

e-BOOK

**Important Achievements of
Health & Family Welfare Department
Government of Mizoram
(2017-2018)**



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

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About the Department

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

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

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

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

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

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

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

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

IMPORTANT STATUS

1	Total Population	10,97,206 (2011)
2	Total Villages	830 (2011)
Health Infrastructure		
1	Medical College	1
2	District Hospital	9
3	State Cancer Research Institute (Tertiary Centre)	1
4	Sub-District Hospital	5
5	Community Health Centre	9
6	Primary Health Centre	57
7	Urban Primary Health Centre	8
8	Main Centre	81
9	Sub-Centre	372
10	Sub-Centre Clinic	171
11	Main Centre	81
12	Central Medical Store	1
13	Blood Bank	8
14	No. of Doctors	437
15	Dental Surgeon	44
16	MO, AYUSH	83
17	Nos. of Staff Nurse (Regular= 412 + 66 (MIMER), Contract= 391)	869
18	Health Worker : Regular (M=304, F=367) CSS Contract : (M=70, F=226) State Contract : (M=1, F=3) M.R. (Skill II) : (M=21, F=19)	1011
19	Nos. of ASHA	1091

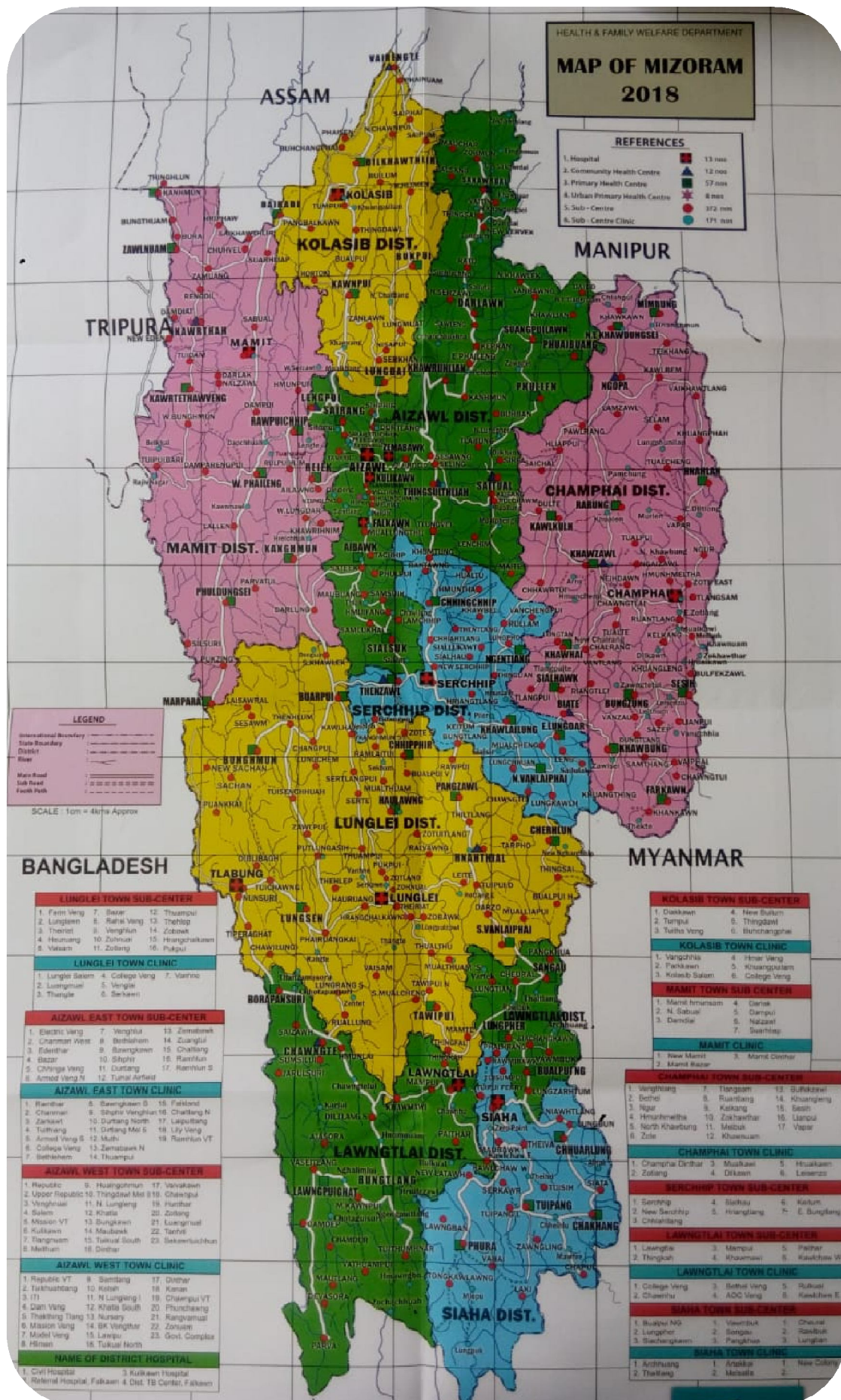
Number of Hospital & Their Bed Strength (As on 1.4.2017)

Sl.No.	Name of State Hospital	Location	Bed trength
1	Civil Hospital, Aizawl	Aizawl District	269
2	Civil Hospital, Lunglei	Lunglei District	120
3	CivilHospital, Saiha	Saiha District	45
4	Civil Hospital Champhai	Champhai District	60
5	Civil Hospital Kolasib	Kolasib District	60
6	Civil Hospital, Serchhip	Serchhip District	60
7	Civil Hospital, Mamit	Mamit District	30
8	Civil Hospital, Lawngtlai	Lawngtlai District	30
9	Kulikawn Hospital	Kulikawn, Aizawl	50
10	Regional Cancer Centre, Zemabawk	Zemabawk, Aizawl	50
11	State Referral Hospital + TB Ward	Falkawn	159+10 = 169

MAP OF MIZORAM 2018

REFERENCES

1. Hospital
 2. Community Health Centre
 3. Primary Health Centre
 4. Urban Primary Health Centre
 5. Sub-Centre
 6. Sub-Centre Clinic
- 13 nos
12 nos
57 nos
8 nos
372 nos
171 nos



I. Directorate of Hospital & Medical Education :

1. UPGRADATION OF STATE REFERRAL HOSPITAL, FALKAWN AND ESTABLISHMENT OF MEDICAL COLLEGE-MIZORAM INSTITUTE OF MEDICAL EDUCATION & RESEARCH :-

The State Referral Hospital, Falkawn has been functioning after the inauguration on 10th December, 2012 by Hon'ble Minister, Government of Mizoram, as of now, bed strength is 193. To run the Hospital successfully, 137 posts have been created and being filling up. Various Departments viz. Medicine, Gynaecology, Paediatric, Dental, Eye, Surgery, ENT have been established in the Hospital and this relieves heavy burden and overcrowding of Civil Hospital Aizawl.

The Government of Mizoram has been making effort to establish a Medical College "*Mizoram Institute of Medical Education & Research*" (MIMER) by upgrading the existing infrastructure of State Referral Hospital Falkawn in accordance with the sanction of Ministry of H&FW, Government of India with an approved cost of **Rs.189.00 crore** with a funding pattern of **90:10**. The Government of Mizoram has already allocated an amount of **Rs. 11.34 crore** as a State Matching Share to the 1st installment. The grant portion amounting to **Rs. 102.02 crore** has already been released by the Government of India. Renovation of the existing building is being executed and open tender for procurement of equipment is underway. The Council of Minister, Govt. of Mizoram has recently approved a no. of 629 posts for MIMER for filling up of 405 posts a single window clearance is undergoing Medical Council of India had inspected the proposed MIMER on 21.11.2017, 22.11.2017

2. UPGRADATION OF MIZORAM STATE CANCER INSTITUTE, ZEMABAWK, AIZAWL:-

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

3. CONSTRUCTION OF 200 BEDDED HOSTEL FOR MIZORAM COLLEGE OF NURSING, FALKAWN:-

- With approved cost of **Rs. 1169.97 lakh**, a 200 seat capacity Hostel has constructed by Public Works Department and was inaugurated on the day of 2nd June 2017 by Hon'ble Health Minister. It is now fully functioned.

4. MIZORAM STATE HEALTH CARE SCHEME (MSHCS) & RASTRYA SWASTHYA BIMA YOJANA (RSBY):-

The Government of Mizoram has been implementing the Mizoram State Health Care Scheme since 2008. It is operating with Rasthya Swasthya Bima Yojana (RSBY) and the State Matching

Share is provided under the State Plan. The intended benefit of the said scheme is being availed by the needy patients of those who are not in Government service.

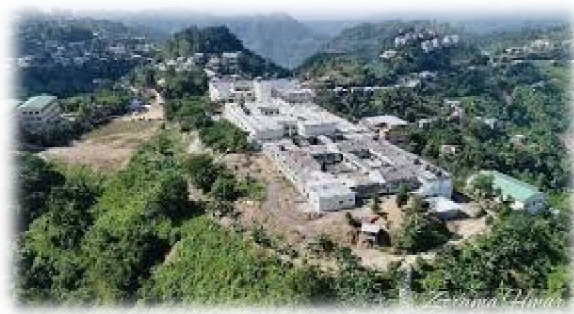
5. UNDER NLCPR :

- a) **CONSTRUCTION OF 100-BEDDED HOSPITAL, SAIHA:** The Ministry of DoNER, Government of India conveyed approval of an amount of **Rs. 1592.52 lakh** for upgradation of District Hospital, Saiha to 100 bedded, of which an amount of **Rs. 1146.61 lakh** was released as 1st installment, 2nd installment amounting to **Rs. 573.30 lakh** released by Govt. of Mizoram is already transferred to State PWD.
- b) **50 Bedded Lawngtlai Hospital:** The Ministry of DoNER has conveyed an Administrative Approval of **Rs. 1191.51 lakh** with funding pattern of 90:10, of which an amount of **Rs. 428.94 lakh** was released as 1st installment. Civil Work commenced and in progress about 42%. SMS amounting to Rs 47.66 lakh already released by the Govt. of Mizoram.

6. UNDER NEC:

- a) **Purchase of CT Scan Machine (16-Slice) for Civil Hospital, Aizawl:** With the approved cost of **Rs. 280.00 lakh** from NEC, a new CT Scan Machine has replaced the old one at Civil Hospital, Aizawl. The same was inaugurated on 26.9.2013 by Hon'ble Minister, Health & Family Welfare Department, Government of Mizoram. The intended benefit of the project being availed by the needy patients.
- b) **Strengthening of Cardiology Department at Civil Hospital, Aizawl:** With the approved cost of **Rs. 499.00 lakh** from NEC, the Cardiology Department at Civil Hospital, Aizawl has been upgraded by providing sophisticated machines and was inaugurated on 26.9.2013 by Hon'ble minister, Health & Family Welfare Department, Government of Mizoram. The intended benefit of the project being availed by the needy patients.
- c) **Strengthening of Dental Department at Civil Hospital Aizawl and District Hospitals in Mizoram:** With an approved cost of **Rs. 443.76 lakh** from NEC the existing Dental at District Hospital including Kulikawn and Falkawn are proposed to be was successfully completed.
- d) **Establishment of State Library:** With the approved cost of Rs. 361.18 lakh State Medical Library is planned to establish at Civil Hospital, Aizawl, Civil Works portion is successfully completed, purchase of books partially completed.
- e) **Purchase of CT Scan Machine (16-Slice) for Civil Hospital Lunglei:** With approved cost of **Rs. 280.00 lakh**, a new CT Scan Machine is to be installed at Civil Hospital, Lunglei, it is expected to install soon.
- f) **Bio-Medical Waste Management System for District Hospital Mamit, Champhai, Serchhip, Lawngtlai:** With approved cost of **Rs. 468.00 lakh**, in order to have proper disposal of hospital waste at the said Hospitals, supply order for installation of equipments were issued.

- g) **Establishment of Trauma Centre at three Centre viz. District Hospital Aizawl, Saiha, Lawngtlai :** With a rolling out of a scheme from Ministry of Health & Family Welfare Govt. of Mizoram with a funding pattern of 90:10, establishment of Trauma centres at district hospitals viz. Civil Hospital Aizawl, Civil Hospital Lunglei, District Hospital Saiha, District Hospital Lawngtlai, District Hospital Serchhip, District Hospital Kolasib and District Hospital Champhai. Necessary action being taken up.



II. Mizoram State Tobacco Control Programme, Mizoram



Mizoram State Tobacco Control Programme, Mizoram have taken up numerous initiatives to ensure that all the programme objectives are completed while also capitalizing on all opportunities that may arise. Summary of number of activities undertaken by MSTSC from April 2017 to March 2018 is listed below:

Sl.No.	Activity	No of Activity	No of participants
1.	Training and Sensitization Workshop	56	3296
2.	Anti Tobacco Awareness Campaigns and programmes	128	11619
3.	Anti Tobacco Programmes at Educational Institutions	153	12227
4.	Others (Important Meetings, Talk show etc.)	128	673
TOTAL		465	27815

1. **Global Adult Tobacco Survey 2 (2016-17):** GATS 2 has shown dramatic decline in tobacco use prevalence from 67.2% (GATS-1) to 58.7% (GATS-2). Other significant improvements include Second hand Smoke exposure at home decreasing from 96.5% to 84.1% and at the work place from 64.6% to 44.4% etc.
2. **Notification to constitute 'Tobacco Control Team' in all public offices:** The General Administration Department, Government of Mizoram issued a Notification on 21st April, 2017 regarding prohibition of smoking in public places in Government Offices. This Notification instructed all departments to strictly fine offenders and display 'No smoking Signage' and 'Complaint Board' and to constitute 'Tobacco Control Team' in all their respective offices.
3. **World No Tobacco Day 2017:** On the occasion of WNTD 2017 National Tobacco Control Programme observed the day in all districts of Mizoram elaborating on the theme 'Tobacco- A threat to development' and various other Tobacco related issue.
4. **Project HIMNA MADAT:** Project HIMNA- MADAT (Mizoram against Drugs, Alcohol and Tobacco) which has been designed for intervention amongst Upper Primary School in Aizawl District was launched by Mr. Lal Thanhawla , Chief Minister of Mizoram on 21st June

2017. The Pilot project will be implemented and monitored by the Deputy Commissioner Aizawl district with other key departments and organization playing active role in its implementation.

5. **Release of Stickers for public transport vehicles:** The Director General of Police (DGP), Mizoram released No Smoking stickers on 18th July, 2017 which were previously approved by the State Transport Authority to be displayed by all public transport vehicles.
6. **Frequent inspection on contraband cigarettes:** Joint Controller of Legal Metrology issued an Order on 27th July, 2017 which instructs all Legal Metrology Inspectors to conduct frequent and vigorous inspection and enforcement on contraband cigarettes in all the districts of Mizoram.
7. **Inclusion of COTPA in monthly crime review:** The Police Headquarters, Govt. of Mizoram issued a letter on the 7th August, 2017 which instructs the DIG, Northern and Southern Range to incorporate violations of COTPA as one of the agenda items in monthly crime review at the level of District/Range/State.
8. **Notification to comply with The Prohibitions of Smoking in Public Places Rules, 2008:** Transport Department, Government of Mizoram issued Notification on 18th August, 2017 which instructs all public transport vehicles to comply with The Prohibitions of Smoking in Public Places Rules, 2008 to strictly prohibit smoking and display No Smoking sticker etc. As per this Notification, offenders are made punishable with fine which may extend to Rs. 500/- as per Section 179 (1) of the Motor Vehicle Act, 1988.
9. **Observation of 4th Mizoram State Anti Tobacco day:** The 4th Mizoram State Anti Tobacco Day was observed based on the theme 'Tobacco Free Sports' on 11th September 2017 throughout the State. The main programme held in Aizawl was jointly organized by Indian Society on Tobacco and Health Mizoram and Mizoram State Tobacco Control Society with Mr. Lal Thanhawla, Chief Minister of Mizoram as the Chief Guest. Representatives of all affiliated sports association under Mizoram State Sports Council attended the programme. Outstanding performers for excellent compliance to various sections of COTPA, 2003 were felicitated.
10. **No Tobacco Rally:** In collaboration with Indian Society on Tobacco and Health Mizoram, 'No Tobacco rally' was organized on 19th September 2017. The event was sponsored through Corporate Social Responsibility for Microfinance and Livelihood and attended by representatives and office bearers from various sports association in Mizoram. Mr. Lal Thanzara Minister Health and Family Welfare Department was the Chief Guest and flagged off the rally from Millennium Center to Vanapa Hall.
11. **Tobacco Cessation Clinics:** With the inauguration of Tobacco Cessation Clinic at State Referral Hospital, Falkawn on 26th September 2017, there are now 10 TCCs functioning: 9 TCCs in all H&FW district hospitals and also at Cancer Hospital with a total of 2771 clients who visited TCC from April 2017 till March 2018. The current Quit rate is 24.82%.
12. **COTPA enforcement week:** "COTPA Enforcement Week Kick - Off programme cum release of Christmas Card for Drivers" was jointly conducted by Mizoram State Tobacco Control Society and Aizawl City Traffic Police on the 18th December, 2017 at SP Conference Hall, Aizawl. In pursuance to this, distribution of Christmas-card and enforcement of COTPA was effectively conducted among public transport vehicles throughout the week.
13. **Ruantlang Village as Tobacco Free Village:** Ruantlang village in Champhai district was declared as a 'Tobacco Free Village' on December 2017 by the Additional Deputy

Commissioner Champhai. This declaration was made after regular and careful Anti-Tobacco Squad Drives checking compliance to all sections of COTPA by Champhai District Anti Tobacco Squad.

14. **Joint Enforcement on Hookah:** Joint Enforcement drive against Hookah which are offered/sold at public place e.g. restaurant etc. was strictly conducted by Aizawl District Anti Tobacco Squad and Food Safety Authority.
15. **Dismissal of Petition regarding Tuibur:** The Gauhati High Court, Mizoram Bench dismissed the petition (PIL) of Mr. Dengvunga and 5 Others with regard to prohibition of manufacturing Tuibur at Lungli River, Salem Veng which is a residential area. It may be noted that these petitioners challenge the order previously passed by the Deputy Commissioner, Aizawl District which orders them to desist the manufacturing of Tuibur in this area.
16. **Anti-Tobacco Squad Drives:** Squad drive on the Cigarettes and Other Tobacco Products Act, 2003 was conducted a total of 471 times in various districts with 494 offenders. Joint Enforcement with other departments such as Legal Metrology Food and Drug Administration, Traffic Police, CID (Crime) Mizo Hmeichhe Insuihkhawm pawl etc was also conducted a total of 30 times.



III. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT

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



Achievement under NPCB&VI, Mizoram during 2017 – 2018 is as follows:

1.	No. of Cataract Operation	- 1774.
2.	No of teacher trained in screening for Refractive Errors	- 656.
3.	No. of School children screened	- 35571.
4.	No. of school children detected Refractive Error	- 3895.
5.	No. of School going children provided with free glasses to poor children	- 803.
6.	No. of distribution of spectacles to old persons suffering from presbyopia	- 1062.
7.	No. of eye donated	- 80.
8.	No. of eye transplanted	- 53.
9.	No of Glaucoma	- 220 .
10.	No of diabetic Retinopathy	- 200
11.	No. of Childhood Blindness	- 2
12.	No of trachoma	- nil.
13.	No of Squint	- 295 .
14.	No of Retinopathy of Prematurity	- 20 .
15.	No of Low Vision	- 130 .
16.	No of corneal Blindness	- 30 .
17.	No of other Eye diseases detected	- 30452 .

During Glaucoma Week which was observed during 12th – 18th March, 2017, free Eye Screening was conducted in the States and also in all the districts. The total number of Patients screened were 1347 and 10 Glaucoma cases were detected and referred to specialist in the District Hospital.

Eye Camp was held at 4 districts viz. Mamit, Lawngtlai District, Serchhip, Lunglei and the total no. of patients operated for Cataract were 135. Hospital based Eye Camp was conducted in Aizawl Civil Hospital, Kolasib, Champhai and Lunglei district.

Eye Donation Fortnight was observed during 25th Aug – 8th Sept, 2017 at Lalthanhawla Auditorium. Donor families received certificates for donating their eyes. Hon'ble Health Minister was the Chief Guest in the inaugural function.

World Sight Day was observed on 12th October 2017 at the State and Districts.

Overview of Mizoram :

• Blind & low vision (National Survey 2003-04)	- 0.78%
• Blind according to latest survey (NS 2003-04)	- 1253 Nos.
• Registered for Eye Donors	- 5014
• Registered for Eye Transplant	- 305
• 1 st Eye Transplant/Human Organ Transplant	- 25.9.2009
• Corneal Transplant till date	- 383
• Eye Donors	- 644(Corneal collected)

IV. Food & Drugs Control Programme :



No.	Particulars	Total
1	No. of Drugs License issued	121
2	No. of Drugs license cancelled	41
3	No. of Drugs License renewed	595
4	No. of Drugs License suspended	1
5	No. of show cause notice served	68
6	No. of sale premises inspection	646
7	No. of sample drawn for analysis	107
8	No. of improvement notice served	8
9	No. of case registered in the Court of Law	0
10	No. of complain investigated	0
11	No. of complain received under DTC Act and Rules/DPCO/DMROA/FSSA(Tick if any)	0
12	No. of convicted/Acquital pending	0
13	Seizure made if any	Cyclopum - 85 tabs, Tramadol Inj. - 7 amp, Spasmolar - 112 tab.s, Tramastar 50-100 caps, Peptica - 110 tabs, Spasmonil - 446 tabs, Cyclostar - 200 tabs, Soldol SR - 60 Tabs, Anzilum - 102 tabs, On Kof - 3ph, Codectus - 14 ph., Comore - 6 ph., Trump - 370 strips., Startus - 165 Ph

Revenue Submitted to the Government :

1	Drugs License Application Fee	474100
2	Drugs License Renewal Fee	944150
	Total	1418250

Food :

Sl.No.	Particulars	Achievement
1	Nos of Food License Issued	274
2	Nos. of Food Registration Issued	579
3	License Fee (Rs. in lac)	10,90,900
4	Registration Free (Rs. in lac)	1,59,100
5	Total Revenue Submitted to Govt.(Rs. in lacs)	12,50,000

V. INTEGRATED DISEASES SURVEILLANCE PROGRAMME (IDSP)



A. PHYSICAL

- 1) Collection of weekly epidemiological report from Government and Private Hospital, CHC, PHC, SHC and Sub-Centres. These reports are uploaded weekly to Central Surveillance Unit through IDSP Portal from each district by IDSP DEOs. The consistency of Reporting Units in submission of reports has seen a significant improvement during 2017.

Reporting Percentage of IDSP Mizoram in IDSP Portal

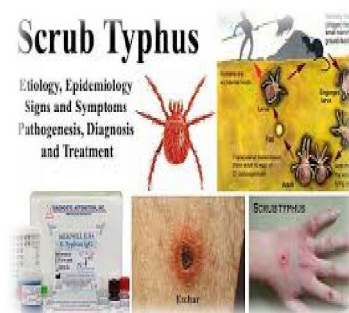
Year	Form S	Form P	Form L
2017	98 %	96 %	96 %

- 2) Web Conferencing was held every week on Monday with Central Surveillance Unit and other States in connection with programme activities.
- 3) Media Scanning and Verification Cell (MSVC) scans media outlets for disease reports and confirmation of these reports. The compiled reports were forwarded to CSU each week.
- 4) Seven (7) outbreaks were investigated during the 2017, namely:

Sl. No.	Date of Outbreak	Disease	No. of cases	Area affected	District
1	19/02/2017	Food poisoning (Soyabean)	21	Lomasu Village (Tuipang Block, Phura PHC)	Saiha
2	5/7/2017	Measles	27	Buhchangphai SC, N. Thinglian	Kolasib
3	17/7/2017	Food poisoning (Soyabean)	107	Western localities of Aizawl	Aizawl West
4	5/10/2017	Food poisoning (Soyabean)	52	Lawngtlai town	Lawngtlai
5	30/10/2017	Food poisoning (Soyabean)	4	Lawngtlai-I	Lawngtlai
6	30/10/2017	Food poisoning (Soyabean)	9	Hriangtlang Village	Serchhip
7	26/12/2017	Scrub typhus	70	Phullen PHC area	Aizawl East

- 5) Scrub Typhus cases is collected from all districts by IDSP and reported to SSU. There have been 141 confirmed cases reported in Mizoram during 2017.

No. of Scrub typhus outbreak = 1
Place of outbreak = Phullen
Date of outbreak = 26/12/2017
No. of cases = 70
No. of death = 1



B. FINANCIAL (Apr – Dec)

Opening balance	–	Rs. 26,52,594
Bank Interest	–	Rs. 46,800
GOI Grant	–	Rs. 68,00,000
Expenditure	–	Rs. 61,26,760
Closing Balance	–	Rs. 33,72,634

VI. STATE MASS EDUCATION & MEDIA (SMEM)

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.



- | | | |
|---|---|--------------|
| 1. Display/Classified Advertisement and Sponsorship issued | - | 15 |
| 2. Press Handout issued to all local news channel like Press and Electronic media | - | 85 |
| 3. No. of training assist (under DHS/DH&ME/NHM) | - | 23 |
| 4. No. of IEC activities involved under DHS/DH&ME/NHM | - | 82 |
| 5. Printing of Hriselna Magazine | - | 20,000/month |
| 6. No. of IEC materials designed and produced under DHS /DH&ME/NHM i.e leaflet folder/Booklet/Poster/Hoarding and Radio jingles/Script writing/Production of TV Spots | - | 18 |
| 7. Observation of important days | - | 5 |



VII. NATIONAL AMBULANCE SERVICE (NAS)



Month	Call Rec.	Ambulance Reqd.	Ambulance Sent	Total no. of distance travelled (in kms.)	Average no. of distance covered within a month for all ambulance	Average no. of distance covered in a day per ambulance
April	2194	382	367	17679	285.14	9.5
May	397	382	14264	230.06	7.42	
June	2559	346	333	12360	199.35	6.64
July	2337	363	349	18296	295.09	9.52
Aug	1556	354	351	19908.5	321.1	10.35
Sept	1509	250	248	15434	248.93	8.29
Oct	877	187	179	9855	158.95	5.12
Nov	137	136	136	11007	177.53	5.91
Dec	505	114	111	10594	170.87	5.51
Total	12071	2514	16338	115363.6	1864.38	60.84

	Reason for Ambulance Sent		
Month	General	Trauma	Maternity
April	35	102	245
May	35	102	245
June	28	143	162
July	38	127	184
August	36	145	170
September	18	100	130
October	12	73	94
November	12	69	55
December	9	56	46
Total	223	917	1331

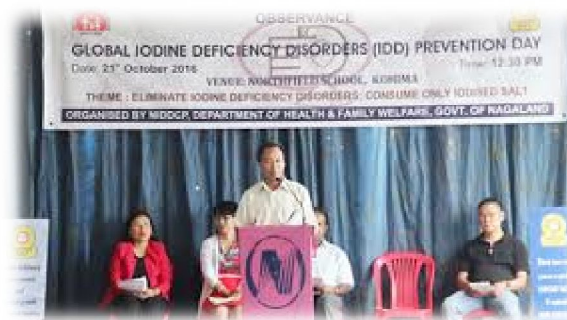
VIII. NATIONAL IODINE DEFICIENCY DISEASES CONTROL PROGRAMME (NIDDCP)



Salt Testing of Iodine content by Test Kit Method

Collected	Above 15 ppm	%
83238	83011	99.73%

GLOBAL IDD DAY



This important day is being observed in the State as well as 9 (nine) Districts in this financial year 2017-2018 particularly to create Awareness on IDD and important of Iodized Salt.

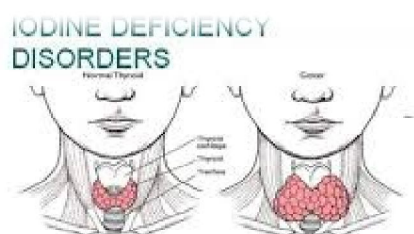
Goitre Survey

Year	No of District	No. of Person Examined	Percentage of Goitre
2017-2018	6	21991	6.9%

INFORMATION RECEIVED FROM THE DISTRICTS

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

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



IX. NATIONAL LEPROSY ERADICATION PROGRAMME

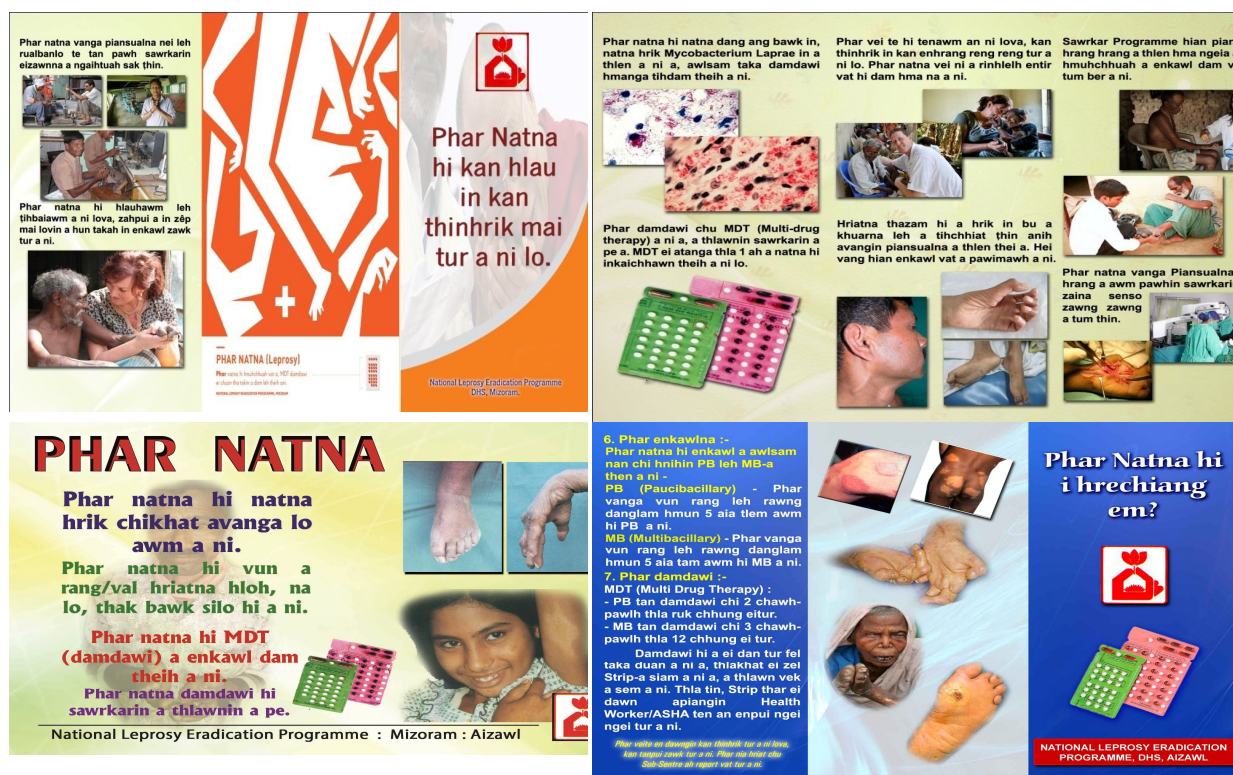
1. No of new cases detected	- 11
2. No of leprosy cases discharged from treatment	- 0
3. Total no. of leprosy cases under treatment	- 32
4. Prevalence Rate(PR)-0.26/10,000 population	
5. Annual Case Detection Rate(ANCDR)-	0.92/1,00,000 population
6. Total no. of cases with disability	- 0
7. Total no. cases requiring Reconstructive surgery	- 0

Trend of programme indicators (2017):

SI No.	INDICATORS	2017
1.	Prevalence Rate	0.26%
2.	Annual New Case Detection Rate	0.92%
3.	Total no. of new leprosy cases detected	11
4.	Proportion of MB among new cases	27.27%
5.	Proportion of female among new cases	45.45%
6.	Proportion of male among new cases	54.54%
7.	Proportion of Children among new cases	0%
8.	Grade II disability rate	0
9.	Proportion of Gr II disabled cases among new cases	0
10.	Proportion of children with Gr II disability among new cases	0
11.	Treatment Completion Rate	MB=0% PB=0%

Activities :

SI No	ACTIVITIES	EXPENDITURE(Rs)
1.	Sparsh Leprosy Awareness Campagn	2,79,250
2.	World Leprosy Day	74,000
3.	Leaflets & Pamphlet	4,00,000
4.	LCDC	5,31,550
Total		12,84,800



Leaflets were printed for Awareness on Discrimination of Leprosy and distributed to various districts

X. NATIONAL ORAL HEALTH PROGRAMME, MIZORAM



- The programme had been functioning of 6 (Six) NOHP Centres: 1) **Darlawn PHC of Aizawl East District** and 2) **Lungdai PHC of Kolasib District** 3) **Chawngte CHC of Lawngtlai District**. In the year, 2016 – 17, the new three Centres – 1) **Kawrthah CHC in Mamit district**, 2) **Thenzawl CHC in Serchhip district** and 3) **Pangzawl PCH in Lunglei district**, thus making a total of 6(Six) NOHP Centres functioning in the 6 (Six) Districts of state, out of the 9 (nine) districts.
- The intended benefit of the programme is being availed by the needy patients of the six centres along with the neighbouring villages. Outreach programmes had been given priority in each of the NOHP centre besides running regular Dental OPD in the centres, as much as possible.
- NOHP Laminated Poster for Infants, Kids, Adults & Elderly in Mizo, received from NOHP Cell, NHM, Government of India, New Delhi at the total quantity in Nos. more than 10,000 have been disseminated throughout the state of Mizoram.
- Leaflets & Booklets in regional language had been distributed regarding the importance of Oral Health and the maintenance of it, under the Directorate of Hospital & Medical Education.
- Outreach Programme : Outreach programmes have been done in each centre of NOHP along with other programmes, namely – Blindness Control Programme, Malaria Programme etc. when need arises.

A. TARGET

- Government of Mizoram has been constituted '**State Level Task Force for Oral Health in Mizoram**' under the chairmanship of the Mission Director, National Health Mission, consisting of 5(five) members as per guidelines laid down by the Government of India and the SPO-NOHP as the Member Secretary.

OBSERVATION OF WORL ORAL HEALTH DAY – 2018



World Oral Health Day was observed officially on 20th March, 2018 at the capital of Mizoram, Aizawl and the occasion was held at Conference Hall of the Directorate of Health Services at 11:00 a.m. being Chaired by Dr. HC. Thangkima, Joint Director, NVBDCP and the WOHD T-Shirt prepared especially for the day was released by him, which were distributed free to all Health & Family Welfare Department Officials and some supporting staff and to some students. Mrs. Lal Riliani (1st Lady of the state, wife of the state Chief Minister) who happens to be President of Indian Society on Tobacco and Health, Mizoram Chapter had kindly consented the grace the occasion as Chief Guest and had delivered a speech on Oral Health and its relation to ill effects of tobacco use.

The Reverend R.Lalbiakzuala of United Pentecostal Church of North East India had blessed the World Oral Health Day by Bible Reading and Prayer. Dr.Vanlalsawma, Joint Director, Family Welfare of Directorate of Health Services gave a speech regarding Oral Health relating his personal habits towards the promotion of the Oral Health. Then, Dr.Rebecca Rosangpuui, Dental Surgeon under NOHP posted at Darlawn PHC gave Powerpoint Presentation on the Theme, "Think Mouth, Think Health" and the various Oral Diseases including 'Oral Cancer' prevention and treatment.

One Popular Soloist (Singer) of the town Mrs.R.Lalhmailhazuali (Zualbawih) rendered heart touching songs and the student of the Health Workers' Training School, Aizawl presented beautiful Choruses enchanting the audience. Dr.Vanlalthuma Sailo, State Programme Officer, National Oral Health Programme give a brief report on the progress of NOHP in the state and its future plan. Dr.Zoramawia, Head of Department, Dental Department of the Civil Hospital of the capital, Aizawl gave 'Vote of Thanks' to the audience.

Refreshment were given to all who had come to observe the WOHD and the programme was aired at the following night at the prime-time by DDK, Aizawl and 2 (tw) Local TV Cables Pvt. Companies, namely Zonet and LPS.

Video Clip on Oral Health Prepared by CDER, AIIMS in Hindi translated into local languages i.e, Mizo was transmitted through the local TV Cables and the DDK, Aizawl – ongoing for some days. Banner on WOHD depicting the 'Theme' were hung on the main streets of the capital city, Aizawl of Mizoram.

Leaflets and booklets of Oral Health prepared by the Directorate of Hospital & Medical Education, Aizawl were freely and largely circulated/distributed. The occasion was a huge success.

XI. National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)



(Clinic + Camps)	2014-15	2015-16	2016-17	2017 –18
No. of Patients screened	23,947	85,710	1,08,888	80,000
No. of patients -Physiotherapy	617	1,401	2,227	2,954
No. of persons counselled	2,914	13,000	17,794	17,125
Patients diagnosed with				
Diabetes	3,512	9,666	14,202	10,686
Hypertension	2,119	12,904	14,362	7,624
CVDs	85	673	730	332
Stroke			59	43
Cancer	56	179	50	68
No. of camps	7	63	97	55

1. Supervisory Visit:-

- NCD Cell & NCD Clinic Serchhip – 3rd November 2017
- NCD Cell & NCD Clinic, Lunglei- 7th March 2018

2. Training & Review Meeting:-

SI No.	Name of Training	Date of Training	Duration
1	Training of Medical Officers under NPCDCS	17 th – 19 th Aug 2017	2 Days
2	Training of MO, @ Lunglei	April 2017	15 Days
3	Training of Staff Nurse @ Lunglei	April 2017	15 Days
4	TOT for ASHAs- 1 State ASHA trainer at NIHFV, New Delhi	January 2017	2 Days
5	TOT for ANMs at New Delhi- 1 MO and 1 Tutor	January 2017	2 Days
6	TOT for Staff Nurses at New Delhi- 1 MO, 1 Tutor		2 Days
7	TOT for Medical Officers at New Delhi – 4 Specialists	June 2017	
8	TOT for 4 districts-Aizawl, Lunglei, Kolasib & Champhai at Aizawl.		2 Days
9	Training of ASHAs & ANMs	March 2017	2 Days
10	Training of Medical Officers for Population based Screening of Common NCDs.	18 th – 19 th July 2017	2 Days
11	Training of Staff Nurses for Population based Screening of Common NCDs – 18 – 19 th July 2017.	18 th – 19 th July 2017	
12	Training on Certificate course on Evidence Based Diabetes Management – Once every month for the period of July 2017 – July 2018.		

3. Important Day Observation:-

- World Heart Day – 29th September, 2017
- World Diabetes Day – 14th Nov, 2017
- National Cancer Awareness Day – 7th Nov, 2017



4. Outreach camps -(free clinic):- 17 Screening Camps FY 17-18.

5. Awareness Campaigns:- 19 awareness campaigns organized during FY 17-18

6. IEC plan: Leaflets of Chemotherapy and Cholesterol in Mizo.

7. Printing of ASHA & ANM module completed.

8. Staff– 117 (Doctor-17 , Staff Nurse - 28 , Physiotherapist - 8 , Laboratory Technician-16, Counsellor-14 , Finance Consultant- 9 , Programme Coordinator- 8 , Data Entry Operator- 17)

9. Procurement-

i) Equipment:

Stethoscope, BP Instrument (Digital), Digital Weighing Scale, Height measuring scale (Anthropometer), Binocular Microscope, Examination lamp with white light, Cusco's vaginal speculum, Autoclave, Torch, BP instrument.

ii) Drugs & Consumables:

- Tab. Amlodipine, Tab. Atorvastatin, Tab. Clopidogrel, Tab. Metformin, Digital Weighing Scale, Tab. Enalapril , Tab. Glimepride 1mg, Tab. Glimepride 2mg , Tab. Amlodipine, Tab. Metformin
- Gloves , Distilled water, Acetic acid, Spatula, Cotton wool absorbent, Gauze cloth, Mouth mirror, Glucometer, Glucostrips & Lancets

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



1. **New facilities:-**

- 1 new district – Champhai District

2. **Procurement:**

- Physiotherapy equipment :-** Shortwave Diathermy, Stabilizer, Ultrasound Therapy, Cervical Traction Machine, Pelvic Traction Machine, Traction Bed, Transelectric Nerve Stimulator (TENS), Interferential Therapy IFT, Adjustable Walker, Muscles Stimulator, Cervical Traction Manual, Shoulder Wheel, Shoulder Pulley, Adjustable walking sticks, Walker, Elbow crutch, Auxillary crutch) – under process
- Hospital Furniture & Appliances** (Fowler Bed, Ward bedside locker, Revolving Stool, Drip stand, Ward Screen Four Folds, Oxygen Cylinder Trolley, Hand Stretcher Folding Type, Examination Table, OPD & Ward tables, Chairs, Almirah, Mattress, Blankets, Bed sheets, Bed cover, Pillows with cover, Nebuliser, ECG Machine, Pulse Oximeter, Weighing machine)- under process
- Drugs** Tab. Amlodipine, Tab. Atorvastatin, Tab. Clopidogrel, Tab. Metformin, Digital Weighing Scale, Tab. Enalapril , Tab. Glimepride 1mg, Tab. Glimepride 2mg , Tab. Amlodipine, Tab. Metformin

3. **Review Meeting/ Training:-**

- 2 Review Meeting – 9th May 2017, 4th December 2017

4. **Achievements during FY 17-18:-**

REPORTING PERFORMA FOR NPHCE				
I. COMMON DISEASES UNDER NPHCE				
Total no. of patients attended at Heriatrics Clinic in the reporting month (new + follow up)		MALE	FEMALE	TOTAL
				8903
No. of newly diagosed with	i. DM	346	395	741
	ii. HTN	727	772	1499
	iii. DM+HTN	377	371	748
	iv. COPD	374	426	800
	v. Osteoarthritis	191	284	475
	vi. Presbyopia	43	46	89
	vii. Cataract	333	349	682
	viii. Presbyacosis	126	221	347
	ix. Psychiatric disorder	27	22	49
	x. Others	1701	1772	3473

No. of newly diagnosed cases initiated on Rx	<i>i. DM</i>	346	395	741
	<i>ii. HTN</i>	727	772	1499
	<i>iii. DM+HTN</i>	377	371	748
	<i>iv. COPD</i>	374	426	800
	<i>v. Osteoarthritis</i>	191	284	475
	<i>vi. Presbyopia</i>	43	46	89
	<i>vii. Cataract</i>	333	349	682
	<i>viii. Presbycusis</i>	126	221	347
	<i>ix. Psychiatric disorder</i>	27	22	49
	<i>x. Others</i>	1701	1772	3473
Suspected cases of cancer	<i>i. Oral</i>	2	1	3
	<i>ii. Breast</i>	0	10	10
	<i>iii. Cervical</i>	0	4	4
	<i>iv. Others</i>	55	22	77
No. of patients admitted in ward	<i>i. COPD</i>	201	259	460
	<i>ii. CKD</i>	69	99	168
	<i>iii. CVD</i>	100	54	154
	<i>iv. Stroke</i>	101	63	164
	<i>v. Cancer</i>	158	106	264
	<i>vi. Others</i>	185	280	465
No. of patients underwent physiotherapy		731	632	1363
No. of laboratory tests undertaken		2713	2535	5248
No. of cases died in hospital		44	37	81

XIII. NATIONAL PROGRAMME FOR PALLIATIVE CARE (NPPC), MIZORAM

Status of Implementation



The programme was implemented since October 2016 and currently cover 3 districts with facility based in MSCI Zemabawk (Aizawl East), State Referral Hospital, Falkawn (Aizawl West) and District Hospital, Lunglei. Also, State Palliative Care Cell is established at Directorate of Hospital and Medical Education.

In FY 2018 – 2019, it is planned to be implemented in District Hospital, Champhai and Kolasib.

Goal : Availability & Accessibility of rational, quality pain relief & palliative care to the needy as an integral part of health care at all levels in alignment with community requirement

Human Resource : HR was recruited for State Palliative Cell and MSCI Zemabawk only as approval was not received for Lunglei and Falkawn.

Reports & Achievements:

Particulars	FY 2016 - 2017	FY 2017 – 2018
Name of OPD Case	523	1497
No of IPD case	17	28
No. of New case	144	349
No. of Home visit	5	50



XIV. National Programme on Prevention and Control of Deafness (NPPCD)

Hearing loss is the most common sensory deficit. As per WHO estimates, there are approx **360 million people worldwide** (328 million adults and 32 million children) who are suffering from significant auditory impairment (5 % of world's population). One-third of people over the age of 65 yrs are affected by disabling hearing loss & 50% of people age above 70 years Over 1 billion people are at risk of hearing loss due to listening to music at loud volumes and for long duration. Over 50% of the causes are preventable or treatable by surgical methods. Rest can be rehabilitated with use of hearing aids, speech and hearing therapy.



NPPCD was launched in 2006, started on pilot basis in India in 2008, and in Mizoram it was started in 2014.

Objectives of NPPCD:

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.

Brief achievements/activities under NPPCD in Mizoram:

- Currently 8 districts (except Lawngtlai) are covered.
- 24 contractual staff are currently employed (5 doctors, 3 Audiologists, 7 Audiometric Assistants, 7 Hearing Instructor, 1 Programme Assistant, 1 DEO).
- Audiometry Room (Sound Proof Room) constructed at Aizawl, Lunglei & Falkawn.
- Following equipments procured
 - for Civil Hospital Aizawl- Microdrill, Impedance Audiometer, Indigenous Audiometer, OAE Analyzer, Otoscope, Headlight, Brainstem Evoked Potential (BERA)
 - for Falkawn - Impedance Audiometer, Indigenous Audiometer, Otoscope, Headlight, Otoendoscope, Cell Seeker, Crocodile Forcep (Micro), House Microcurette, Aural Syringe, Jobson Horne Probe
 - for Lunglei - Impedance Audiometer, Indigenous Audiometer, Audiometry Room, Otoscope, Headlight, Otoendoscope, Crocodile Forcep (Micro), House Microcurette, Aural Syringe, Jobson Horne Probe
 - for Champhai - Impedance Audiometer, Indigenous Audiometer, OAE Analyzer, Headlight, Otoendoscope, Crocodile Forcep (Micro), Aural Syringe, Jobson Horne Probe
 - for Kolasib - Impedance Audiometer, Indigenous Audiometer, Otoscope, Headlight, Otoendoscope, Cell Seeker, Crocodile Forcep (Micro), House Microcurette, Aural Syringe, Jobson Horne Probe
- for Mamit - Impedance Audiometer, Indigenous Audiometer, Otoscope, Headlight, Otoendoscope, Cell Seeker, Crocodile Forcep (Micro), House Microcurette, Aural Syringe, Jobson Horne Probe
- In addition, Otoscope, Headlight and Aural Syringe distributed to 8 CHCs and 52 PHCs
- Training for staff, Specialists, Medical Officers, nurses, Health workers, ASHAs conducted

- During 2017-18, under NPPCD **25,442** patients were seen, **14,151** morbidities were seen, and **2365** Hearing Impaired were detected
- IECs & Camps are conducted regularly



XV. REPRODUCTIVE & CHILD HEALTH

A. Maternal Health



Sl.no	Data	Mizoram Status
1.	Total Number of Pregnant women registered for ANC	20041
2.	Of which Number registered within first trimester (within 12 weeks)	14703 (73.36%)
3.	Number of pregnant women received 4 or more ANC check up during pregnancy	7972 (39.77%)
4.	Number of pregnant women having Hb level <7 detected	454 (2.26%)
5.	Number of pregnant women tested positive for GDM	223 (1.11%)
6.	Number of new cases of Hypertension (BP>140/90) detected in Pregnant women at the institution	333 (1.66%)
7.	Number of Institutional Deliveries conducted (Including C-Sections)	12576
8.	Total Number of Caesarean (C-Section) deliveries performed	1971
9.	Total numbers of deliveries conducted at Home and attended by trained and non-trained SBA	1978
10.	Number of newborns received 7 Home Based Newborn Care (HBNC) visits in case of Home delivery	570
11.	Number of newborns received 6 HBNC visits after Institutional Delivery	1437
12.	Number of Complicated pregnancies treated with Blood Transfusion	71



B. PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan)

Free special Antenatal checkup for 2nd and 3rd trimester pregnancy (i.e. 4 – 9 months) on 9th of every month by Doctor at PHCs, CHCs, SDH and DH.

Observed on	9 th of every month (working days and on 10 th if it falls on holidays)
No of Pregnant Women receiving ANC (Jan – Oct 2017)	6956
Received Antenatal care under PMSMA on 2 nd or 3 rd trimester for the first time	4207 (60.48%)
No. of ultrasound conducted	1794 (25.79%)
No. of other High Risk Pregnancy detected	117 (1.68%)
Volunteer Doctors who give free Antenatal checkup during PMSMA	1. Dr. Lalhmingliana 2. Dr. Abirami B 3. Dr. R. Lianzama 4. Dr. RL Dangvela 5. Dr. Eileen Lalrinpuui 6. Dr. Mohanapriyas

C. Child Health

Sl.no	Data	Mizoram Status
1.	Total number of live births	14815
2.	Number of Pre term newborns (< 37 weeks of pregnancy)	141
3.	Number of still births	131
4.	Live birth + still birth	14946
5.	Number of Abortions (spontaneous or induced)	911
6.	Number of newborns having weight less than 2.5 kg	643
7.	Number of Newborns breast fed within 1 hour of birth	13820
8.	Number of children who were administered Albendazole (1-19 yrs) at National Deworming day 10 th August round	346816 (91%)
9.	Number of children who were administered Albendazole (1-19 yrs) at National Deworming day 10 th February round	374743 (92.7%)

D. IDCF (Intensified Diarrhoea Control Fortnight)

Launched & Observed	12 th June 2017- 24 th June 2017
Free ORS given	107865 out of 111083 children i.e 97%
No. of schools where hand-washing demonstration was carried out	2167

E. Family Planning

Sl.no	Data	Mizoram Status
1.	Total Fertility Rate	2.3 (NFHS 4)
2.	Total sterilizations	1043
3.	Total IUCD insertion	1441
4.	Total PPIUCD inserted	192
5.	Total PAIUCD inserted	45
6.	Total Number of Condom distributed	140746
7.	Total Number of Oral pills distributed	78742
8.	Total Number of Emergency pills distributed	2227
9.	Total Number of PTK used	11919
10.	Number of FPIS claim paid	10/10
11.	Number of districts where Antara is rolled out	7/9

F. World Population Fortnight

WPD 2017 was launched on 11th July, 2017 at Vanapa Hall Gate, Aizawl. The programme was launched by Shri Lal Thanzara, Hon'ble Minister, H&FW Dept. at 6:30 a.m. under the chairmanship of Dr. Lalrozama, IAS, Mission Director, Mizoram.

Total female sterilization performed	137
Total IUCD inserted	254
PPIUCD inserted	2

G. Deaths

Sl.no	Data	Mizoram Status
1.	NeoNatal death	Number-148
2.	Infant death (Lesser than last year)	Number-319
3.	U5MR(Under 5 Mortality Rate) death	Number-387
4.	Maternal death	Number-14

H. SNCU (Special Newborn Care Unit)

Special Newborn Care Unit at 4 Districts namely Aizawl East, Lunglei , Saiha and Lawngtlai District where intensive treatment is provided for newborn who requires it.

Sl.no	Data	Mizoram Status
1.	Total SNCU admitted	1066
2.	Percentage of Male admitted	573 (53.8%)
3.	Percentage of Female admitted	493 (46.2%)
4.	Number of Low Birth Weight admitted	259 (24.3%)
5.	Percentage of Baby successfully discharged	960 (90%)

I. Institutions

Sl.no	Data	Mizoram Status
1.	Number of Institutions having Operational Sick New Born and Child Care Units (SNCU)	4(Aizawl East, Lunglei, Saiha & Lawngtlai)
2.	Number of Institutions having designated New Born Stabilisation Units (NBSU)	11
3.	Number of Institutions having New Born Care Corner (NBCC)	110
4.	Number of CHC or SDH or DH functioning as First Referral units (FRUs)	14(8 DHs,1SDH, 5CHCs)
5.	Number of Delivery Points	45 (9 DHs, 7 CHCs, 1 SDH, 18 PHCs & 11 Sub-centres)

World Population Fortnight 2017



XVI. QUALITY ASSURANCE AND KAYAKALP

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



Vision: By the year 2030, QA aims in making all health facilities within the state to achieve the National Accreditation.

Objective: 1.To improve the overall health care quality in public health care facilities.
2.To increase the number of public health facility users in india and reduce the amount of out of pocket expenditure spent on health related issues by the general population.

Target: To achieve NQAS certification in maximum number of public health care facilities.

Under this program, all the State Government Health Facilities are assessed and reviewed as per Guidelines and Checklists under National Quality Assurance Standards (NQAS) Assessors Guidebook provided by the MoH & FW, GOI. The facilities who scored the required standard of above 70% in each departmental checklists as per the QA standards are then awarded an accreditation with financial incentives of Rs . QA aims in making the health facilities within the State achieve a National Accreditation by abiding with the National Quality Assurance Standards. So far, one district hospital i.e., **Aizawl East District Hospital (Civil Hospital, Aizawl) has achieved NQAS Certification and felicitation Programme was held on August 2017.**

Performance of QA Program (Activities, target and achievement) during 2017-2018 is as follows:

1. Human Resource

State Level (SQAU)		
Name of post	Target	Achievement
1, State Nodal Officer (QA)	1	1
2. State Consultant (QA)	1	1
3.State Consultant (PH)	1	1
4.State Consultant (Quality Monitoring)	1	1
5.Program Assistant	1	1
District Level (DQAU)		
1 Program Assistant each in all the districts.	1	1

The Training

State Level		
Name of Training	Target	Achievement
Awareness Workshop on QA at State Level	1	1
Internal Assessors Training	1	0
Service Provider Training	1	1

Monitoring Visit by SQAU

Level of Facility	Target	Achievement
District Hospitals	9	9

Review Meeting by SQAC

Name of Meetings	Target	Achievement
SQAC meeting	2	1



Kayakalp - Award to public health care facilities was launched in 2015 by the 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.



The Objectives are as follows :

1. To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
2. To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
3. To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
4. To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health.

Under Kayakalp, a competition amongst the health care facilities is raised wherein they will be scored according to the checkpoints given by the GOI on facility wise criteria and those eligible for cash award will need to have a score of above 70%.

The achievements under Kayakalp during the Financial Year 2017-18

Training

State Level		
Name of Training	Target	Achievement
Awareness Training	1	1
Master Training on Swachh Bharat Abhiyaan	1	1
External Assessors Training	1	1
District Level		
Awareness cum Internal Assessors Training	1	1
District Hospitals		
Facility Level Training on Swachh Bharat Abhiyaan	1	1
CHC & SDH		
Facility Level Training on Swachh Bharat Abhiyaan	1	1
PHC		
Facility Level Training on Swachh Bharat Abhiyaan	1	1

Assessments

District Hospitals		
Name of Assessments	Target (No of Facilities)	Achievement
Internal Assessment	9	9
Peer Assessment	9	7
External Assessment	7	7
CHC/SDH		
Name of Assessments	Target (No of Facilities)	Achievement
Internal Assessment	11	11
Peer Assessment	11	11
External Assessment	9	9
PHC		
Internal Assessment	57	57
Peer Assessment	57	57
External Assessment	45	45

Kayakalp Award

The Kayakalp Award ceremony was held on 21st December, 2017 where the Health Minister Government of Mizoram was the chief guest and handed over the award to the winning facilities.

Based on scoring, using a specific standard protocol wherein checkpoints are given, points are administered by an external Assessor Team who are trained for this assessment, and the Kayakalp State Level Award Nomination Committee adjusted the awards as follows for the year 2017:

District Hospital:

- 1st Prize- Rs 6 lakhs (Aizawl East District Hospital)
 - 2nd Prize-Rs 5 lakhs (Lawngtlai District Hospital)
 - 3rd Prize- Rs 4 lakhs (Champhai District Hospital)
 - Commendation Award- Rs 3 lakhs each for 4 hospitals
 - Special Award- Best Landscape (Kolasib DH)
 - Most Inspiring (Aizawl East DH)
 - Most Improved (Lawngtlai DH)
 - Sustenance Award (Champhai DH)
- Rs 1 lakh each is given for each health facility for the special award.

Community Health Center:

- 1st Prize- Rs 10 lakhs (Biate CHC)
- 2nd Prize- Rs 5 lakhs (Sakawrdai CHC)
- 3rd Prize- Rs 3 lakhs (Vairengte CHC)
- Commendation Award- Rs 1 lakh each for 3 health facilities
- Special Award – Best Landscape (Hnahthial CHC)
 - Most Inspiring (Biate CHC)
 - Most Improved (Sakawrdai CHC)
 - Sustenance Award (Vairengte CHC)

Rs 1 lakh each is given for each health facility for the special award



Primary Health Center (PHC):

1st Prize- Rs 2 lakhs

2nd Prize- Rs 95000

3rd Prize – Rs 85000

Commendation Award - Rs 18000 to 20 PHC scoring more than 70% in PHC

Urban PHC:

Best UPHC- Rs 2 lakhs (Chawlhmun UPHC)

Consolation Prize- Rs 1 lakh (ITI UPHC)

Commendation Award –Rs 50000 UPHC given to 4 PHCs

Special Award- Most Inspiring (ITI UPHC)

–Best Landscape (ITI UPHC)

Cash prize of Rs 25000 for each special award

According to the Kayakalp guideline, each best facility will receive a cash award along with a citation, also, a commendation award will be given to those districts scoring above 70%. These cash incentives are expected to be utilized as a source for maintaining clean and hygienic practices in the facility and will also serve as an important source for Swachhta Drive and also the ongoing Kayakalp activities.

Pictures of before and after images and Immense positive feedbacks from the healthcare facility staffs and general public are the reflections of the success of this Program.

Certain issues have been encountered during the implementation of QA program. The lack of Common Waste Treatment Facility (CWTF) has been an huge obstacle in Biomedical Waste Management. Irregular supply of drugs and communities, and delayed release of funds have also been encountered by our public health facilities.

The State QA Committee has selected two district hospitals ,i.e Champhai and Kolasib District Hospitals to be the next focus for NQAS Certification.Keeping in mind the need for sustenance, Kayakalp Monitoring visits has been planned to be conducted quarterly in the District Hospitals.

Swachhata Fortnight

State Level		
Name of Activity	Target	Achievement
1.Launching of Swachhata Fortnight	1	1
2.Swachhata Fortnight Activities	Ongoing activity(1 st - 15 th April 2018	
a)Shramdhan at State NHM office,Dintha	1	To be held on 13 th April 2018
b)Observation of World Health Day	1	1
3.Submission of Swachhata Fortnight Weekly Report of activities conducted within the state during 2 nd - 7 th April 2018 in the form of pictures and videos.	3	1 (2 nd weekly report to be submitted on 17 th April 2018 and consolidated report to be submitted by 20 th April 2018)
District Level		
Name of Activity	Target	Achievement
Launching of Swachhata Fortnight at CMO level.	9	9
Shramdhan at CMO level	18	18
Observation of World Health Day on 7 th April 2018	9	9
Campaign focusing on school and anganwadi sanitation, personal and home hygiene and vector control.	9	Ongoing activity (11 th - 14 th April 2108)
Facility Level (Distrct Hospital/CHC/SDH/PHC)		
Name of Activity	Target	Achievement
Swachhata Fortnight Activities	Ongoing activity(1 st - 15 th April 2018)	
Launching of Swachhata Fortnight at District Hospital	9	9
Launching of Swachhata Fortnight at CHC	9	9
Launching of Swachhata Fortnight at SDH	2	2
Launching of Swachhata Fortnight at PHC	57	57
Shramdhan at District Hospital	18	18
Shramdan at CHC	18	18
Shramdhan at SDH	4	4
Shramdhan at PHC	114	114
Spreading cleanliness awareness to patients	77	77

and attendants at DH,SDH,CHC and PHC		
Observation of World Health day on 7 th April 2018 at DH,SDH, CHC and PHC	77	77
Training of staffs on cleaning,house keeping,biomedical waste management and infection control at DH,SDH,CHC and PHC	77	Ongoing activity (11 th - 14 th April 2108)

National Deworming Day February 2018



XVII. ACHIEVEMENTS UNDER SCHOOL HEALTH (WIFS)



OBJECTIVE	Promotion of Adolescent Health.
ACTIONS	Prevention of Nutritional Anaemia.
SUCCESS INDICATORS	Number of beneficiaries receiving Weekly Iron Folic Acid Supplement.

Total No. of schools covered	1571
No of Anganwadi Centres	2244
No. of school going boys & girls (M/S – HSS)	104192
Out of school girls	15184
Target adolescent population	119376
School Teachers (M/S – HSS)	12028
Anganwadi Workers	2244
Anganwadi Helper	2244
IFA Coverage: April 2016– March 2017	Percentage
April 2017	80.79%
May 2017	56.57%
June 2017	65.42%
July 2017	57.34%
August 2017	79.20%
September 2017	76.13%
October 2017	75.94%
November 2017	73.17%
December 2017	74.92%
January 2018	86.72%
February 2018	79%
March 2018	80%

XVIII. Achievements under Rashtriya Kishor Swasthya Karyakram (RKSK)

Adolescent Friendly Health Services (AFHS)

AFHS is one of the three components of Rashtriya Kishore Swasthya Karyakram (RKSK) and is basically an expansion of Adolescent Reproductive & Sexual Health (ARSH) previously carried out under NHM. It is implemented with the aim of improving the health and well-being of adolescents aged 10-19 years so that they are able to realize their full potential by making informed and responsible decisions related to their health and well-being.

AFHS programme is currently implemented in 5 RKSK districts. i.e. Champhai, Mamit, Lunglei, Lawngtlai and Saiha.

Achievements under AFHS in FY 2017 – 18

Districts implementing RKSK	5 Districts(Champhai, Lunglei, Lawngtlai, Mamit and Siaha)	
Total no. of AFHCs/Youth Clinics	49	
Total no. AFHCs/Youth Clinics functional in the state	Functional	Non-Functional
	36	13
Total no. of Adolescent population in 5 RKSK Districts	159806	
Total no. of Clients registered in AFHCs during reporting period	16968	
Total no. of Clients who received clinical services out of total no. of registered clients in AFHCs during the reporting period	16272	
Total no. of Clients who received counselling services in AFHCs out of total no. of registered clients during the reporting period	14661	
Total no. of Clients referred (from AFHCs) to other facilities out of total no. of registered clients during the reporting period	2653	
Average client load per clinic per month	52	

Weekly Iron Folic Acid Supplementations (WIFS)

WIFS was launched to reduce the prevalence of anaemia in the age group of 10 – 19 years. Iron Folic Acid(WIFS) is administered to all govt. and govt. aided school children on a weekly basis and to out of school adolescent girls through AnganwadiCentres.



Targets and achievements under WIFS during FY 2016-17

Total No. of schools covered	1571
No of AnganwadiCentres	2244
No. of school going boys & girls (M/S – HSS)	104192
Out of school girls	15184
Target adolescent population	119376
School Teachers (M/S – HSS)	12028
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IFA Coverage: April 2016– March 2017	Percentage
April 2017	80.79%
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November 2017	73.17%
December 2017	74.92%
January 2018	86.72%
February 2018	79%
March 2018	80%

Community Process (Peer Educators)

Peer Educator aims to ensure that adolescents or young people between the ages of 10-19 years benefit from regular and sustained peer education covering nutrition, sexual and well-being of adolescents from 5 selected districts v.i.z., Champhai, Lawngtlai, Lunglei, Mamit and Saiha under RKSK programme.

Achievement under Peer Educators for FY 2017-18

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

Menstrual Hygiene Scheme (MHS)

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

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



XIX. RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

The 'Child Health Screening and Early Intervention Services' Program (Rashtriya Bal Swasthya Karyakram) is under Health Mission initiated by the Ministry of Health and Family Welfare in the year 2013. **It aims at early detection and management of the 4Ds prevalent in children.** The 4Ds are Defects at birth, Diseases in children, Deficiency conditions and Developmental Delays leading to Disabilities. Health screening of children is a known intervention under the School Health Program. It is now being expanded to cover all children from birth to 18 years of age.

Health conditions identified for screening under RBSK:

Defects at birth	Deficiency	Diseases	Disability
1. Neural Tube Defect	10. Anaemia especially Severe Anaemia	15. Skin conditions (Scabies, Fungal Infection and eczema)	21. Vision Impairment
2. Down's Syndrome	11. Vitamin A Deficiency (Bitot spot)	16. Otitis Media	22. Hearing Impairment
3. Cleft Lip & Palate / Cleft Palate alone	12. Vitamin D Deficiency (Rickets)	17. Rheumatic Heart Disease	23. Neuro-Motor Impairment
4. Talipes equinovarus (club foot)	13. Severe Acute Malnutrition	18. Reactive Airway Disease	24. Motor Delay
5. Developmental Dysplasia of the Hip	14. Goitre	19. Dental Caries	25. Cognitive Delay
6. Congenital Cataract		20. Convulsive Disorders	26. Language Delay
7. Congenital Deafness			27. Behaviour Disorder (Autism)
8. Congenital Heart Diseases			28. Learning Disorder
9. Retinopathy of Prematurity			29. Attention Deficit Hyperactivity Disorder (ADHD)
			30. Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia (Optional)

Implementation mechanisms:

1) For new born:

Facility based newborn screening at public health facilities, by existing health professionals. Facility based newborn screening includes screening of birth defects in designated delivery points by ANMs, Medical Officers/ Gynecologists & referral of birth defects to the Centers where such cases can be managed.

Community based newborn screening (age 0-6 weeks) for birth defects:ASHA during home visits for newborn care will screen the babies born at home and the institutions till 6 weeks of age.

ASHAs will be trained with simple tools for detecting gross birth defects. Further ASHAs will mobilize caregivers for screening by the dedicated Mobile Health Team.

2).For children 6 weeks to 6 years:Aanganwadi Centre based screening by the dedicated Mobile Health Teams

3).For children 6 years to 18 years: Government and Government aided school based screening by dedicated Mobile Health Teams.

ACHIEVEMENTS :

- 1. Facility Based Screening of 0-6weeks:** A total of 9172(male-4715, female- 4457) were screened during FY 2017-18.Fourteen childrenwith birth defects were detected: Neural tube defect 1 (male), cleft lip &cleft palate 9 (4males, 5 females), club foot 4 (2 males, 2 females).
- 2. RBSK Dedicated Mobile Health Teams:**RBSK Dedicated Mobile Health Team comprises of two Medical Officers, 1 male and 1 female (preferably AYUSH M.O.as per GOI guideline), one Pharmacist and one Health Worker. Mobile Health Teams 29 teams in no. operate from 9 health district headquarters. Dedicated vehicles are made available for these mobile health teams at each district so that they will be able to carry out their assigned task.

1) Number of children screened by RBSK mobile health teams

Age Group	Male	Female	Total
6 weeks to 3 years	34989	36573	71562
3 years to 6 years	17218	17284	34502
6 years to 18 years	52690	56446	109136
Total	104897	110303	215200

2) No. of children found Positive for selected Health Conditions

Age Group	Male	Female	Total
0 weeks to 6 weeks	1763	1742	3505
6 weeks to 6 years	3119	3085	6204
6 years to 18 years	9054	10430	19484
Total	13936	15256	29192

3) Number of children referred

Health Facility	Male	Female	Total
CHC	1556	1524	3080
DH	3233	3384	6617
DEIC	2970	3410	6380
Total	7759	8318	16077

XX. STATE BLOOD CELL (SBC) MIZORAM

State Blood Cell was launched in Mizoram since October, 2016 and currently, the Programme is implemented in eight (8) districts

Goal

- Adequate, safe supply of blood and blood components. Strengthening Blood Banks and Blood Storage Centres in terms of technical knowledge, manpower, equipments and consumables.
- At present, there are 10 licensed Blood Banks in Mizoram, 8 are Govt. owned & 2 are private owned. There are 12 (Twelve) Blood Storage Centres (BSCs) and 2 (Two) Blood Storage Centres i.e, State Referral Hospital, Falkawn and Mizoram State Cancer Institute (MSCI), Zemabawk, are proposed for upgradation to Blood Bank

Achievements

- ☐ State Blood Cell established at Directorate of Hospital & Medical Education
- ☐ 16 staff recruited so far
- ☐ Haemovigilance software and e-RaktKosh software installed in all Blood Banks



Procurement:

- ☐ **Blood Bank:** Blood Bank Refrigerator (600 Litre), Refrigerator for kits and reagents storage, ELISA Reader with Washer, Blood Collection Monitor with Agitator, Dielectric tube sealer, Electric Needle Destroyer, Binocular Microscope, Mechanical shaker for serological test, Cell Counter, Chemical Balance, Table Centrifuge with Digital Display, Weight Equipment for General Check-up, Water Bath (Serological) was completed for 8 Blood Banks.
- ☐ **Blood Component Separation Unit:** Deep Freezer (-80o C), Deep Freezer (-40o C), Refrigerated Water Bath (Cryo-Bath), PH Meter, Plasma Thawing Bath, Refrigerated Centrifuge (Cryofuge), Platelet Incubator cum Agitator, Sterile Connecting Device, Plasma Expressor (Manual), Digital Double Weighing Scale for Blood Bag Centrifuge Bucket Equalizer was completed for 8 Blood Banks.
- ☐ Solar Blood Bank Refrigerator, Refrigerators, Binocular Microscope was completed for 12 Blood Storage Centres.
- ☐ **Blood Collection & Transportation Van:** For Civil Hospital Blood Bank.



□ Double Blood Bag, Triple Blood Bag, HIV Elisa Kit, Hepatitis B Elisa Kit, Hepatitis B Rapid, Hepatitis C Elisa Kit, Hepatitis C Rapid, VDRL (RPR) Test Kits & Malaria Test (Antigen) was completed for 10 Blood Banks.

□ Drugs and Supplies for Blood Services and Blood related disorder being procured.

Training:

□ **Training cum Review Meeting of Blood Bank Officers, Medical Officer i/c of Blood Storage Centres and Lab Technician on Strengthening of Blood Services** on 2nd December, 2016

□ **Training of Trainers for Strengthening of Blood Services & e-RaktKosh** from 24th to 29th July 2017 at National Institute of Biologicals, Delhi - 9 doctors, 1 State Coordinator and 20 Lab technicians were sent for Hands-on training

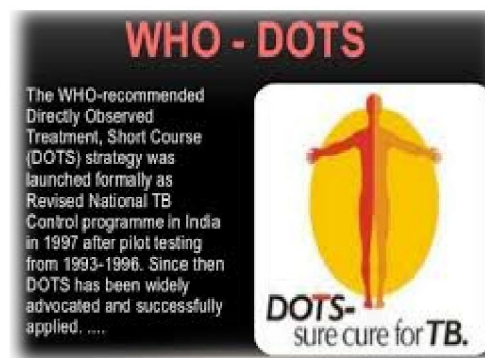
□ **Workshop on Strengthening of Blood Services & Haemovigilance** was organised on 29th & 30th August 2017 at Assembly Annexe, Aizawl.

XXI. REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP)

- ✚ **Total TB Case Notification** during 2017 – 164 per lakh population against the expected 208 per lakh population (1931 patients from Public Sector and 44 patients from Private Sector. The projected population of Mizoram for 2017 was 12.04 lakhs in RNTCP)



- ✚ **Success Rate of New TB Cases** during 2017 – 93% where 90% is the expected value.
- ✚ **Success Rate of Previously Treated TB** cases during 2017 – 81% where 85% is the expected value.
- ✚ **Total number of MDR TB patients put on treatment** during 2017 – 74. All patients diagnosed with MDR-TB are expected to be put on treatment.
- ✚ **Success Rate of MDR-TB patients** during 2017 – 49%



**XXII. State Vector Borne Diseases Control Programme,
Mizoram**



1. Demographic Profile:

Sl. No	Name of District	No of Villages	No. of PHC	No. of M.C	No. of CHC	No. of UHC	Nos. of Sub-Centre	No. of Clinic
1	Aizawl West	93	5	8	1	3	37	29
2	Aizawl East	116	6	11	3	4	55	33
3	Kolasib	45	5	7	1	0	26	8
4	Mamit	82	6	8	1	0	33	6
5	Champhai	102	12	14	2	0	59	27
6	Serchhip	41	5	7	1	0	27	4
7	Lunglei	185	9	14	1	2	70	18
8	Lawngtlai	179	5	8	1	0	37	2
9	Saiha	82	4	5	0	0	26	12
TOTAL		925	57	82	11	8	370	139

2. Human Resources:

a. Regular Staff:

Name of Post	No. of Post	In position
Joint Director (Mal) Cum SPO (VBD)	1	1
Dy. Director (Mal)	1	1
DMO/DVBDCO	NIL (9 SMOs Designated as DMOs)	9 SMOs Designated as DMOs
AMO	3	3
Malaria Inspector	8	8

b. Contractual Staff:

Name of Post	No. of Post	In Position
State Public Health Consultant	1	1
Monitoring & Evaluation Consultant	1	1
Procurement & Supply Chain Management Consultant	1	1
Information, Education & Communication Consultant	1	1
Finance & Accounts Consultant	1	1
District Vector Borne Diseases Project Officer	9	9
Statistical cum Account Assistant	1	1
Malaria Technical Supervisor/VBDTS	22	22
Secretarial Asst. Cum DEO	2	2
Accountant cum DEO	9	9
Entomologist	1	1
Insect Collector	2	2
Total	51	51



3. Malaria:

a. Epidemiological Situation:

Name of District	Population	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	266110	52212	14164	37503	51667	78	58	20	0	19.42	0.29	0.15	0.04	25.64	0.05	0.02
Aizawl West	180485	27005	10314	16653	26967	73	41	32	0	14.94	0.40	0.27	0.12	43.84	0.10	0.05
Lunglei	161173	31066	19798	11238	31036	1479	156	1323	0	19.26	9.18	4.77	4.26	89.45	2.10	1.89
Saiha	61667	5916	5783	133	5916	192	43	149	0	9.59	3.11	3.25	2.52	77.60	18.80	3.01
Kolasib	88416	18855	14941	3911	18852	119	55	64	0	21.32	1.35	0.63	0.34	53.78	0.49	0.33
Mamit	84666	19573	14759	4819	19578	785	52	733	0	23.12	9.27	4.01	3.74	93.38	1.70	1.60
Champhai	139577	14512	6634	6570	13204	6	2	4	0	9.46	0.04	0.05	0.03	66.67	0.05	0.03
Lawngtlai	145678	34246	24484	9427	33911	2974	331	2643	2	23.28	20.41	8.77	7.79	88.87	4.57	3.95
Serchhip	66206	12790	7529	4941	12470	9	3	6	2	18.84	0.14	0.07	0.05	66.67	0.02	0.02
TOTAL	1193978	216175	118406	95195	213601	5715	741	4974	4	17.89	4.79	2.68	2.33	87.03	0.88	0.73

4. IRS Operation:

a. 1st Round:

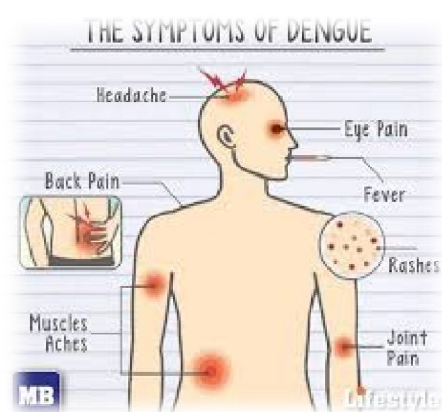
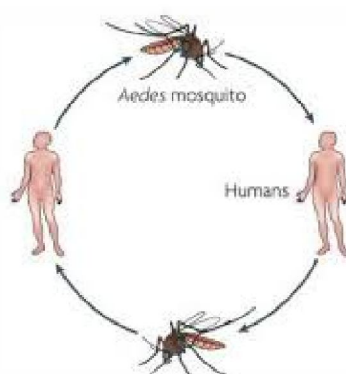
Name of District	Tot. Population	Planned Date for Spray	Date of Spray	Stock position (in Kgs)			Coverage								
				Qty. of Insecticide received	Qty. of Insecticide used	Qty. of Insecticide balance	Total No. of Houses	No of Houses Sprayed	% of House sprayed	Total No. of Rooms	Rooms completely sprayed	Rooms Partially Sprayed	% Rooms completely sprayed	Population in sprayed houses	% Population protected
Aizawl West	11949	01.03.2016	02.03.2016	1175	375	800	2531	1497	59.15	4881	1189	3692	24.36	8027	67.18
Aizawl East	6124			850	380	470	1225	1149	93.80	2469	1502	967	60.83	5685	92.83
Kolasib	14952			900	400	500	2938	1989	67.70	5962	3181	2154	53.35	8507	56.90
Mamit	82396			330	130	200	17100	12656	74.01	26631	17695	8936	66.45	57282	69.52
Champhai				Not Covered											
Serchhip	8858			750	150	600	1759	1054	59.92	2746	233	2513	8.49	5428	61.28
Lunglei	100994			9441	5557	3884	19774	16345	82.66	38956	30478	8478	78.24	80307	79.52
Lawngtlai	101491			6325	3065	3260	20929	16254	77.66	39230	27811	11199	70.89	76424	75.30
Saiha	14932			925	425	500	3471	1867	53.79	7736	3613	4123	46.70	7247	48.53
Total	341696	N.A	N.A	20696	10482	10214	69727	52811	75.74	128611	85702	42062	66.64	248907	72.84

b. 2nd Round:

Name of District	Tot. Population	Planned Date for Spray	Date of Spray	Stock position			Coverage								
				Qty. of Insecticide received	Qty. of Insecticide used	Qty. of Insecticide balance	Total No. of Houses	No of Houses sprayed	% of House sprayed	Total No. of Rooms	Rooms completely sprayed	Rooms Partially sprayed	% Rooms completely sprayed	Population in sprayed houses	% Population protected
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Aizawl West	12413	01.06.2015	01.06.2015	800	800	0	2544	1233	48.47	4881	1532	3349	31.39	7384	59.49
Aizawl East	6136			470	470	0	1231	1129	91.71	2467	1226	1241	49.70	5772	94.07
Kolasib	14952			500	500	0	2645	2034	76.90	3955	2083	1692	52.67	9552	63.88
Mamit	77507			200	200	0	15236	9171	60.19	20466	12648	7818	61.80	43536	56.17
Champhai				Not Covered											
Serchhip	8975			600	600	0	1757	829	47.18	2223	58	1592	2.61	3794	42.27
Lunglei	100994			3884	3884	0	17649	14180	80.34	36639	27477	10836	74.99	68464	67.79
Lawngtlai	101491			3260	3260	0	20315	15604	76.81	35841	25888	9953	72.23	70226	69.19
Saiha	14932			500	500	0	3471	1911	55.06	7736	3767	3969	48.69	7382	49.44
Total	337400	N.A	N.A	10214	10214	0	64848	46091	71.08	114208	74679	40450	65.39	216110	64.05

5. Dengue Situation:

District	Dengue			
	suspected cases	samples Taken	Confirmed cases	Death
Aizawl West	308	308	41	0
Aizawl East	370	370	60	0
Lunglei	229	229	18	0
Saiha	5	5	0	0
Kolasib	59	59	10	0
Mamit	15	15	1	0
Champhai	13	13	3	0
Lawngtlai	9	9	2	0
Serchhip	10	10	1	0
TOTAL	1015	1015	136	0



XXIII. DISASTER MANAGEMENT



**Disaster
Management**

INTRODUCTION : For the purpose of SDG, Disaster Management and Trauma have been clubbed together. Trauma Centres are planned to be constructed at the following district Hospitals :

Level – II

- a) Civil/District Hospital, Aizawl

Level - III

- b) District Hospital, Kolasib
- c) District Hospital, Serchhip
- d) District Hospital, Lunglei
- e) District Hospital, Champhai
- f) District Hospital, Lawngtlai
- g) District Hospital, Siaha

Disaster Management Cell had been set up under the Office of Principal Director. Every district under CMO and every District Hospital under Medical Superintendent/Dy. Medical Superintendent has prepared a Disaster Management Plan and Quick Response Teams are in place.

1. TARGET

Setting up of Trauma Centers by the end of Financial Year 2018 – 2019 at the following District Hospitals :

Level – II

- a) Civil/District Hospital, Aizawl

Level - III

- b) District Hospital, Kolasib
- c) District Hospital, Serchhip
- d) District Hospital, Lunglei
- e) District Hospital, Champhai
- f) District Hospital, Lawngtlai
- g) District Hospital, Siaha

2. ACHIEVEMENT BOTH FINANCIAL AND PHYSICAL

- 1) DPR for construction of Level – II Trauma Centre is being prepared to be submitted to Government of India for approval.
- 2) Selection of firms to prepared DPR and construction of Level – III at the District mentioned above is in the process.

3. OUTCOMES/OUTPUT/Socio-Economic impacts/Results :

To be determined after establishment of Trauma Centers.

4. PROBLEMS AND CHALLENGES IN THE STAGE OF IMPLEMENTATION :

- 1) The Trauma Centre at Aizawl could not be immediately established due to a land dispute at the proposed site. However, this problem has now been resolved.
- 2) Disaster Management lacks funding therefore IEC, training and procurement of equipments etc. cannot be done.

5. OPPORTUNITY/ENDOWMENT CONCERNING THE SECTION/FUTURE PERSPECTIVE :

- 1) The Hospital is situated at the heart of the city and is approximately only 4 Kms away from the highway. (NH – 54) Any road traffic accidents occurring and the NH – 54 within a radius of approximately 50 Kms i.e. Kolasib – Aizawl – Serchhip can be catered to.
- 2) Population (Catchment area) – It will cater to the whole of Aizawl City
- 3) Any road traffic accidents occurring and the NH – 54 within a radius of approximately 50 Kms adjacent to the respective districts capital where the Trauma Centre is proposed to be built can be catered to.
- 4) Population (Catchment area) – It will cater to the whole of the respective districts capital.



XXIV. Healthcare & RSBY



RSBY is a centrally sponsored Scheme while MSHCS is State's own initiative, both health insurance schemes targeting non Government Servants (Central & State) and their dependents.

1. Targets (expected outcomes)

RSBY- targets BPL, MNREGA Job Card holders, Street Vendors and Weavers,

MSHCS- targets all non Government Servants and their dependents

The expected outcomes of both Schemes are to improve access of families to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network of Health Care Providers. Each family shall cover all eligible family members under the Scheme.

While RSBY provides hospitalization coverage upto Rs. 30,000/-, MSHCS provides coverage for meeting expenses of hospitalization and surgical procedures of BPL beneficiary members up to Rs. 70,000/- per family per year subject to limits, in any of the network hospitals, after having exhausted RSBY cover of Rs. 30,000/- only. A buffer floater amounting to Rs. 2,00,000/-, over and above the normal cover can be availed of individually or collectively, by members of the BPL family suffering from below listed critical illness. APL families will avail benefits only under this critical illness cover within a sum insured of Rs. 3,00,000/-. This buffer floater will be made available for beneficiaries with identified critical illness. The cover is on family floater basis.

2. Achievements both financial and physical

Mizoram State Health Care Scheme & RSBY Report							
		Claims received	Claims paid Nos.	Paid Amount (Rs)	Target Pop	Total Enrolled	% Enrolled
1 st April 2016 - 31 st March 2017	Health Care	7029	6,603	169,878,390	NA	115,221	NA
	RSBY	21235	20,251	108,050,862	244,280	194,886	80
1 st April 2017 - 31 st March 2018	Health Care*	3643	2,900	77,592,880		125,459	
	RSBY		6,659	34,713,969	244,280	194,886	

*Claims received/paid under Health Care is up to October, 2017

XXV. AYUSH & Medicinal Plant Board :

AYUSH in Mizoram is a sunrise sector, since its inception in 2001 in Mizoram and following the guidelines of Department of AYUSH, Government of India, it's developed by leap and bounds, however due to lack of man-power, and lack of awareness implementation of the programme is yet to gets momentum.



POLICY :

- a) Government of India policy to integrate to integrate & mainstream AYUSH with modern medicines ongoing health programmes.
- b) Government of India policy to include traditional forms of Indian treatment in the universal health insurance scheme.
- c) Complete integration of all plans for health and human development, education and social welfare, housing, water supply and sanitation.

TARGETS :

- a) Co-location of AYUSH facilities at PHCs, CHCs and District hospitals.
- b) Upgradation of existing AYUSH Hospitals.
- c) Supply of essential drugs to AYUSH Hospitals and Dispensaries.
- d) Public Health Outreach activity.
- e) School Health programme.
- f) Behaviour Change Communication.

ACHIEVEMENTS :

1. 50 Bedded Integrated AYUSH Hospital

50 Bedded Integrated AYUSH Hospital at Thenzawl was Inaugurated on 27th October 2016. It functions under 1 R.M.O, 3 Homoeopathic AYUSH doctors, 3 Ayurvedic doctors and 41 supporting staff who are recruited as per the guideline of Ministry of AYUSH under contractual basis.

2. Drugs Testing Laboratory

Appointment of Full component of staff, provided as per the scheme of the Ministry of AYUSH, Government of India has been done on June, 2016. At present there are 8 staffs.

3. Construction of AYUSH OPD & IPD

Construction of AYUSH IPD at Tlabung sub district Hospital and Hnahthial CHC and OPD building at Thingsulthliah and Haulawng PHC was completed.



4. AYUSH Gram

Under AYUSH Gram activities fourteen villages were selected (Thingsul-tlangnuam, Sihphir, Ailawng, Sihhmui, Hualtu, Phulpui, Sesawng, Baktawng, Chhingchhip Mualpui, Tlungvel, Seling, Khamrang, Khawbel & Hmuntha) for adoption of method and practice of AYUSH way of life and interventions of health care.

5. Public Health Outreach Activity

For solving community health problems and by improving health status of the population Free Health camp/Free clinic and awareness campaign was conducted at Kolasib, N.Vanlaiphai, Seling, Reiek, Biate, Central Jail, Phulpui, Chanmari(Aizawl) & Venghnuai(Aizawl) in which medicine was supply at free of cost to the entire patient who attended the health camp.

6. School Health Programme

The main focus of school health programme is to address the health needs of school going children both physical and mental through providing AYUSH services. School health programme was carried out by AYUSH Medical Officers in a selected Govt.middle school at every district in the state.

7. Behavior Change Communication(BCC)

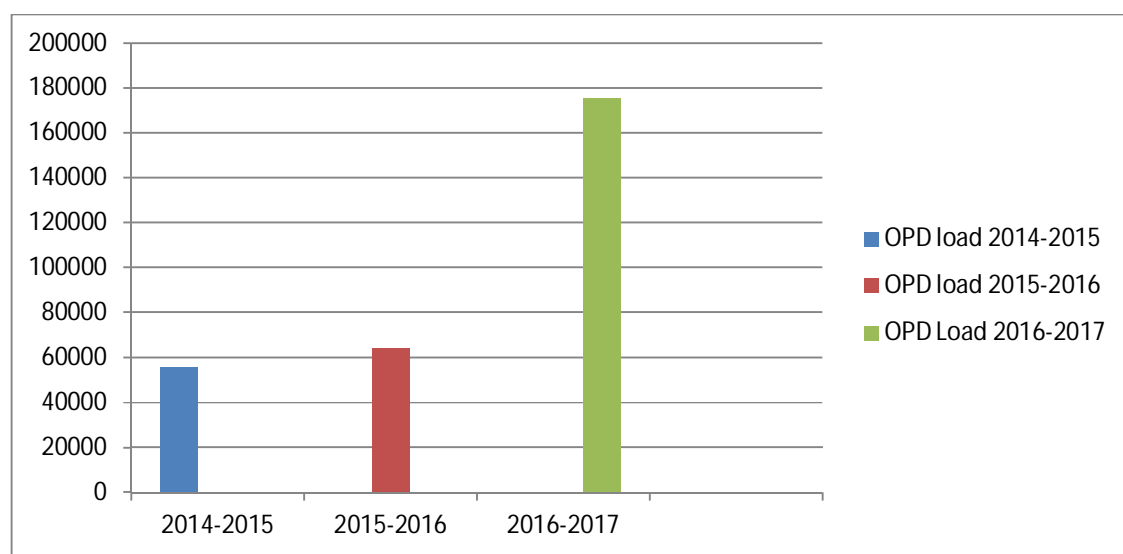
Under Behavior change communication, advertisement and documentary film were given to local cable t.v's and newspaper, sponsorship were given to the NGO's in order to promote and encourage AYUSH way of life and health care.

FACTS AND FIGURES TO SUPPORT THE TARGETS AND OUTCOMES :

The following table shows the patient load of OPD :-

	Name of district/	AYUSH OPD LOAD	AYUSH OPD LOAD	AYUSH OPD LOAD
S/n	Facility	2014-2015 No. of Patient	2015-2016 No. of Patient	2016-2017 No. Of Patient
1	Civil Hospital Azl.	11983	12762	23651
2	LUNGLEI DH	7448	8079	17952

3	SAIHA DH	5934	5955	17173
4	LAWNGTLAI DH	4876	4900	N.A.
5	KOLASIB	6811	6981	15462
6	CHAMPHAI	3979	4110	9878
7	SERCHHIP	3827	3900	8735
8	MAMIT	1452	1850	8787
9	SAITUAL, CHC	2192	1,800	N.A.
10	CHAWNGTE, CHC	1329	1429	4566
11	THENZAWL, CHC	1256	1792	5696
12	KHAWZAWL, CHC	718	1357	7502
13	SAKAWRDAI, CHC	1567	1663	4815
14	HNAHTHIAL, CHC	699	1219	5625
15	TAWIPUI 'S' PHC	1119	1219	4646
16	VAIRENGTE, CHC	489	853	5146
17	THINGSULTHLIAH, CHC	N.A	1036	4803
18	HAULAWNG, PHC	N.A	735	3991
19	N.VANLAIPHAI, PHC	N.A	1122	5275
20	TLABUNG, SDH	N.A	2580	4569
21	LENGPUI, CHC	N.A	950	4500
22	BIATE, CHC	N.A	853	7236
23	SAIRANG, CHC			5422
24	Integrated AYUSH Hospital. Thenzawl	N.A.	N.A.	12654(wef Nov'16)
TOTAL		55679	67,145	175,430



The graph shows that there is an uprise in the out-patient department in the year 2016-2017 as the Awareness campaign carried out has impact on the community. This is the result of initiatives taken out by the National AYUSH Mission by organising public health outreach activity and free health camp for schools both in urban and rural areas.

II. STATE DRUG TESTING LABORATORY :

The State of Mizoram established a State Drug Testing Laboratory for Quality Control of ASU&H Drugs in the year 2006. Appointment of Full component of staff, provided as per the scheme of the Department of AYUSH, Government of India has been done on September, 2009. DTL is now functioning with Scientific Officers and Lab. Analyst under the supervision of Deputy Director (AYUSH).

Present activity of Laboratory:

- a. Standardization of different single and compound drug samples (Identity, Purity and Strength) which are either corporate/not corporate as per API, HPI and AFI.
- b. Analytical quality control of drug sample marketed within the state.
- c. Microbiological testing and analysis of ASU & H drugs as per API and HPI.
- d. Chemical testing and analysis of ASU & H drugs as per API and HPI.
- e. Microscopical and macroscopical study of plants used in single and compound ASU & H drugs as per API and HPI

Activities Undertaken by State drug Testing Laboratory :

1.Seminar Programme on

- Drugs & Cosmetic as amended by Drugs & Cosmetics (amenddment) Act, 2008
- GMP
- Manufacturing marketing license

2. Awareness Campaign on

- Local medicinal plants
- Process of manufacturing & maintainig of drugs sterility

3. Lecturing on chemicals testing of AYUSH Drugs

4. Survey & Collection of local medicinal plants

III. STATE MEDICINAL PLANT BOARD

Activities undertaken by SMPB for the financial year 2016-2017

- 365 days National Awareness Campaign on Medicinal Plants, formation of Clusters under SMPB at different districts and villages of Mizoram.
- Regular participated on different fairs and exhibitions
- Launch event of National campaign and National Seminar at Jaipur, Rajasthan
- 7th world AYURVEDA and AROGYA expo at Kolkata
- Destination North-East 2017 at Chandigarh
- Bio Resources Fairs for marketing and promoting of medicinal plants at Lammual, Aizawl

- Organized workshops, seminars ,quiz competition on Medicinal Plants
- Conduct training programmes for farmers, local medicinal practitioners
- Spot verification on various medicinal plants cultivation lands with GPS system
- Plantation of Medicinal Plants
- Established of small amla nursery
- Cultivation of Medicinal plant species like Amla, Aloe vera, Agar, Chirata, Syonaka through addition of new areas under improved varieties to meet market demand
- Construction of water tanky for cultivation at keifang, Aizawl District
- Notice of common uses of Medicinal Plants display on hoardings and banner for public
- Development of IEC printed materials like Pamphlets, key rings, T-shirts
- Industrial buy-back arrangement for Medicinal Plants under National AYUSH Mission.

PROBLEM FACED DURING IMPLEMENTATION:

- Delay in release of funds from State Treasury
- Facilities for Quality control of raw material medicinal plants.
 - a) Storage
 - b) Drying Shed
 - c) Packaging

MIZORAM STATE MEDICINAL PLANTS BOARD RECOGNITION AS IMPLEMENTING AGENCY:

During the Financial year 2015-16 MIZORAM SMPB was recognised for the first time as implementing agency for implementing various programmes and schemes of NMPB and NAM in the State of Mizoram.

The VISION of State Medicinal Plants Boards : Mizoram

- Nursery - For the exploration and development of planting materials of different indigenous species with different variety.
- Cluster Cultivation – For the mass cultivation in all districts of Mizoram.
- Storage Go Down – For collection of harvest in each Districts of Mizoram.
- Drying sheds / Sorting – Each Districts of Mizoram.
- Processing Unit – For processing and value addition.
- Primary Processing Unit - State Capital and centrally located District.
- SMPB Hut / Mandi – Each District.
- Herbal Garden Cum Demonstration Plot - Home, School, Institutional, Public, on each District.
- Seed / Germ Plasm centre – For State.
- Conservation through Multi-pronged strategy
- Multimedia Campaign – Medicinal Plant species specific campaign through multimedia.
- Training Programme and Capacity Building - For cultivation, conservation, GAP's, GFCP's, GMP's, Storage, PHM and market information for the state.
- Publication - For Magazines and Newsletter on different aspects of medicinal plants.
- Marketing - For establishing and generating market benefit for both growers and buyers.

XXVI. PC & PNDT (Prohibition of Sex Selection) Act, 1994

1. 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.

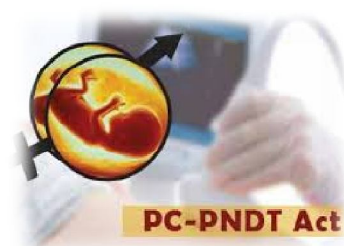
3. ACHIEVEMENTS (PHYSICAL & FINANCIAL)

PHYSICAL:

- 1) Number of State Supervisory Board meeting held : 2 (two)
- 2) Number of Advisory Committee meeting held : 3 (three)
- 3) Number of Appropriate Authority meeting held : 4 (four)
- 4) Number of fresh Registration granted during 2017 : 6 (six)
- 5) Number of Renewal of Registration granted during 2017 : 7 (seven)
- 6) Number of District inspected by SIMC during the year 2017 : 6 (six)
- 7) Status of implementation of Six Months Training during the year 2017:
 - a) Number of CBA exam conducted : 1 (9th March 2017)
 - b) Number of candidate clearing CBA : 4
 - c) Number of candidate completing six months training : 2
 - d) Number of candidate on going six months training : 1

4. OUTCOMES/OUTPUT/SOCIO-ECONOMICS IMPACTS/RESULTS:

- 1. Identification of unregistered and invalid ultrasound centres and increase in the number of centre doing registration.
 - Total no. of registration granted during 2017 : - 13 (thirteen)
 - Cumulative since inception of the Act : - 50 (fifty)
- 2. Increase in the number of District inspected:
 - 2016 : - 1 District
 - 2017 : - 6 District



3. Desirable child sex ratio as compared to National sex ratio:

Mizoram child sex ratio	: 970
National child sex ratio	: 919

5. OPPORTUNITY/ENDOWMENT CONCERNING THE SECTION/FUTURE PERSPECTIVE :

Remote districts and poorer section of the society are more vulnerable and unaware about the problems of sex selection and the Act & Rules pertaining to such violation. Therefore more awareness can be carried out if atleast one dedicated staff is stationed in such remote districts.

6. CHALLENGES AND STRATEGY:

1) Strengthening of Staff Faculty:

Due to shortage of manpower, PC&PNDT Act ,1994 cannot be implemented effectively in several districts such as Lunglei, Saiha and Lawngtlai district and this therefore halts the progress of strict enforcement of PC&PNDT Act& rules in such areas. Therefore attachment of more staff faculty will ensure better surveillance and monitoring of certain remote areas having skewed child sex ratio.

2) Inspection:

Inspection of all ultrasound centres is the most effective measures for implementation of PC&PNDT Act. Inspection will ensure better identification of unregistered ultrasound machine and of the violators . Therefore inspection has to be conducted on regular basis most preferably every quarter.

3) Continuation of Six Months Training Rules:

Shortage of Sonologists/Radiologists have been an issue for execution of quality medical service in several areas in the state. To resolve this problem, the ongoing Six Months Training conducted at Civil Hospital Aizawl should be continue to utilized certified doctors under such training as alternative to Radiologists in such service constrained areas.

4) Devise awareness and Disposition of PC&PNDT Act website

The problem of sex selection and declining sex ratio can be an inevitable threat in the near future in the state. To counteract this, a more frequent and meticulous awareness campaign should be carried out through advertisement in certain visual and print media.

Also a reliable and more accessible method should be arranged by setting up of PC&PNDT Act website highlighting all necessary informations and instructions about the Act. Through this website, online registration can also be initiated for Registration of Ultrasound centers making it more convenient for the applicant.

XXVII.

NATIONAL MENTAL HEALTH PROGRAMME



ORGANIZATIONAL STRUCTURE

District Mental Health Programme – implemented at **7 Districts i.e.**

1. Aizawl (1999-2000 re-established in 2016)
2. Lunglei (2006 re-established in 2016)
3. Saiha (established in 2014)
4. Champhai (established in 2014)
5. Kolasib (2016)
6. Lawngtlai (2016)
7. Serchhip (2016)

The Mental Health team consists of:

Clinical staff

Psychiatrist/ Medical Officer

Clinical Psychologist

Psychiatric Social Worker

Psychiatric Nurse

Non-Clinical Staff

Community Nurse

Evaluation & Monitoring Officer

Case Registry Assistant

ACHIEVEMENT :

OPD	:	9456
IPD	:	1483
No. of free clinic cum awareness	:	67
No. of patients seen in free clinic	:	4828
No. of awareness	:	157
No. of participants in awareness	:	12835
No. of phone call in crisis/Helpline	:	579



XXVIII. Immunization Programme

Routine Immunization

Target	Vaccine	Achievements	Percentage
Pregnant women 20456	T T	12812	62.6
Infant target 18598	BCG	15456	83.1
	OPV	16564	89.1
	IPV	12664	68.1
	Penta	16860	90.7
	Measles	15044	80.9
	Fully Immu	14766	79.4

Introduction (regularization) of fIPV 2 doses in Routine Immunization at 6th and 14th week.

- Pulse Polio Immunization

	1 st round	2 nd round	%
Target Children	115764	105198	97.9
Total Children Vaccinated	115170	104465	99.1

- Intensified Mission Indradhanush was conducted in 3 Districts- Lawngtlai, Lunglei and Mamit in Oct, Nov & Dec 2017 and Jan 2018. Oct & Nov 17 rounds could not be held as planned due to prolonged, heavy and continuous rainfall.

Achievements

Round	Session Held	No. of children vaccinated	Fully Immunized	Complete Immunized
Round I	27	201	26	15
Round II	85	773	39	78
Round III	5	56	10	5
Round IV	101	764	60	117

- State Level TOT for Measles-Rubella Vaccination Campaign was held in November 2017, all other State as well as Districts Level preparatory activities were conducted but implementation was deferred to 18th April 2018 due to some unavoidable circumstances.



XXIX . NURSING SECTION

1. No. of Nurses Trained :

M.Sc Nursing	-	1 No.
B.Sc Nursing MCON	-	25 Nos
B.Sc Nursing RIPANS	-	32 Nos
GNM	-	17 Nos
Health Worker	-	57 Nos



2. Promotion :

Nursing Superintendent	-	6 Nos
Ward Superintendent	-	14 Nos
Deputy Director Nursing	-	1 No.

3. New Appointments :

Staff Nurse	-	25 Nos
Staff Nurse (State Contract)	-	9 Nos
Lecturer MCON	-	3 Nos
Staff Nurse MIMER	-	65 + 1 Disabled Quota
Ward Superintendent (Direct)MIMER	-	31 Nos

4. Filling up of Post (under process)

Staff Nurse	-	25 Nos
Tutor (MCON)	-	5 Nos
1 Tutor and 1 Librarian Nursing School Lunglei	-	1+1 Nos

ANM/GNM Post creation & filling up for Cabinet approval – 50 post

5. Opening of ANM/GNM School :

ANM School Lawngtlai started on 16th Nov.2017 with 20 students intake per year for 2017-2018. GNM School Thingdawl Kolasib started on 18th Dec.,2017 with 20 intake per year. Construction for GNM School Serchhip Administrative cum Teaching Block and Hostel building completed. Construction of Hostel for GNM School Saiha, Champhai and ANM School Aizawl, Mamit Hostel building under process.

6. Hostel Building of MCON :

Mizoram College of Nursing hostel building for 200 students inaugurated on 02.06.2017.



7. In – Service Training :

- a) 2-Training for Administration cum Education and Research Clinical areas for Staff Nurses.
- b) 3-Training on Public Health related for Health Worker.
- c) 5-Training on Clinical Nursing for Hospital Staff.
- d) 3-Nursing Superintendent attended training on Public Administration & Sustainable Urban Development Planning on 8th – 9th March, 2018 at ATI.
- e) 10-Tutors attended State Level Orientation of Health Staff on Skill Lab and Laqshya Labour Room Quality improvement initiative on 27th March, 2018.
- f) 6-Nursing Officer attended training on Accounts Administration in Government for DDO's on 13 – 17th Nov. at ATI.



XXX. Mizoram State AIDS Control Society :

1. Mizoram SACS ICTC Target and Achievement 2017-18

<i>Sl No</i>	<i>Indicators</i>	<i>2016-17</i>			<i>2017-18</i>		
		<i>Target</i>	<i>Tested</i>	<i>+ve</i>	<i>Target</i>	<i>Tested</i>	<i>+ve</i>
1.	General Clients	51510	44997	1832	Nil	47384	2086
2.	Pregnant women	26000	25653	180	Nil	24093	176

ANC STATUS SINCE 2014

<i>Sl. No</i>	<i>Indicators</i>	<i>2016 - 2017</i>	<i>2017-18</i>
1	No. of ANC Tested	25653	24093
2	No of ANC Positive	180	176
3	No of Positive ANC initiated on ART	154	147
4	No. of Positive Delivery	178	184
5	No. of Live Birth	178	182
6	No. of Exposed infants tested for HIV (Early Infant Diagnosis)	136	122
7	Out of HIV Exposed infants, no. found positive (1st DNA PCR)	5	32
8	No of babies confirmed positive by 2nd DBS DNA PCR test	1	0
9	No. of Exposed infants tested beyond 18 months	78	89
10	No of exposed infants found HIV positive beyond 18 months	8	6
11	HIV exposed babies expired (less than 24 months)	3	0

2. BLOOD SAFETY DIVISION

S.No	ACTIVITIES	ACHIEVEMENT
1	Blood Collection	
1.1	Total Blood Collection	226248
1.2	Total Voluntary Blood Collection	21880
1.3	No of Camps organised	433
1.4	Percentage of Voluntary Blood Collection	83.36%
1.5	Total Collection at Camp	17380
1.6	Average blood collection per camp	40
1.7	Total Collection in Valentines Day	1012 units
2	Blood donation Days	
2.1	World Blood Donor day (14 th June)	Observed in all Districts

2.2	National Voluntary Blood Donation Day (1 st Oct)	Observed in all Districts
2.3	Blood for your Valentines (Valentines Day)	Observed in all Districts
3	Supervisory Visit	
3.1	Supervisory Visit was held in Blood Banks viz: Civil Hospital Aizawl, Synod Hospital Durtlang, Civil Hospital, Lunglei, Christian Hospital Serkawn, District Hospital Lawngtlai, Siaha, Kolasib & Serchhip.	
4	Training	
4.1	Blood Donor Motivator Training at Siaha	31 st May 2017
4.2	Blood Donor Motivator Training at Lawngtlai	1 st June 2017
4.3	Blood Donor Motivator Training at Serchhip	14 th July 2017
4.4	Rational Use of blood for Doctors at Lunglei	7 th Nov 2017
4.5	PFMS Training for Blood Bank Lab Tech	23 rd Feb 2018
5	Meeting	
5.1	Induction Training & Joint Meeting of AVBD	13 th Dec 2017
5.2	Review Meeting for Blood Banks	22 nd Feb 2018
5.3	National Review Meeting of BTS for SACS/SBTC @ Delhi	27 th & 28 th Mar 2018
6	Development of IEC Material	
6.1	Leaflets, Banners and Wrist Band on VBD were developed	

3. OBSERVATION OF BLOOD DONATION DAY

1) World Blood Donor Day 14th June 2017:

- The main celebration of WBDD was observed in Aizawl Chanmari YMA Hall, Hon'ble Health Minister graced the function as Chief Guest, with felicitation of Blood Donors and donors group.
- Voluntary Blood Donation Award 2017 w.e.f 1.4.16 – 31.3.17 was distributed. The award was divided in four categories namely – Religious Category, YMA Category, Institution category and Miscellaneous category.
- WBDD was also observed in all other Districts with felicitation of Blood Donors and donors group.
- Display of World Blood Donor Day Theme and Slogans on Blood Transportation Van.



2) National Voluntary Blood Donation Day 1st October 2017:

- National Voluntary Blood Donation Day was observed in all districts by having Blood Donation Motivation Campaigns and VBD Camps.
- During the month of October as a month long campaign , 49 VBD Camps conducted all over the State and collected 2242 units and achieved 86.17% Voluntary Blood Donation during the campaign.

3) Blood for your Valentine (Valentines day)



With a joint partnership of Voluntary media group, Association for Voluntary Blood Donation (AVBD) local celebrity and with robust advertising clips and IEC activities for conducting Blood for your Valentine Program, the top Officials and leader taking the lead, and since then the momentum keeps rolling till today. The program was first started in the year 2010 and keep continuing till today on 14th February (St. Valentines Day)

The blood collection on St. Valentines Day (Blood for your Valentine Program) is as follows:

S.No	District	BB blood collect	No of district Blood Collected (units)
1.	Aizawl	408	408
3.	Lunglei	145	212
4.	Serkawn	67	
5.	Lawngtlai	48	48
6.	Saiha	59	59
7.	Kolasib	61	61
8.	Mamit	47	47
9.	Champhai	99	99
10.	Serchhip	78	78
	Total	1012	1012

4. **TRAINING:**

1) Blood Donor Motivator Training:

Blood Donor Motivator Training was organized in 3 Districts for church youth leaders, NGOs, NSS, etc to promote Voluntary Blood Donor. viz Siaha (31st May 2018), Lawngtlai (1st June 2018) and Serchhip (14th July 2018).

2) Rational use of Blood Training:

held on 7th Nov 2017 at Doctor Seminar Room Civil Hospital, Lunglei for Lunglei, Lawngtlai and Siaha Districts

3) PFMS Training:

held on 23rd Feb 2018 for Lab Technicians at NIC Hall

5. **SUPERVISORY VISIT:**

Supervisory Visit was held in Blood Banks viz: Civil Hospital Aizawl, Synod Hospital Durtlang, Civil Hospital, Lunglei, Christian Hospital Serkawn, District Hospital Lawngtlai, Siaha, Kolasib & Serchhip.

6. **MEETING:**

1. Induction Training & Joint Meeting of AVBD:

Held on 13th Dec 2017 at JL Conference Hall for all Districts AVBDs

2. Review Meeting for Blood Banks:

Held on 22nd Feb 2018 at JL Conference Hall for all Blood Banks

3. National Review Meeting of BTS for SACS/SBTC and Regional Training Centers:

Held on 27th & 28th March 2018 at Delhi. DD (BTS) and AD(QM) represent from Mizoram SACS

7. **DEVELOPMENT OF IEC MATERIALS**

Leaflets, Banners and Wrist Band on VBD were developed

8. **BLOOD COLLECTION**

S. No	Activity	Achieved
1.	Total Collection	22628 Units
2.	Voluntary Blood donation	21880 Units
3.	% of VBD	83.36%
4.	VBD Camps	433
5.	Collection at camp	17380 units
6.	Average collection per Camp	40

9. Targeted Intervention (TI) Division Targets & Achievement 2017 - 18

	IDU	FIDU	FSW	MSM	Migrant
State Total Target	8840	220	905	520	25000
State Total Achieved	8940	227	851	543	25475

10. ACTIVITIES IMPLEMENTED UNDER IEC

MASS MEDIA:

Under mass media, the following activities are implemented to generate awareness on HIV/AIDS and its related issues for prevention as well as for providing better care and support services for those already infected with the virus.

SL NO.	ACTIVITIES	TARGET	ACHIEVEMENT 2017-2018
1.	TV spots at DDK, Local channels	1098	1098
2.	Radio Jingles at FM Radios	608	608
3.	Long Format TV program (discussion and talk shows)	5	5
4.	Long format Radio Program (live phone in)	4	4

XXXI. IMPLEMENTATION OF THE PROVISIONS OF THE RIGHT TO INFORMATION ACT, 2005 FOR THE YEAR 2017 – 2018 (Health Services)

I. PARTICULARS OF REPORTING AUTHORITY :

1. Name of the office : *Directorate of Health Services*
2. Number of gazetted officers : *33 nos.*
3. Names of Public Sector Undertakings, Boards, Council etc. under the Office : *Nil*
4. Name of NGOs assisted by the Department : *Nil*

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

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

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

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

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

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

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

III. IMPLEMENTATION OF SECTION 5 :

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

IV. IMPLEMENTATION OF SECTION 6 :

1. No. of applications received in the office :
= *59 nos.*
2. How many application had been assisted by the SPIO to reduce as application in writing under Sec. 6(1) (b)?
= *Nil.*
3. How many application have been referred to another Public Authorities (PAs) / Offices for providing information?
= *Nil.*
4. Amount of application fees received. Were these deposited to the Government?
= *Received a sum of Rs. 378/- (Rupees three hundred seventy eight) only for application fees which will be deposited to the Government.*

V. IMPLEMENTATION OF SECTION 7 :

1. How many applications were decided within the prescribed time limit?
= 59 nos.
2. How many applications were rejected by the SPIO? What were the main grounds for rejecting the applications?
= Nil.
3. How many applications were not decided within the prescribed limitation? What are the main reasons for not deciding the applications within limitations?
= Nil.
4. How many applications were received concerning the life or liberty of a person?
= Nil.
5. Whether applications concerning the life or liberty of a person were decided within a period of 48 hours from time of receipt of the application?
= Nil.
6. How many applicants failed to make payment of cost of providing the information? State the amount?
= Nil.
7. How many applicants belonging to BPL were provided information free of cost? And how many of them were denied information free of cost?
= - Nil -
8. How many sensorily disabled applicants were assisted by the SPIO?
= Nil.
9. How many applicants were given information free of cost due to failure of the PAs to provide the information within limitation?
= Nil.
10. In how many applications a third party was involved?
= Nil.
11. Amount of fees collected for the provisions of such information during the reported period.
= A sum of Rs. 320/- (Rupees three hundred twenty) only was collected for the provisions of such information during the reported period.

VI. IMPLEMENTATION OF SECTION 8 :

1. How many applications were denied information under Sec. 8 ? Give reasons used for denying such information.

= Nil.

2. How many applicants were given information under Sec. 8 on the ground of larger public interest?

= Nil.

VII. IMPLEMENTATION A OF SECTION 9 :

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

= Nil.

VIII. IMPLEMENATION OF SECTION 19 :

1. How many appeals have been instituted before the DAA against the actions / inaction of the SPIO in the Office?

= Nil.

2. How many such first appeals were decided by the DAA within a period of 45 days from the date of filing the first appeal?

= Nil.

3. How many first appeals were rejected?

= Nil.

4. How many first appeals were allowed?

= Nil.

5. How many 2nd appeals were preferred against the First Appellate Authority before the MIC ?

= Nil.

6. How many 2nd appeals were decided by MIC and how many appeals were pending?

= Nil.

7. How many appeals were allowed by the commission and how many were disallowed?

= Nil.

8. In how many cases the commission made recommendations and what are the actions taken by the Office on such recommendations?

= Nil.

IX. IMPLEMENTATION OF SECTION 25 :

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

X. IMPLEMENTATION OF SECTION 26 :

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

**ANNUAL REPORT UNDER RTI ACT, 2005 FOR THE YEAR 2016-2017
IN RESPECT OF HEALTH SERVICES DEPARTMENT**

Report on cases received and disposed of under RTI Act for the year 2016 – 2017.

- | | | |
|---------------------------|---|---------|
| 1. Cases Received | : | 59 nos. |
| 2. Cases Pending | : | Nil |
| 3. First Appeals Received | : | Nil |
| 4. Pending First Appeals | : | Nil |

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