral submucous fibrosis	0	0	0	0
7.	Dental fluorosis	6	4	2	12
8.	Edentulousness (tooth loss)	25	21	35	81
9.	Oral lesions due to HIV AIDS	0	0	0	0
10.	Birth defects involving orofacial complex	4	4	2	10
11.	Extraction	80	62	68	210
12.	Restoration/Filling	65	54	76	195
13.	Oral Prophylaxis	17	23	24	63
<b>Grant TOTAL</b>		<b>804</b>	<b>709</b>	<b>769</b>	<b>2282</b>

- Contractual Staff posted at 3 (three) centres rendering their services in last year.

1. Dental Surgeon – 3 nos.
2. Dental Hygienist – 3 nos.
3. 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
- Zanolawn, Kolasib during January, 2021.

- Training on Orientation & Training For the Dental/Oral Health Professionals in the state of Mizoram have been conducted successfully for selected Dental Surgeon of Health Department on March 12, 2021

- World Oral Health Day, 20th March, 2021 has been observed and organized successfully at Vanapa Hall, Centred Aizawl, the Capital Town inviting the Vice-Chairman, Health & Family Welfare Board cum MLA, Govt. of Mizoram.



## **XI. State Mass Education Media Section**

1. Health Department buatsaih, **HRISELNA Chanchinbu** hi kum 2020 chhungin a buaipuitu Mass Education & Media Section atangin copy 39,000, sem chhuah a ni a. He **Hriselna Chanchinbu** hi Mizoram chung leh ram pawn hmun eng emaw zatah sem chhuah a ni.
2. Health Minister, Health Secretary leh Health Department Officials te zinna bakah an programme chi hrang hrang tum 33 video leh still camera hmanga cover a ni a. Heng programme te hi mipuite hnena puanzar a nih theih nan Cable TV leh Local Newspaper-ah te tih chhuah thin a ni.
3. Local Newspaper-ah tum 85 chanchintha atan Health Department Press Handout siam a ni a. Tin, Covid-19 chungchanga mipuite hnena puanzar turin Spot Advertisement vawi 18 siam a ni a, heng bakah hian Covid-19 chungchang zirtirna lam hawi Animation hi kan Mass Media Technicians ten 4 clips an siam bawk.
4. Chanchinbu hrang hrangah advertisement tum 9 tihchhuah a ni a, heng advertisement te hi Health Department in mipuite hnena Covid-19 chungchanga hriattur pawimawh an hriat theih nana tihchhuah a ni.
5. Health Minister in mipuite hnena Health Department ni pawimawh bik puala thuchah a sawi tur video clip vawi 5 siam a ni bawk.

### **Role of Mass Media in Health Education and Awareness**

- Definition:-

The mass media are diversified media technologies that are intended to reach a large audience by mass communication.



## **XII. THE CLINICAL ESTABLISHMENTS (REGISTRATION AND REGULATION) ACT, 2010**

The Clinical Establishments Act was passed by Parliament of India on 17th August 2010, to provide for registration and regulation of all clinical establishments in the country with a view to prescribing minimum standards of facilities and services which may be provided by them so that mandate of article 47 of the constitution for improvement in public health may be achieved. The specific objectives are:

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

Clinical Establishment act in Mizoram: The government of Mizoram adopted the Mizoram Clinical Establishments (Registration and Regulation) Rules, 2015 on 27th May, 2014. There are two statutory bodies namely the State Council for Clinical Establishments Act and the District Registering Authority for each district. The District Registering Authority is currently functional in only two (2) districts i.e Aizawl and Lunglei districts, and State Cell at Directorate of Hospital and Medical Education, New Secretariat Complex, Aizawl.

### **Activities during 2020-21**

District	Training/Awareness	Inspection	Registered list of clinics	Meeting	Other
Aizawl		January 2021. Monitoring & Evaluation	Govt Clinical Establishments - 208, Private clinical Establishments -193		
Lunglei		10th Feb.2021 Monitoring & Evaluation	Govt Clinical Establishments - 165, Private Clinical Establishments - 34		
Siaha		12th Feb. 2021 Monitoring & Evaluation	Govt Clinical Establishments - 5 Private Clinical Establishments - 5		
Lawngtlai		15-16th Feb. 2021 Monitoring & Evaluation	Govt Clinical Establishments - 5 Private Clinical Establishments - 6		
Champhai		27th Feb. 2021 Monitoring & Evaluation	Govt Clinical Establishments - Private Clinical Establishments -16		



Mamit		9th March. 2021 Monitoring & Evaluation	Govt Clinical Establishments - 5 Private Clinical Establishments -		
Serchhip		24th March. 2021 Monitoring & Evaluation	Govt Clinical Establishments -4 Private Clinical Establishments - 3		
Kolasib		11th March. 2021 Monitoring & Evaluation	Govt Clinical Establishments -15 Private Clinical Establishments -15		



### **XIII. STATE BLOOD CELL**

#### **Status of Implementation**

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

#### **Goal**

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

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

#### **Current Staff Details under SBC:**

1. State Coordinator - 1
2. Technical Supervisor - 1
3. Data Entry Operators - 9
4. BCTV (Blood Collection & Transportation Van) staff includes 1 Medical Officer, 1 Social Worker, 1 Attendant, 1 Driver and 1 Van Cleaner
5. Blood Bank Medical Officer - 1

#### **Activities: (FY 2020 – 2021)**

- Observance of World Blood Donor Day on 14th June, 2020.
- Felicitation Programme on Voluntary Blood Donation in Collaboration with Association of Voluntary Blood Donation on 7th August, 2020 at Seminar Hall, Pachhunga University College.
- Procurement of HPLC (High Performance Liquid Chromatography) Machine cum Kits for screening of Thalassemia & Sickle Cell Anaemia.
- Hands on Training of Medical Officers on Component Separation Unit for Lunglei District from 26th November – 12th December, 2020 at Model Blood Bank, Civil Hospital, Aizawl.

#### **Report on Status of Blood Collection: (April 2020 to March 2021)**

Sl.No	Particulars	FY April 2020 – March 2021
1	Blood Collection :	
1A	Total Blood Collection	26404
1B	Total Voluntary Blood Collection	23313
1C	Total % VBD	88.29%
2	Voluntary Blood Donation	
2A	No. of VBD camps organized	531
2B	Total Collection in Camps	15370

2C	Static voluntary collection	7350
2D	Static replacement collection	2537
3	Blood Utilization	
3A	No of units of whole blood supplied	9362
3	B No of units of components supplied	25729
3C	No of units of whole blood discarded	1278



#### **XIV. Quality Assurance**

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

##### **Objectives:**

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

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

##### **Achievements 2020-21**

- Three (3) District Hospitals namely
  1. Civil Hospital Aizawl (Aizawl East District)
  2. Civil Hospital Lunglei (Lunglei District) and
  3. District Hospital Champhai (Champhai District) had scored 70% or more in State Level External Assessment. The Facilities will be awarded State Certification and National level external assessment is in the process.
- Two (2) Primary Health Centres namely
  1. Aibawk PHC
  2. Kawrtethawveng PHC had scored 70% or more in the State Level Assessment. The Facilities will be awarded State Certification and National level external assessment is in the process.
- **LaQshya**, Labour room and Maternity OT improvement initiative, checklist for assessment is formulated by GoI, where Labour room and Maternity OT should score 70% or more. Under this new initiative, Labour rooms of all District Hospitals except Aizawl West DH, State Referral Hospital, Falkawn had qualified for State Level External Assessment and scored 70% or more.

Mamit DH Labour room was awarded National Certification earlier. Then National Level External Assessment will be applied for the rest of DHs.

## **Kayakalp**

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

### **Objectives:**

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

### **Achievements 2020-21**

Cleanliness activities where Public Health Facilities are having cleanliness competition. Under these activities during 2020-21 financial years - 8 DH out of 9 DH, 9 SDH/CHC out of 11 SDH/CHC, 44 PHC out of 57 PHC and 5 UPHC out of 8 UPHC qualified for Kayakalp Award. Out of 85 facilities, 69 facilities scored more than 70 %.

### **Training**

The following online trainings already conducted

1. Online Master Training on Kayakalp cum External Assessors Training.
2. Virtual Assessment of Civil Hospital Aizawl, Civil Hospital Lunglei and District Hospital Champhai.
3. Online NQAS sensitization workshop.
4. Online Training on Kayakalp for all Health & Wellness Officers.
5. Online Training on Kayakalp for all Health Workers at SC-HWC.

**Kayakalp Score 2020-21**

PHC					
Aizawl East	PH C		Internal	Peer	External
	1	Thingsulthliah	90	89.2	89.4
	2	Darlawn	89.4	93.9	89.4
	3	Khawruhlian	95.6	92.8	85
	4	Suangpuilawn	97.5	88.9	79.2
	5	Phullen	81.9	75	73.6
	6	Phuaibuang	73.3	71.1	76.7

Aizawl West :	1	Aibawk	93.1	87.2	85.6
	2	Lengpui	75.8	90.6	86.4
	3	Sialsuk	74.2	68.9	not qualified
	4	Sairang	76.7	76.4	73.3

Champhai	1	Khawbung	89.4	80.8	91.9
	2	Hnahlan	92.8	88.1	94.7
	3	Khawzawl	88.6	62.2	not qualified
	4	Khawhai	90	92.2	95.8
	5	Sialhawk	90.6	94.7	93.3
	6	Kawlkulh	91.9	81.7	90.8
	7	NE Khawdungsei	80.3	76.1	75.5
	8	Bungzung	85.6	62.2	not qualified
	9	Farkawn	62.2	not qualified	not qualified
	10	Mimbung	62	not qualified	not qualified
	11	Rabung	90.3	77.5	92.7

Kolasib	1	Bukpui	84.7	71.7	79.2
	2	Bilkhawthlir	91.9	93.1	Hospital renovate
	3	Bairabi	78.6	75.6	70.8
	4	Kawnpui	71.1	70.6	81.1
	5	Lungdai	76.7	76.7	73.9

**Kayakalp Assessment Score 2020**

PHC					
	PH C		Internal	Peer	External
	1	Pangzawl	67.5	not qualified	not qualified
	2	Chhipphir	87.5	87.5	75.3

<b>Lungl ei</b>	3	Buarpui	85.3	80.6	82.2
	4	Haulawng	93.9	89.2	84.7
	5	Tawipui	77.2	70.3	82.5
	6	Lungsen	70.3	85.8	85
	7	S. Vanlaiphai	76.9	71.7	70.3
	8	Cherhlun	88.6	70.8	70.6
	9	Bunghmun	76.7	76.7	72.2
	10	Thingsai	28.9	not qualified	not qualified
<b>Lawngtlai</b>	1	Bungtlang 'S'	80	81	68.3
	2	Bualpui 'NG'	75.3	77.2	65.27
	3	S Lungpher	76.7	80	76
	4	Sangau	77.7	77.8	60
	5	Borapansuri	35.3	not qualified	not qualified
<b>Mamit</b>	1	Phuldungsei	85.3	85.3	
	2	Kawrtethawveng	90.6	90.6	
	3	Rawpuichhip	83.1	83.1	
	4	Marpara	78.7	78.3	
	5	Zawlnuam	89.2	89.2	
	6	West Phaileng	79.7	79.7	
	7	Reiek	41.9	not qualified	
	8	Kanghmun	72.5	62.8	not qualified
<b>Serchhip</b>	1	Chhingchhip	88.3	80	82
	2	Khawlailung	76.1	79.2	79.2
	3	N. Vanlaiphai	83.6	79.4	83.3
	4	E. Lungdar	85.6	78.6	84.2
	5	Ngentiang	79.4	78.1	79.4
<b>Siaha</b>	1	Chhaolo/Chhualung	83.9	85.8	90.3
	2	Tipa/Tuipang	72.2	87.5	82.8
	3	Phurazawl	90.8	80.8	80.3
	4	Chakhang	not participate		

CHC/SDH			
CHC/SDH	Internal	Peer	External
Biate (Champhai)	98.8	97.6	89.16
Chawngte (Lawngtlai)	83.3	75.5	73.3
Hnahthial (Lunglei)	71.3	79	88.5
Kawrthah (Mamit)	84.2	88.7	84.5
Ngopa (Champhai)	72	83.2	79.5
Saitual (A'E)	83	93.7	90.66
Sakawrdai (A'E)	94.2	92.2	93.33
Thenzawl (Serchhip)	80.7	84	94.16
Vairengte (Kolasib)	70.7	59.3	not qualified
Kulikawn SDH	83.5	74.7	87.3
Tlabung SDH	54.2	not qualified	not qualified

DH			
DH	Internal	Peer	External
Aizawl East	73	82.2	74.8
Aizawl West	Covid Care Centre		not yet
Champhai	90.6	81.2	82.5
Kolasib	76	82.2	80.5
Lawngtlai	76.6	88.7	not yet
Lunglei	72.3	77.2	not yet
Mamit	30	not qualified	not qualified
Serchhip	79.5	77.2	83
Siaha	92.8	77.2	not yet

Kayakap result is not yet declared for the FY 2020-21.



## **XV. MIZORAM STATE AIDS CONTROL SOCIETY**

- 1) A total of 11365 people living with HIV/AIDS were given Anti-Retroviral Treatment (ART) during 2020-2021 even in the midst of lockdown due to covid pandemic.
- 2) A total of 4175 injecting drug users were given Oral substitution therapy during 2020-2021.
- 3) A total of 38867 people (general population) were tested on HIV and out of which 1900 people were found to be tested positive with HIV.
- 4) A total of 17996 pregnant women were tested out of which 152 were found to be tested positive with HIV and are linked to art Centre for treatment.



## XVI. National Mental Health Programme

- a. **Targets (expected outcomes):** The programme and interventions are expected to establish a comprehensive sustainable system for **reducing rise of mental health problems** as well as **stigma** attached to mental illnesses and to increase **general awareness regarding mental health** as a whole.

### Objective

- 1) To provide mental health services including prevention, promotion and long-term continuing
- 2) care at different levels of district healthcare delivery system.
- 3) To augment institutional capacity in terms of infrastructure, equipment and human resource for mental healthcare
- 4) To promote community awareness and participation in the delivery of mental health services
- 5) To broad-base mental health into other related programs and integration into other health services.

### a. Achievements both financial and physical.

OPD	:	16368
IPD	:	1758
No. of Free Clinic cum Awareness	:	48
No. of patients seen in Free Clinic	:	3339
No. of Awareness	:	191
No. of participants in Awareness Prog	:	5288
No. of Phone calls in Crisis/ Suicide Helpline	:	1129
No. of refer	:	72

### b. Outcome/output/socio economic impacts/results:

It is estimated that **6-7 % of population suffers from mental disorders**. 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. Together these disorders 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). One in four families is likely to have at least one member with a behavioral or mental disorder (WHO 2001). These families not only provide physical and emotional support, but also bear the negative impact of stigma and discrimination. Most of them (>90%) remain un-treated. Poor awareness about symptoms of mental illness, myths & stigma related to it, lack of knowledge on the treatment availability & potential benefits of seeking treatment are important causes for the high treatment gap.

### d. Problems and challenges in the stage of implementation: Delayed receipt of funds

1. Financial constrains:- Since there is a large difference between ROP and Resource Envelope therefore implementation of the programme as intended is difficult.
2. There is delay in receipt of funds at the State and District levels.
3. NMHP is suppose to be implemented at districts, CHC and PHC levels, however at present it cannot be implemented at CHC and PHC levels due to paucity of funds.

### e. Opportunity/endowment concerning the sector

The poorer and underprivileged sections of the population and the far-flung, hard to reach backward areas of the state are meant to be covered by the programme. So if the minimum requirements of 9 (nine) districts of National Mental Health Programme (NMHP) could be started in the state including CHCs and PHCs, it would be for the improvement of the Mental Health condition of the rural people who are living in the hard to reach places and for the people who need to be mentally healthy.

**f. Future perspective/prospects**

1. Intensified implementation of NMHP within the state (Districts, CHCs &PHCs) so as to ensure that the aims and objects of the programme are achieved.
2. Strengthening the outreach portion of the programme to the population like children in schools and out of schools, youth in college, persons put in various rehabilitation homes, persons in corrective places like special homes and jails etc.
3. Intensified follow-ups of patients at health institutions and at homes.
4. Increasing coverage of trained manpower among health care workers from grassroots to tertiary (Medical college) levels.
5. Dissemination of mental health knowledge among the masses to reduce stigma and increase awareness.

**g. Facts and figures to support the targets and outcomes in the form of time series data and statistics:****1. Increase in number of district covered under DMHP**

FY	2014-2015	2015 - 2016	2016-2017	2017-18	2018-19	2019-20	2020-21
DMHP	2 nos.	4 nos.	7 nos.	7 nos.	9 nos.	9 nos.	9 nos.

**2. Increase in number of OPD and IPD attendance**

FY	2014-2015	2015 - 2016	2016-2017	2017-18	2018-19	2019-20	2020-21
Early detection and treatment of mentally ill patients (OPD/IPD )	4853 nos.	5805 nos.	11259 nos.	10939	13913	16610	9743 upto oct

**3. Increase in number of Awareness Programmes (Including School Visits)**

FY	2014-2015	2015 - 2016	2016-2017	2017-18	2018-19	2019-20	2020-21
Awareness Programme	66	107	136	190	244	266	156 upto oct

**4. Increase in number of clients/patients calling Suicide/Crisis Helpline**

FY	2014-2015	2015 - 2016	2016-2017	2017-18	2018-19	2019-20	2020-21
Suicide/Crisis Helpline	NIL	39 persons	277	579	282	626	851 upto oct



## **XVII. NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME (NVHCP)**

### **A. Introduction:**

#### **Aims & Objectives**

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

### **B. Operationalizing National Viral Hepatitis Control Programme in Mizoram**

#### **MTC (Model Treatment Centre):**

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

#### **State Laboratory :**

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

#### **District Laboratory:**

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

#### **DTC (District Treatment Centre):**

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

#### **State Viral Hepatitis Management Unit (SVHMU):**

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

### **C. Target**

- Elimination of Hepatitis C by 2030
- Achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C.
- Screening of High Risk Groups on Hepatitis B & C.
- Screening of Pregnant women on Hepatitis B.
- Reduce the risk, morbidity and mortality due to Hepatitis A and E.

### **D. Achievements:**

#### **(FY 2019-2020)**

- **Day Observance of Viral Hepatitis on 30<sup>th</sup> July, 2019 at Conference Hall, DHS.**
- **Training of Medical Officers on Diagnostic Treatment & Care of Viral Hepatitis on 30<sup>th</sup> and 31<sup>st</sup> July, 2019 at Conference Hall, DHME.**
- **Training of Pharmacists on Diagnostic Treatment & Care of Viral Hepatitis on 2<sup>nd</sup> August, 2019 at Recreation Hall, DHME**
- **Training of Lab Technicians on Diagnostic Treatment & Care of Viral Hepatitis cum Hands on Training from 17<sup>th</sup> – 19<sup>th</sup> September, 2019 at Civil Hospital, Aizawl.**
- **Free treatment of HCV started on 8<sup>th</sup> November, 2019 at Model Treatment Centre Civil Hospital, Aizawl.**

- ***Hands on Training of MOs, Lab Technicians, DEOs, Peer Support & Pharmacists of Aizawl East & Aizawl West Districts on 11<sup>th</sup> & 12<sup>th</sup> December, 2019 at Hotel Floria, Dawrpui.***

### **Problems& Challenges**

- Sample transportation is not regular due to Covid 19 pandemic and due to irregular flight schedule.

### **Future Perspective/Prospect**

- Viral Load Testing of HCV to be carried out in ZMC, Falkawn by utilizing RT-PCR machine.

### **Facts & Figures in the form of data & statistics**

- There is no data to be shown yet for FY 2019-20 as NVHCP is a new programme and that data is being collected only from new FY i.e., April 2020.



Luanching of Viral Programme in Aizawl

#### **XVIII. National Programme for Control of Blindness & Visual Impairment (NPCB&VI)**

National Programme for Control of Blindness & Visual Impairment (NPCBVI) was launched in India in the year 1976 as a 100% Centrally Sponsored Scheme with the goal of reducing the prevalence of Blindness from 1.4% to 0.3%. In Mizoram NPCBVI was started during 1982-1983. Cataract and Refractive Error are the major causes of blindness.

Achievement under NPCBVI during the year 2020-2021 is as follows:-

- 1) No. of Free Cataract Operation is 1806 nos. i.e., 72.24%.
- 2) Teachers trained is 131 nos..
- 3) No. of School children screened is 1664 nos.
- 4) No. of school children detected Refractive Error is 3366 nos.
- 5) No. of free spectacles provided to school children is 2716 nos. 106%.
- 6) No. of free spectacles provided to old age person is 2870 nos. 115%
- 7) No. of Cornea collected is 22 nos..
- 8) No. of cornea transplant is 3 nos..
- 9) There are 14 Eye Surgeons and 48 Ophthalmic Assistants – 19 (Govt.) and 30 (Contractual).
- 10) In spite of Covid Pandemic Eye Surgeons & Ophthalmic Assistants were conducting Eye Camp (Free surgical/School Eye Screening camp etc. at remote/rural area. Especially, providing Free Spectacles to School Children and providing free spectacles to old age, achievement were more than 100%.
- 11) The first human organ transplant Centre in Mizoram, Eye Bank/Eye Donation Centre is located at Aizawl District Hospital (Civil Hospital, Aizawl) and also Eye Donation Centre at Synod Hospital, Durtlang (established on 2018-19).



**XIX. Revised National TB Control Programme (RNTCP):**

Sl/No.	Indicators	2020
1.	Total number of patients examined for TB (Target = 2% of OPD attendance)	11756/442931 (2.65%)
2.	Total TB cases notified (Target = 100%)	2296/4000 (57.40%)
3.	Success Rate (Target = 90%)	78%
4.	% of TB patients tested for HIV (No target applicable. The higher the better)	91%
5.	Total TB patients positive for HIV (Target not applicable. The lower the better)	13%
6.	No. of MDR TB tested (Target not applicable)	7112
7.	No. of MDR TB put on treatment (Target = 100%)	166
8.	Success Rate of MDR TB patients (Not applicable. The higher the better)	72%
9.	No. of TB deaths (Target not applicable per se. The lower the better)	50



## **XX. Rashtriya Kishor Swasthya Karyakram (RKSK)**

RKSK was launched in India on 7<sup>th</sup> January, 2014 with the vision of providing comprehensive services to adolescents in the country. RKSK has been developed to strengthen the adolescent component of the RMNCH+A strategy which, as we are all aware, is one of the weakest and a sub-critical programme area. Whilst core programming principles for RKSK are health promotion and a community based approach expanded scope of the programme includes nutrition, sexual & reproductive health, injuries and violence(including gender based violence), non-communicable diseases, mental health and substance misuse.

The programme was implemented in Mizoram in April 2014, which presently covers 4 high focus districts namely, Siaha, Lawngtlai, Lunglei, Mamit, and 1 normal district Champhai. These districts are referred to as RKSK Districts in Mizoram.

### **Achievement**

#### **1. Adolescent Freindly Health Services (AFHS):**

No. of Functional Youth Clinic	49
No. of client load registered in Youth clinic	1514 4
No. Medical officers trained under AFHS	30
No. of Counselors trained under AFHS	11
Average no. of client load per clinic per month	<b>25.8 0</b>

#### **2. Peer Education Programme**

Total no. Of District Covered for PE program	5
Total no of Adolescent Health Day	2 times celebration @ 49 Youth Clinic
No of PE incentivised	1568
No of PE trained	1120

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

Total No. of schools covered	1588
Total No. of Anganwadi covered	2244
No. of school boys & girls	93936
Out of school girls(MS & HSS)	12214
Target adolescent population	106150
<b>IFA coverage in FY 2020-21</b>	<b>NIL</b>



## XXI. **RBSK (Rashtriya Bal Swasthya Karyakram)**

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

As per Government's instructions for closure of all schools and Anganwadi Centres within the state, child health screening have been severely distracted. Hence, only by the end of February and full month of March, RBSK MHT have resumed normal child health screening and DEICs resume functioning.

### Number of children screened

Age Group	Male	Female	Total
6 weeks to 3 years	1240	1345	2585
3 years to 6 years	877	760	1637
6 years to 18 years	7614	8284	15898
Total	<b>9731</b>	<b>10389</b>	<b>20120</b>

### Number of Anganwadi Centre and School Visits

Sl. No.	Facility	Number of Visits
1.	Anganwadi Centre	49
2.	School	238

No surgical correction is supported under RBSK during this Financial Year due to – i)RBSK Identified Tertiary Care Centre i.e., State Referral Hospital , Falkawn has been designated as State Dedicated Hospital for COVID-19, ii)difficulty in interstate movement due to Pandemic and , iii) all staffs under District Early Intervention Centres both in Aizawl West and Lunglei are actively participating in Public Health response against this Pandemic.

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

<b>Number of children screened for Comprehensive Newborn Screening in centres conducting delivery</b>		
Male	Female	Total
6084	5814	11898

## XXII. School Health Programme (Ayushman Bharat)

School Health Programme under Ayushman Bharat was implemented in the Districts of Champhai, Mamit & Siaha during FY 2020-21.

Districts	No. of Schools (H/S – HSS)	No. of HWAs Trained	No. of Principals Trained
Champhai	91	216	91
Mamit	37	65	16
Siaha	27	29	25

\*\* Training of M/S Principals & Teachers to be conducted soon\*\*

## XXIII. National Tobacco Control Programme, Mizoram

**Targets (expected outcomes) :** As per Sustainable Development Goals-Monitoring Template of Mizoram (3.a) – Strengthen the implementation of the World Health Organisation “Framework Convention on Tobacco Control in Mizoram, as appropriate”

### **Achievements both financial and physical:**

#### **1) Financial Achievement 2019-20:**

Total Approved Budget (RoP) : Rs. 138.43 Lakhs

Fund Received from Gol : Rs.84 lakhs

Total Expenditure : Rs. 121.55 Lakhs

The above expenditures are met from loan taken from State Health Society/ National Health Mission

Sl.No.	Name of Activity	No of Activity	Details/No of participants
1.	Training and Sensitization Workshop	67	2163
2.	Anti Tobacco Awareness Campaigns and programmes at Churches/Community	48	1857
3.	Anti Tobacco Awareness programmes at Educational Institutions	48	4010
4.	Others (Important Meetings, Talk show etc.)	63	416
<b>Total</b>		<b>1020</b>	<b>57025</b>
5.	Total No. of Clients at Tobacco Cessation Clinics (TCC)	2333	
6.	Quit Rate	20.89 %	
7.	Total No. Of Anti Tobacco Squad drives conducted	256	
8.	Total No. of Offenders for violation of COTPA	196	

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

#### **XXIV. NATIONAL AYUSH MISSION DURING THE YEAR 2020- 2021**

- Since the onset of the first wave of the COVID- 19 Pandemic, **more than 80 AYUSH Doctors** have volunteered and efficiently performed their duties at different Quarantine Facilities, Screening Points, Sample Collection, Contact tracing, CCC, 4C etc.
- AYUSH prophylaxis and immunity boosters such as **Arsenicum Album** and **Chyawanprash**, **advocated by the Ministry of AYUSH** for COVID- 19 Pandemic have been widely distributed throughout the state.
- AYUSH advisory on COVID- 19, circulated by Ministry of AYUSH has been translated into local language and disseminated as widely as possible among the general public for awareness.
- Medical Officers (AYUSH) posted at different District Hospitals, CHCs, PHCs and other Health Programmes have diligently cared for COVID- 19 patients, and administered AYUSH medicines such as **Arsenicum album, Chyawanprash, Omeo Allergy, Omeo fever, AYUSH- 64, Samsamani Vati etc.** with huge positive feedback from patients.
- Integrated AYUSH Hospital, Thenzawl has been utilized as COVID Care Centre since the outbreak of COVID- 19 in Mizoram. Till date, a total of 115 patients were successfully treated with 100% recovery rate.
- Under National AYUSH Mission, Directorate of AYUSH, Mizoram is in the process of setting up 50 bedded Integrated AYUSH Hospital at Aizawl.



## **XXV. FOOD & DRUGS ADMINISTRATION WING**

### **DRUGS:**

1. Drugs Store are regularly inspected to monitor their function and compliance to the Act & Rules to ensure only safe and quality drugs are dispensed to consumer  
*No. Of Drugs Store Inspection* : **956 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* : **2 Nos.**  
*No. of Drugs Licence Cancelled* : **68 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* : **16 Nos.**  
*No. of Not of Standard Quality drugs found* : **12 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* : **3 Nos.**  
*No. of conviction* : **3 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. Procurement of Laboratory Equipments, I.T materials and office furniture has been approved by SPAB.
6. Govt. Of Mizoram had also given permission for engagement of empanelled consultancy firm for construction of State Drugs Testing Laboratory amounting to Rs. 250 lacs as funded by Central Government and work had started from December 2019.
7. Mizoram Drugs Price Monitoring Research Unit had been set up on September 2020 for which Project Coordinator – 1 No, Field Investigator- 1 No and Data Entry Operator – 1 No were recruited.
8. **Revenue collected:** : **Rs. 8,10,110/-**

### **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* : **624 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* : **160 Nos.**
- 2) Inspection of Food Service Establishment has been conducted many a time.  
*No. of Food Service Establishment Inspected* : **256 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* : 231 Nos.

- 4) **Food Safety on Wheels** : A mobile Food Testing Laboratory called **Food Safety on Wheels** was received from Food Safety and Standard Authority of India, MoHFW.

- 5) **Revenue collected:** : **Rs. 5,97,700/-**



Mizoram minister of state for health and family welfare Dr R Lalthangliana on Monday laid foundation stone for construction of Rs 300 lakh Mizoram State Drug Testing Laboratory building at MINECO

## **XXVI. Universal Immunization Programme**

### **a. Targets (Expected Outcome)**

To immunize every child and pregnant women to ensure that nobody dies from the vaccine preventable disease. Also to aware and educate the public about the burden of disease and the true value of vaccines so as to develop greater immunization coverage, maximize vaccination and save lives.

### **ROUTINE IMMUNIZATION PERFORMANCE 2020 – 2021**

Target	20127
FI	18746
FIC	93%

RI Session Plan	8920
RI Session held	8425
Percent	95%

### **HepatitisBirth Dose**

Birthdose	14164
Live birth	20062
Percent	71%

### **TT – Pregnant Women**

PW AMC	22759
TT2 + Booster	20891
Percent	92%

### **COVID VACCINATION REPORT UPTO MARCH 2021**

Health Care Worker		Front Line Worker		45 – 59 yrs		60+		Total	
12317	10349	21281	3656	1862	0	17422	13	52882	14018

### **INTENSIFIED PULSE POLIO IMMUNIZATION REPORT**

#### **2020**

Target children 0-5 yrs	Total Children Vaccinated	% Coverage
110547	113718	103.2%

#### **2020 – HRA**

Other Migratory sites	Settled HR Areas	Total
107	325	432

## 2021

Target children 0-5 yrs	Total Children Vaccinated	% Coverage
112613	112741	100.1%

## 2021 - HRA

Other Migratory sites	Settled HR Areas	Total
0	1718	1718

## XXVII. NATIONAL AMBULANCE SERVICE.

The NAS (102) services essentially consist of basic patient transport aimed to provide; *pregnant women and infants, 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*.

To provide quick and free transport for patient with serious or life threatening conditions and Emergencies. There are 62 Ambulance Vehicle under NAS which are stationed at various District Hospital, CHC and PHC, which are centrally monitored through a Call Centre(102).

District wise NAS Ambulance Report for 2020-2021 FY						
	Distance covered	Maternity	Infant	Sick	Others	No. of trips
Aizawl East	50629	1133	18	55	252	1458
Aizawl West	26338.5	173	36	53	597	859
Lunglei	45804	315	50	57	250	672
Serchhip	19994.9	63	9	10	342	424
Mamit	3069	96	1	0	73	170
Champhai	35271	140	6	26	369	541
Kolasib	24927	397	26	28	192	643
Lawngtlai	9355	9	9	22	17	57
Siaha	3481	383	29	13	0	425
<b>TOTAL</b>	<b>218869.4</b>	<b>2709</b>	<b>184</b>	<b>264</b>	<b>2092</b>	<b>5249</b>





## XXVIII. NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

### Aims & Objectives of the Programme:

1. Early detection through active surveillance by the trained Health Workers/ASHAs;
2. Regular treatment of cases by providing Multi-Drug Therapy (MDT) at fixed in or centres a nearby village of moderate to low endemic areas/district;
3. Intensified health education and public awareness campaigns to remove social stigma attached to the disease.
4. Appropriate medical rehabilitation and leprosy ulcer care services.

### Facilities & HR :

Sl.No	Staff	Number of post	Type	Status
1	State Leprosy Consultant	1	Contractual	Vacant
2	Budget & Finance Officer Cum Administrative Officer	1	Contractual	In position
3	Administrative Assistant	1	Contractual	In position
4	Data Entry Operator	1	Contractual	In position
5	Driver	1	Contractual	In position

### NLEP Performance indicators

Annual New case detection rate per 1,00,000 population	0
Prevalence rate per 10,000 population	0
Proportion of grade 2 disability (Visible deformity) among the new cases.	NIL
Proportion of child cases among the new cases	NA
Proportion of Multi-bacillary cases among the new cases.	NA
Proportion of female cases among the new cases.	NA
New child case detection rate per 1,00,000 population	0
SC case detection rate per 1,00,000 population.	0
ST case detection rate per 1,00,000 population	0



## **XXIX. INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)**

- i) Collection of weekly epidemiological report from Government and Private Hospital, CHC, PHC, SHC and Sub-Centres. These reports are uploaded weekly to Central Surveillance Unit through IDSP Portal from each district by IDSP DEOs. The overall reporting percentage of IDSP during the year is about 95%.
- ii) Media Scanning and Verification Cell (MSVC) scans media outlets for disease reports and confirmation of these reports. The compiled report is forwarded to CSU each week.
- iii) Three (3) outbreaks were investigated during the year.
- iv) IDSP initiated screening of incoming passengers for COVID-19 at Lengpui Airport, Zokhawthar international border and other entry points.
- v) IDSP publish COVID-19 Bulletin on a daily basis, with about 290 Issues being published to date.
- vi) State Field Laboratory Unit was constituted in an effort to increase COVID-19 test in the state. The Unit consists of 5 teams which had collected around 30,000 samples.
- vii) COVID-19 Control Room was established at State Surveillance Unit, Directorate of Health Services.
- viii) IDSP collects and maintains various data on COVID-19 which is trusted as the primary source of data on COVID-19 by the state.
- ix) Various reports and data on COVID-19 are entered daily through 'COVID-19 India Portal', an online Web Portal created by MoHFW.
- x) IDSP co-ordinate with Central Ministries and other states regarding issues on COVID-19.
- xi) Technical Training on COVID-19 (Sample collection, Testing, Data Reporting etc.) were given to various sectors.

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

### **Status of Implementation.**

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

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

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

Achievements during 2020-21 :-

Sl. No	Particulars	FY 2020 – 2021
1	No. of Elderly Person attended OPD	12782
2	No. of Elderly admitted in wards	1560
3	No. of Elderly provided rehabilitation services	1249
4	No. of Lab test undertaken on Elderly patients	7630
5	No. of Elderly Died in Hospitals	124

### XXXI. **Pre Conception & Pre-Natal Diagnostic Technique (PC&PNDT)**

#### OBJECTIVES:

The Pre-conception & Pre-natal diagnostic Technique (Prohibition of Sex Selection) Act 1994, is an act to provide for :-

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

#### 2. TARGETS (EXPECTED OUTCOME):

- i) To identify areas with skewed Child sex ratio and to improve child sex ratio by 2025.
- ii) To resolve shortage of Sonologists through Implementation of Six Months Training Rules.
- iii) To identify all unregistered ultrasound machine through regular inspection

#### Achievements 2020-2021:

- Number of State Supervisory Board meeting held : NIL
- Number of Advisory Committee meeting held : 1
- Number of Appropriate Authority meeting held : 4
- Number of ultrasound centre granted fresh registration : 6
- Number of ultrasound centre granted renewal registration: 5
- Number of centres inspected by SIMC : 8 districts
- Number of training : NIL
- Status of implementation of Six Months Training :
  - a) Number of CBA exam conducted : NIL
  - b) Number of candidate clearing CBA : NIL



## XXXII.COMPREHENSIVE PRIMARY HEALTHCARE THROUGH HEALTH & WELLNESS CENTRES

### Physical Achievement during FY 2020-2021:

1.Total number of approved facilities	193 (57 PHCs + 8 UPHCs + 128 SCs)
2. Total target	178
3. Total number of operational facilities	180 (53PHCs + 8 UPHCs + 119 SCs)
4.Total number of Health & Wellness Officers posted in SCs	97

### XXXIII. Drug and Vaccine Distribution Management System (DVDMS)

- Damdawi mumal taka sem anih theih nan, Health centre hrang hrangte damdawi kaw! dan hriat theihna tur leh Damdawi rualkhai zawk a sem leh enkawl a nih theih nan Mizoram pum a Health facilities ten an hman tur **Drug and Vaccine Distribution Management System (DVDMS)** chu hman tan a ni ta.
- **District tina MO, Pharmacist leh BAM (Blocks Account Managers)** te training pek an ni. Drug store awmna zawng zawng CMO office DH ,SDH CHC leh PHC (92 facilities) ah te hman tur a ni.
- Facility ten an store a drug stock an neihte he App ah hian an enter ang. Issue to SC, IPD, OPD leh department danga an neih pawh an update zel ang. CMS a drug stock awm pawh an hre thei. Indent poh a tih theih. Facility te an dashboard hi kar 1 ah vawi 3 tal update tura hriattir an ni.
- **Drugs and Vaccine Distribution Management System (DVDMS)** hi software platform pakhat a ni a. Hemi chung ah hian Drugs and Vaccine Supply Chain Management a awm a, chumi chuan Purchase order, inventory management, Vaccine Supply Chain Management leh damdawi sem chhuah dante a huam a ni. Heng bak ah hian Health Programme hrang hrang hnuai a receipt, quality control, vaccine, damdawi leh damdawiin kai h hawih bungrua chi hrang hrang State chung a pek chhuah dante a enkawl tel theih baw! a ni.
- DVDMS in a tum ber chu public health facilities zawng zawng ten an mamawh ang damdawi leh hmanruate, an mamawh zat leh an mamawh hun ah an tlakchham loh nan leh damlo ten an mamawh ang damdawi leh hmanrua te a hun taka hman theih tura a awm reng theih nan a ni.



#### XXXIV. National Urban Health Mission

##### CIVIL WORKS

1. Construcution of Hrangchalkawn UPHC is completed and functioning
2. Retaining wall of Hlimen UPHC is completed.
3. Champhai UPHC is newly approved and functioning.

##### 4. Staff Position

Name of UPHC	MO	Pharmacist	Staff Nurse	Lab. Tech	Acct.Clerk	Hw/ANM	Helper	Consultant	PHM
Hlimen	1	1	3	2	1	2	3		
Chawlhmun	1	1	3	1	1	1	3		
Lawipu	1	1	3	1	1	2	3		
Zemabawk	1	1	3	1	1	2	3		
Sihphir	1	1	3	1	1	2	2		
ITI	1	1	3	2	1	2	3		
LUNGLEI									1
Hrangchalkawn	1	1	3	1	1	2	3		
Sazaikawn	1	0	3	1	1	2	2		
Champhai	1	1	3	1	1	2	2		
State							1	2	2
Total	8	7	24	10	8	15	23	2	3

**MAS:** In 2020-2021 ROP, 50 MAS member are approved and as per approval, 50 MAS member are formed. MAS fund 5000 per year per MAS is already released. Training of MAS is already conducted for Aizawl and will be conducted for Lunglei after Covid 19 pandemic.

**ASHA:** 1. 79 Urban ASHA was approved and recruited and incentives already released.

2. Training Of 79 ASHAs are conducted for 2020-2021

**Outreach :** 1. In 2020-2021 ROP, 70 outreach is approved and 13 outreach is conducted

2. 332 UHND is appoved per month and 1303 is conducted due to covid 19 pandemic.

**Convergence:**

1. Convergence of H & FW, UD & PA and AMC, RIPANS and Apollo school of Nursing, Laithangpuii College
2. Convergence of State NCD cell
3. All UPHC designated as Microscopic Centre and no.of sputum Collected

**UPHC PERFORMANCE REPORT 2020-2021**

Sl.No	Name of UPHC	OPD	IPD	No. of emergency	No. of Delivery
1	Sazaikawn	2160	23	289	NIL
2	Hrangchalkawn	1298	13	218	12
3	Lawipu	3037	43	115	1
4	ITI	2758	27	579	4
5	Hlimen	3277	5	726	NIL
6	Chawlhmun	4385	24	476	6
7	Zemabawk	3735	9	165	NIL
8	Sihphir	3404	42	554	17
	Total	24090	186	3122	40

**XXXV. Mobile Medical Unit (MMU)**

YEAR	NO OF CLINIC	NO OF PATIENT EXAMINED	NO OF REFERR ED	NO OF INVESTIGATION DONE
2011-2012	176	23925	379	1593
2012-2013	49	5815	151	589
2013-2014	82	1509	29	82
2014-2015	43	2593	4	340
2015-2016	30	3182	36	1907
2016-2017	369	34139	976	3383
2017-2018	190	13672	469	2505
2018-2019	259	19029	491	3102
2019-2020	629	49906	341	2700
2020-2021	18	2065	13	125
TOTAL	1845	155835	2889	16326



## XXXVI. Information Technology Section for the year 2020-21

Kum 2020-21 chhung hian I.T. Section hmalakna lang sar zualte –

**1) Health Services Geographical Information System (GIS) :**

Health Department hnuaia Health Institution te – District Hospital, Sub-District Hospital, Tertiary, CHC,PHC, Main Centre, Sub-Centre leh Health Clinics te an location, service leh facility list mipuiten an chhawr theih tura tura awlsam taka online kal tlanga zawn chhuahna atan portal (<https://healthfacilities.mizoram.gov.in>) siam peih a niin, heng centre a thawktute leh an contact number te pawh en theih a ni.

**2) Human Resources Information System :** HRIS Implementing Committee in a lo rel tawh angin Health Department hnuaia thawkte – Officers, Staff (Regular) zawng zawngte particular detail chu HRIS online software ah thunin a theih chinah update zel a ni.

**3) Department Website :** Health Department hnuaia website (<https://health.mizoram.gov.in>) chu changtlung taka update leh maintain a ni a, Information & Communication Technology Department, Govt. of Mizoram in a buatsaih website ti tha te “Govt. Website Excellency Award 2020” ah 2<sup>nd</sup> Runner Up niin Citation leh Cash Rs. 50,000/- dawng a ni.





**HEALTH SERVICES REPORTS ON THE IMPLEMENTATION OF THE PROVISIONS OF THE RIGHT TO INFORMATION ACT, 2005 FOR THE YEAR 2020 – 2021**

---

**I. PARTICULARS OF REPORTING AUTHORITY :**

1. Name of the office : *Directorate of Health Services*
2. Level (*whether Secretariat, Directorate, District, etc.*): a) *State Directorate*  
b) *District CMO Office*  
c) *Sub District SMO Office*
3. Names of Public Sector Undertakings, Boards, Council etc. under the Office : *Nil*
4. Name of NGOs assisted by the Department : *Nil*
5. Website address of the Office : *dhsrizoram@gmail.com*

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

1. Whether all the records are catalogued and indexed by the Office? If not, reason as to why?  
= *Yes.*
2. Whether all relevant facts relating to formulation of important policies have been published by the department / office as required under Sec. 4(1) (b)? Copy of the latest publication may please be attached.  
= *Yes.*
3. Whether suo moto information has been provided to the public at regular intervals as required by Sec. 4(2)?  
= *Yes.*
4. Whether every information in the department / office has been widely disseminated as required by Sec. 4(3)?  
= *Yes.*
5. Whether information in the department / office has been made accessible to State Public Information Officer (SPIO) concerned as required by Sec. 4.  
= *Yes.*

**III. Report on number of Public Authorities and Application received :**

- |  |   |         |
|--|---|---------|
| 1. No. of DDAs in the office   | - | 1 (one) |
| 2. No. of SPIOs in the office  | - | 1 (one) |
| 3. No. of SAPIOs in the office   | - | 1 (one) |
| 4. Applications received from within the State (excluding BPL applicants)  | - | 17      |
| 4. Applications received from outside the State (excluding BPL applicants) | - | 27      |

5. Applications received from BPL applicants :

- a) within the State - Nil  
b) outside the State - Nil

6. Total no. of RTI applications received - 44  
during the year under report.

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

1. No. of applications transferred to other departments -	Nil
2. No. of applications received which has been transferred <b>from/by</b> other departments.	- 12
3. No. of information <b>furnished</b>	- 44
4. No. of information <b>reject/denied</b>	- Nil
5. No. of applications <b>under process</b>	- Nil
6. No. of applications <b>withdrawn</b> by application	- Nil
7. No. of applications <b>not collected</b> by application	- Nil
8. No. of First Appeal received	- Nil
9. No. of First Appeal disposed	- Nil
10. Total amount of RTI application fees collected	- 270
11. Total amount collected for cost of providing information	- 180

#### V. Details of existing DAAs, SPIOs and SAPIOs :

Name & Contact No. (Landline & Mobile) and Email Address of		
DAA	SPIO	SAPIO
Dr. H. Lalchungnunga, Director 0389 2323452/ 9436140208	Dr. Lalramliana, DDG 0389 2317389/ 9436158041	R. Zochhuanmawii, Supdt. 0389 2301770/ 9436152205
	<b>CMO, Aizawl West</b>	
	Dr. Thani Pachuau 0389317473/ 943614022	
	<b>CMO, Aizawl East</b>	
	Dr. Hmingthanmawii 0389 2341819/ 9436154624	
	<b>CMO, Kolasib</b>	
	Dr. Lalhlimpaia 0387 220046/ 9436143505	
	<b>CMO, Mamit</b>	
	Dr. Zothankhuma 0389 2565394/ 9436144061	

	<b>CMO Serchhip</b>	
	Dr. Laldawngliana	
	03838 222334/ 9436146398	
	<b>CMO, Lunglei</b>	
	Dr. L.C. Liana	
	03835232515/ 9436147956	
	<b>CMO, Siaha</b>	
	Dr. C.Hnichho	
	9436149663	
	<b>CMO, Champhai</b>	
	Dr. R. Lianmawia	
	03831 234493/ 9436145734	
	<b>CMO, Lawngtlai</b>	
	Dr.LP Malsawma	
	9612820165	

