

**RIGHT TO INFORMATION ACT 2005 MANUAL**  
**Health & Family Welfare Department, Government of Mizoram**

**4.(I)(b)(i) the particulars of its organization, functions and duties.**

Health & Family Welfare Department is one of the oldest Departments in Mizoram. In the year 1894, a treatment camp in a tent was started at Aizawl for laborers (coolies), which was later upgraded into a full-fledged dispensary in 1896. Subsequently, in 1896 Aizawl Hospital was made functional with 20 beds and Champhai Dispensary with 8 beds. Later on, 8 more dispensaries with 6 beds facilities were opened at Kolasib, Sairang, Lunglei, Champhai, N.Vanlaiphai, Sialsuk, Tlabung, Vahai and Tuipang in 1920.

In 1947 at the time of Independence, there was 36 bedded hospital at Aizawl and Lunglei.

Public health sector, which had a humble beginning, had now reached the status of full-fledged department i.e. Health & Family Welfare Department with two Directorate, one State Hospital, 7 District Hospitals, 9 CHCs, 57 PHCs, 366 Sub Centres, 2 Nursing School and 1(one) Health worker training school. List of Hospital, CHC, PHC, Sub Centre etc. may be seen at Appendix I.

Function of the Department is to monitor and evaluate the health services, assess the health care facilities and centres, allocate resources, measure the objectives and targets of programmes as well as to overview the developments under the Deptt., database support is given priority.

Health & Family Welfare Department has been making every efforts to make broad based data available to achieve the objectives of various programmes. It aims not only to provide information on diseases, health indicators, infrastructure facilities etc., but also the position and achievement of various health programme that are implemented by the Department in the State.

**4.(I)(b)(ii) the powers and duties of its officers and employees.**

The Government of Mizoram (Transaction of Business) Rules, 1987 seeks to define the authority, responsibility and obligations of each Department in the matter of disposal of business allotted to it. While providing that the business allotted to Health & Family Welfare Department will be disposed of by or under the direction of the Minister of Health & Family Welfare Department.

Health & Family Welfare Department is responsible for implementation of policies of the Govt. in relation to business allocated to it and also for the execution and review of those policies.

A Department is headed by Principal Secretary/Secretary Health & Family Welfare Department Government of Mizoram who is the administrative head of the Department and also principal adviser of the Minister Health & Family Welfare Department on all matters of

policy and administration within the Department. The Principal Secretary./Secretary. Health & Family Welfare Department is assisted by Joint Secretary, Deputy Secretary, 2(two) Under Secretary, 2(two) Superintendent, 6(six) Assistant Grade, 4 UDC and 4 LDC.

For execution of the policies of the Health & Family Welfare Department there is 2(two) Directorate namely; Directorate of Health Services and Directorate of Hospital & Medical Education. Each of which is headed by Director assisted by Additional Director, Joint Director, Deputy Director, E.E., Assistant Director, Superintendent, FAO, Research Officer and other clerical staff at the lower level. Organization chart of the Department may be seen at Appendix II & III.

The Directorate provides executive direction required in the implementation of the policies laid down by Health & Family Welfare Department. It also serves as repository of technical information and advises the Department on technical aspects dealt by the Department.

The Directorate has a field establishment like District Level Offices headed by Chief Medical Officer. CMO assist the Department in executing health care programme in their respective district.

In each district there are field establishment like Community Health Centre (CHC), Public Health Centre (PHC) and Sub Centre (SC).

**4.(I)(b)(iii) the procedure followed in the decision making process, including channels of supervision and accountability.**

The Government of Mizoram (Transaction of Business) Rules, 1987 provides that the business allotted to a Health & Family Welfare Department will be disposed of by, or under the direction of the Minister Health & Family Welfare Department.

Principal Secretary/Secretary Health & Family Welfare Department is the administrative head of the Department and also principal adviser of the Minister on all matters of policy and administration within the Deptt.

As and when Health & Family Welfare Administrative Department is required to make decision, dealing assistant examines, collects information, points out mistakes, mis-statements, missing data or information, draws attention where necessary to the statutory or customary procedure and points out the rational law and rules in his note and submits the case to the Superintendent. The Superintendent scrutinizes the note of the dealing hand. Record, where necessary, a note setting out his/her own comments or suggestion and submits the case to the Under Secy. who after thorough examination makes comments or suggestion and submits the case to Deputy Secy. Same process goes on till the case reaches the Minister H&FW Deptt. who takes final decision or refers the case to the Chief Minister , Government of Mizoram.

At the directorate level also dealing assistant examines, collects information, points out mistakes, mis-statements, missing data or information, draws attention where necessary to the statutory or customary procedure and points out the rational law and rules in his note

and submits the case to the Superintendent. The Superintendent scrutinizes the note of the dealing hand, record, where necessary, a note setting out his/her own comments or suggestion and distributes the cases to respective Programme Officers/Deputy Director (Administration). The Deputy Director (Administration)/P.O. after thorough examination record, where necessary, a note setting out his /her own comments or suggests measure for making decision, after which the case is submitted to Joint Director concerned. After noting his comment/suggestion, if any, the Joint Director submits the case to Additional Director. The Addl. Director finally submits the case to the Director for decision.

The cases, which are pertaining to policy or action, required to be taken by the Department or where consultation of the Department at the Govt. level is necessary. The Directorate further submits the case to the Administrative Department for decision.

At the Administrative level, Principal Secretary/Secretary Health & Family Welfare Department is accountable for all omission and commission pertaining to the Department.

At the Directorate level, respective Directors are accountable for all omissions and commission pertaining to the Directorate.

#### **4.(I)(b)(iv) the norms set by it for the discharge of its functions.**

The Department abides by the Govt. of Mizoram (Transaction of Business) Rules, 1987 and the Govt. of Mizoram (Allocation of Business) Rules, 1987 for the discharge of its function.

The Central Secretariat Manual of Office Procedure, issued by Ministry of Personnel, Public Grievances and Pension, Department of Administrative Reforms and Public Grievances as has been reproduced by the Government of Mizoram is strictly followed by the Department.

1. In general as per Manual of Office Procedure, no Official shall keep a case pending with him or her for more than seven working days unless higher limits have been prescribed for specific type of cases through departmental instructions.
2. As per the Manual of Office Procedure (Para 57-61), communications received from a Member of Parliament/Member of Legislative Assembly will be replied within 15 days.
3. In respect of Parliament/Assembly Questions, Assurances etc. time limit has been prescribed in the Manual of Parliamentary/Assembly Procedure.
4. In respect of court cases time limit stipulated in the limitation Act is followed unless a different time limit has been prescribed under the respective Acts.

#### **4(I)(b)(v) the rules, regulation, instruction, manuals and records, held by it or under its control or used by its employee for discharging its function.**

The rules, regulation and instruction issued by GOM from time to time are; The Government of Mizoram (Transaction of Business) Rules, 1987, The Government of Mizoram (Allocation of Business) Rules, 1987 and the Manual of Office Procedure are held or under the control of the Department or used by the employee of Health & Family Welfare Department for discharging its function.

**4(I)(b)(vi) a statement of the categories of documents that are held by it or under its control.**

A statement of the categories of documents that are held by the Department are classified as Class 'A', 'B' and 'C'.

- (a) Class 'A' are documents which qualify for permanent preservation for administrative purposes comprises such documents, which are so precious that its original must be preserved intact, and access to it in the original form, material likely to be required for frequent references by the Deptt. and which are of historical importance to the Deptt. like Notification Rules, Regulation, Govt. Gazette, Recruitment Rules, Annual Confidential Reports of each employees, Health Sector Programmes and major policy, Parliament and Assembly questions etc. These documents are retained for 10 years or more.
- (b) Class 'B' are documents which are required for permanent preservation for administrative purposes, but not as important as class 'A' documents, like claim for compensation, schemes, orders, sanctions issued by the Deptt. , paper regarding constitution of committees, working group, paper concerning rules, regulations, departmental guides or instruction of general application. These documents are retained for 10 years or more.
- (c) Class 'C' are those documents of secondary importance and having reference value for a limited period not exceeding 10 years, like leave application, leave order, T.A. bill, copies of miscellaneous circular, office memorandum, order of general application, telephone list, notices of holidays, tour programmes etc.

In respect of various hospitals, Case History sheet is retained for 10 years, OPD folder for 5 years and Post mortem report for more than 10 years. Post mortem report is considered to be classified item as such, the report cannot be disclosed to the public without the authority of I<sup>st</sup> Class Magistrate.

**4.(I)(b)(vii) the particulars of any arrangement that exists for consultation with, or representation by the members of the public in relation to the formulation of its policy or implementation thereof;**

Arrangement made by the Department for consultation with, or representation by the members of the public in relation to the formulation of its policy or implementation thereof is introduction of Complain Box/Suggestion Box placed at the Directorate, Hospital and other Health Centres which are attended by the Director in respect of Directorate, Medical Superintendent in respect of District Hospitals, CMO respectively.

For public general information citizen charter has been drawn-up and pasted at every Hospitals and Health Centres.

**4.(I)(b)(viii) a statement of the boards, councils, committees and other bodies consisting of two or more persons constituted as its part or for the purpose of its advice, and as to whether meetings of those boards, councils, committees and other bodies are open to the public, or the minutes of such meetings are accessible for public;**

At the Administrative level a State Public Information Officer (SPIO) has been appointed who will be responsible to deal with the public as a whole. SPIO will be the sole authority who will represent the Health & Family Welfare Department and will disclose any material in any form, including records, documents, memos, e-mails, opinions, advices, press releases, circular order, data etc. which can be accessible to the public as provided by RTI Act 2005.

At the Directorate level also, 2 (two) State Public Information Officer (SPIO) has been appointed, one for each Directorate who will be responsible to deal with the public as a whole. SPIO will be the sole authority who will represent the Health & Family Welfare Department and will disclose any material in any form, including records, documents, memos, e-mails, opinions, advices, press releases, circular order, data etc. which can be accessible to the public as provided by RTI Act 2005.

At the Hospital & District level State Assistant Public Information Officer (SAPIO) for each hospitals and districts has been appointed who will be responsible to deal with the public as a whole. SAPIO will be the sole authority who will represent the Health & Family Welfare Department and will disclose any material in any form, including records, documents, memos, e-mails, opinions, advices, press releases, circular order, data etc. which can be accessible to the public as provided by RTI Act 2005.

**4.(I)(b)(ix) directory of its officers and employees;**

**TELEPHONE DIRECTORY**

**SECRETARIAT –EPABX(2336644/2336663)**

<b>Name &amp; Designation</b>	<b>Office</b>	<b>Residence</b>
Lalrinliana Sailo Minister	2322500 Fax-2310395	2325655
F.Lalliantluanga P.S. to Minister	2322500	2327744
S.Laldingliana Parlamentary Secy.	2336637 Fax-2336638	
Vanhela Pachuau Principal Secy. IAS	2322411 Fax-322745	2341365
Ramhluni PPS to Principal Secretary	2320588	2323284
R.Lalvena Addl. Secy.	2335830	
Thanzama Jt. Secretary	2328468	2341217
K.Lalmuana Dy. Secretary`	EPABX-1400	
Vanlalmawii Ngente Under Secretary	EPABX-1411	
Zotawnlein Joute	EPABX-1421	

Under Secretary		
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**DIRECTORATE OF HEALTH SERVICES**

**EPABX - 2322640/2324612/2325340**

<b>Name &amp; Designation</b>	<b>Office</b>	<b>Residence</b>
1 Dr. N. Pallai Director	2321869 Fax – (0389) 2320169	2341913
Dr. C. Lalthanmawia Joint Director (Mal)	2328061	2348422
Dr. Lalkailiani Jt. Director (Planing)	2328062	2341913
Dr. P.Sangzuala Jt. Director (FW)	2313721	2330293
Sawihlira Joint Director (Accounts)	2318719	
Thanchunga Sr. E.E.	2318795	2361230
Dr. Rohmingthanga Ralte Dy.DHS(GEN)	328057	2340068
Dr. F.Lalhmingthanga Dy.DHS(Bln)		
Dr. Lalthantluanga SLO	2328563	
Dr. Gordon Zohmingthanga DTO	2314326	2325200
Dr. Vanlalhruaii Dy. Dir. (FW)	2328045	2326032
Lalhlimpuii Dy.Dir. (Admn.)	322284	2312140
Dr. Ramfangzauva Dy. Dir (CMS)	2346158	2351067
Dr. Lawmzuala Dy. Dir. (Mal)	2314326	2341368
Dr. C. Zosanga Dy.DHS (EPI)	2324697	2326031
Dr.Lalvawna IDSP	2317389	2326031
Dr. Lalremmawii (SH)	2316760	2328981
Dr. H.B.James NO(MP)	2315837	2346116
Biaksangi Dy. Dir. (N)	2329194	2326140
Lalsawma Pachuau ADC	2313694	2361085
P.Kaphlira	2325340	2327582

RO		
Rothangpuii Sailo Asst. Dir. (N)	EPABX 244	2322884
C.Thangchhuana SMEMO	2322498	2341952
Saprengthangi Supt. (A)	2301770	2335862
R.Zasiama HEO	2310136	2311691

**DIRECTORATE OF HOSPITAL & MEDICAL EDUCATION**

Dr. Zoremthangi Director of H& ME	2326069	2322403 / 2327778
Dr. D. Baruah Addl. Dir. Of H&ME	2328389	2322403 / 2327778
Dr. Lalrinliana Sailo Sr. Specialist	2328389	2323166
Dr. James Thanzama Sr. Specialist	2314037	2321975
Dr. John M.Ralte Nodal Officer (MH)	2316325	2312460
Dr. Pachuau Malsawma PO (Hospital)	2315210	

**Chief Medical Officers, ETC.**

Dr.R.Lalngginga	CMO 'W'	2317473(O)
Dr.Lalsawmliana	SMO 'W'	2317473(O)
Dr.Gordon Zohmingthanga	DFWMO Azl'W'	2325200(O) 2340970(R)
Dr.Laltinchhawna	DIO Azl'W'	2323208(O) 2340970(R)
Dr.Lalengmawia	CMO Azl'E'	2328818(O) 2330476(R)
Dr. Lalchungnunga	CMO, Saiha	03835 -222059/222035
Dr.F.Lallianhlira	CMO, Lunglei	2324743(O) 2324725(R)
Dr.R.B.Dey	CMO, Lawngtlai	(03838)222059(O) 222035(R)
Dr.Laltinchhawna	CMO, Kolasib	(03837)220046(O) 220045(R)
Dr.Chawngthansiami	CMO, Mamit	(03839)2565394(O) 2565339(R)
Dr.Malsawma	CMO, Serchhip	(03838)222334(O) 222205(R)
Dr.K.Ropari	CMO, Champhai	(03831)234493(O) 234367(R)
Dr.F.Lallianhlira	CMO, Lawngtlai	(03835)232515(O) 232262(R)
Dr.Lalchungnunga	SMO, Tlabung	(0372)22022(O) 22161(R)
Dr.Lalremsiama	SMO, Chhawngte	63228(O & R)

**Assistant**

Lalduhawmi	Bungkawn	23334933
Lalthansangi	Ramhlun 'S'	2344724
Lalramengi	Dinthar	2321185
C.Liansanga	Tuithiang	2324186
H.Lalbiakrema	Chaltlang	2349691 c/o
Lalawmpuii	Vaivakawn	2326075
Lalenpuii	Mission Vengthlang	
Lalsangpuia	Dinthar	2321163
Romeizami	Khatla	2322193
Saphmingthanga	Durtlang	2361634
Thantluangi	Dawrpui Vengthar	2344892
Vanneihthanga	Dawrpui Vengthar	2320719
Lalremruata	Chanmari 'W'	2349483
Hmingthanzuali	Tlangnuam	2327580

**UDC**

Biakchhawmi	Model Veng	2323365
C.Hmingthanmawii	Electric Veng	2311857
C.Laldinpuii	Durtlang	2343618
H.Lalthanmawia	Ramthar	2341693
Hranglawta	Ramhlun 'S'	2344974
Kawlramthari	Venghlui	2328138
Lalbiakzuala	Kulikawn	2325174
Lalmuanpuii	Aizawl Venglai	2327267
Lalsawmzuali	Bawngkawn	2343538
R.Lalbiakzuala	Thakthing	2312771
S.B.Tinkhannang	Ramhlun Venglai	2349414
Vanlalsawmi	Chhinga Veng	2317290
Zirkunga	Mission Veng	2333586
Zothantluangi	Thakthing	2312771
Lalmani	Venghlui	2326522
Vanlalauvi	Bungkawn	2333425
Chawngrinsangi	Mission Veng	2329006
Laltanpuia	Bawngkawn	2346120

### LDC

Lalrammuana	Republic	2327955
Lalrampari, Steno III	Tuikual	2320167
Lalrinzuali	Electric Veng	2328925
Lalthakima Steno II	Govt. Complex	2344525
P.C.Lalrinmawii	Durtlang	2361279
P.C.Lalsangzuala	Tuikual 'S'	2317457
P.C. Rozamliana	Kanaan	2348349
R.Lalchhuanmawii	Thakthing	2322588
R.Lalremruata	Khatla	2333371
Ramthanmawii	Khatla	2334300
Thanchhungi	Kulikawn	2327696
Vanlalnunpuii Steno III	Tuikual 'N'	2327760
Vanlalrema	Mission Veng	2334802
Vanlalruata	Khatla 'S'	2310781
Vanlalruati	Thuampui (Mulco)	2350643
Vanalsangi	Bungkawn	2333846
Zathangpuii	Khatla	2333112
Zirtluangzeli	Tuikhuahtlang	2321222
Zothankhumi	Ramhlun 'N'	2343295
Zothansangi Steno III	Darpui 'S'	2313944 c/o
B.Zohmangaihi	College Veng	2320411
C.Lalthlamuani	Thakthing	2323571
C.Thankimi	Venghnuai	2329862
C.V.Vanlalawmpuia	Bawngkawn 'N'	2351011
David Laldingliana	Mission Veng	2313264
F.Lalchhuanawma	Ramhlun Venglai	2340545
F.Lalremsawma	Mission Veng	2324042
K.Zokungi	Electric Veng	2317148
Laldinpuii (Nuteii)	Venghlui	2323255
Lalhmingliani	Republic Veng	2322876
Lalhmingmawia	Mission Veng	2334941

### Technical Staff

Biakliana Sailo	Projectionist	2341667
C.Lalmuankima	G.O	2347778
C.Lalthanchhunga	B.E.E	2345933
Daniel Laldingliana	Technical Asst.	2321222
H.Zothankhuma	Projectionist	2341716
Lalchhuanthanga	B.E.E	2332245

Laldinchhuaha	Lab.Asstt.	2333407 c/o
Laldingliana	NMS	2343488
K.Lalrinsiana	Projectionist	2345164
Lalbiaksanga	Lab.Tech	2342288
Jonathan	Computer Opr.	2342320
Lalhmingmawia	Comp. Opr.	2311308
Lalhmingthangi	Micros.	2344524 c/o
Lalhriliana	Electrician	2312296
Lalnuntluanga	M.I	2332338
Lalramdina Ralte	D.E.O	2322311
Lalrinfela	Electrician	2321530
Lalrinmawia	Duftry	2333143
Lalrinsiami	Vaccinator	2334008
Lalthansiana Sailo	Supdt. Pharm.	2326227
Lalthlengliana	J.E	2342266
Moses Ralte	Mechanic II	2340935 c/o
P.Rualkhuma	Malaria Mechanic	2324760
P.C. Zakhuma	Micros.	2324346 c/o
Pahlira Hnamte	Carpenter	2349632 c/o
R.L.Rozama	B.E.E	2314614
Sangngira	S.A	2328905 c/o
T.Lalvulmawia	J.E	2348083
T.Vanlalnghaka	J.E	2343863
Tlangthangpuii	CHO	2324449
V.Lalmawia	Duftry	2330503
V.L.Ruala	Artist	9862322283
Zonundanga	Comp. Opr.	2321567
Zothanmawia	Micros.	2330593

### Inspector of Stats

J.Lalramthara	Bungkawn	2335346
K.Kapchhuma	Khatla Tlang	2333005
L.Damthanga	Ramhlun 'S'	2343171
Lalchhandama	Dawrpui Vengthar	2311626
Malsawmi	Zonuam Luangmual	2332266
R.L.Vanlalhela	Model Veng	2313322
V.L.Nghahmawia	Durtlang Leitan	2361693
Vanlalhuma	Kulikawn	2326072

**GROUP 'D'**

Biaksanga,	Mission Veng	2324055 C/o
C. Lalremruata	Kulikawn	2328149
C. Lalthantluanga	Model Veng	2323365
C.B. Thapa	Hunthar	2340721
Chawngziki	Dawrpui	2322220
Dokunga	Selesih	2361538
F.Laldingngheta	Ramhlun 'N'	2345980 C/o
Germantawna	Aizawl venglai	2342557
H. Vanlalhruaia	Dinthar -I	2320308
Hlawnthanga	Dinthar	2320922
K.Lalluta	Tanhrlil	2332245 Co
K. Lalrammuana	Dawrpui Vengthar	2344892
K. Lalremruata	Mission Veng	2321124
K. Lalsiama	Ramhlun Vengthar	2343101 C/o
Lallawmpuii	Ramhlun	2347691
Lalbiaksanga	Chawnpui	2344841 C/o
Laldawngliana	Bungkawn HS Veng	2335116
Lalherliana	Khatla	2329707
Lalmangaiha	Chawnpui	2344889 C/o
Lalhrilthangi	Dawrpui Vengthar	2342614
Lalkungi	Chaltlang Venglai	2343783
Lallianmawia	Zemabawk	2351027
Lalmuanthangi	Chhinga Veng	2323612 C/o
Lalrammuana	Zarkawt	2349535
Lalrawna	N. Hlimen	2321409
Laltanpuia	Hlimen	2321409
Lalthangliana	Bawngkawn	2342129
Lalthansanga	Luangmual Vengthlang	2348767
Lalthatluanga	Chawnpui	2349229
Laltlanchhunga	Dawrpui	2324422
Laltleipuii	Chhinga Veng	2328604
Lalzidinga	Dinthar	2311586 C/o
Lawlzuali	Ramhlun 'N'	2349686 C/o
Malsawmi	Mission Veng	2329619
P.B Chhetri	Hunthar	
P.C. Lalfamkima	Chawnpui	2340253 c/o
P.C. Lalthanliana	Tanhrlil	2332321 c/o
Ralliantawna	Dawrpui Vengthar	2347181 c/o
Remthanga	Hlimen	2328371
S. Chhuansanga	Durtlang	236138 c/o

S. Hussain	Dinthar I	2321790 c/o
Sailiani	Republic	2311285
Sialaithangi	Chanmari 'W'	2345587
T. Lalzamliani	Dinthar I	2321269
T. Zolalsanga	Tlangnuam	2321754 c/o
Thangchhuana	Muabawk	2334593
Thantluanga	Bawngkawn	2344173
Thantluangi	Thuampui	2350515
Vanlalsawta	Tanhrlil	2332338 c/o
Zaikungi	ITI	2312285 c/o
Zakamlova	Ramhlun "N"	2344434
Zobela	Chawpui	2344889 c/o
Zomuamkima Ralte	Khatla	2323250
Zosangpuii	Chanmari "W"	2344459

### DRIVERS

Name	Address	Telephone No
Bawihliana	ITI	2312285 c/o
Biakthuama	Ramhlun 'S'	2348192
C. Lalrinmawia	Chaltlang	2349789 c/o
Hrangchhunga	Khatla	2326712
Hrangmuana	Luangmual	2330233 c/o
John Roliana	Dinthar	2310036
Kapkima	Melthum	2327489
Kaptluanga	Bawngkawn	2349826 c/o
L.Mangliana	Dawrpui Vengthar	2314032
Lalawmpuia	Ramhlun "S"	2348192
Lalbiakzuava	Govt. Complex	2349850 c/o
Lalengmawia	Dinthar I	2313920
Lalfamkima (Sena)	Zonuam	2345574
Lalmachhuana	Chhinga Veng	2323782
Lalmachhuana	Chhinga Veng	2313883
Lalmangaiha	Bawngkawn	2343481
Lalhmingthanga	Edenthar	2344317 c/o
Lalmuanpuia Ralte	Bethlehem Vengthlang	2329331
Lalrinmawia	Bazar Bungkawn	2321314
Lalrotluanga	Chite	2310202
Lalthanliana	Bethlehem Vengthlang	2325251 c/o
Lalthara	Electric Veng	2328908 c/o
Lalzawnga	Ramhlun "N"	2345534
Lianhmingthanga	Hunthar Veng	2344991
Malliana	Ramthar	234380
Nundanga	Kulikawn	2323382

R.Lalrinthanga	Republic	2312889 c/o
Ramengmawia	ITI	2312285
Rochanhlua	Ramhlun	2344404
Rodinga	ITI	2312285 c/o
Rohmingliana	Zotlang	2342781
Ruatkima	Ramhlun PWD Mual	2347634
Vanlalngkhaka	Khatla H/S	2323905
Vanlalngkhaka (Tea)	Khatla	2323905
Vanlalsawma	Khatla	2327496 c/o
Zaihmingthanga	Khatla 'S'	2311141
Zohmangaiha	Luangmual	2330468
Zohmingthanga	Melthum	2327489

### Central Medical Store

C.Lianchuunga	Pharmacist	2326572 c/o
F. Lalhuala	Supdt. Pharmacist	2348725
H. Hranglawmzuala	Head Pharmacist	2344359
H.Lalrinthara	Zemabawk	2354512
Hmingliana	IV Grade	2349469 c/o
K.Lalremmawia	Pharmacist	2322926
K. V. Vanlalhruaia	Pharmacist	2347058
Lalbiakthanga	Pharmacist	2329707
Laldopuia	Mechanic	2310967 c/o
Lalhuzuava	Pharmacist	2349020
Lalmalsawma	Head Pharmacist	2340688
Lalramengi	Pharmacist	2322210
Laltlanmawia	Pharmacist	2349781
Sapbevela	IV Grade	2343735 c/o
T.Lalthlamuana	Pharmacist	2340402
Thanmawia	AMO	2321559
V.L.Muana	IV Grade	2347700
Vanlalruata	Head Pharmacist	2364214

### R.C.H

K. Vanlalsiamthara	Kulikawn	
K.Lalrimawia	Thuampui	2350199
Lalliansanga	Dawrpui Vengthar	2317026
Lily Lalmanpuii	Luangmual	2340688
T.Lalthanpari	Dawrpui	2320619

### Vanaspati

C.Rosangliana	Ramhlun Venglai	2347432
H.Lalrawngbawla	Sihphir	2364940
K.Laltlanmawia		9436146115 (m)
Lalrintluangi Ralte	Chanmari 'W'	2348814
Lalhruaitluanga	Mission Veng	2325846
Lalrampianga	Zotlang	2347675
Lalmuanpuia Colney	Ramhlun 'N'	
Samuel Lalliansanga	Ramhlun 'S'	2345069
Vanlahmuaka		9436143376 (m)

### State T.B. Control Society

Dr. Malsawmtluangi Ralte	Durtlang	2361148
R.Lalhmodiki	Electric Veng	2328633
Zonundangi	Chhinga Veng	2326170
T.Vanlalkimi	Chaltlang	2340790
H.Lalmuanpuui	Kulikawn	

### Leprosy Society

Dr. Vanlalruati	Venghlui	2327057
Dr. Zonuntluangi	Durtlang	2361148
Lalsangzuali Ralte	Mission Vengthlang	2323693
Saidingliana Sailo	Mission Vengthlang	2325255

### I.C.M.R

Dr. Joseph C.Vanlalsanga	College Veng	2317180
Vanlahhriatpuui Renthlei	Ramhlun	2340562
Lalnuntluangi	Chaltlang	2344953
Daniel K.Guite	Ramthar	2327166 c/o

### I.D.S.P

K.Lalrammawia	Ramhlun 'N'	2344351
Flora Saidingpuui Sailo	Kulikawn	2320977
Sairenga Sailo	Kanaan	2343901
C.Vanlalruatlina	Venghlui	2327616
Mary Lalmalsawmi Sailo	Bungkawn	2333508
Donny Vanrammawia	Saron Veng	2311411 c/o

**District T.B. officers**

Dr. Sangthuama Ngente	DTO, Aizawl	2351010(O) 2349088(R)
Dr. Vanlalfela	DTO, Mamit	(0389)2565504(O) 2324615(R)
Dr.Lalhlimpaia	DTO, Kolasib	(03837)221516(O) 221302(R)
Dr.Laldawngliana Sailo	DTO, Serchhip	(03838)207069(O) 222556(R)
Dr.F.Lallianhlira	DTO, Lunglei	(0372)2322864(O) 2324337(R)
Dr.Rosine Hezli	DTO, Lawngtlai	(03835)233246(O) 232262(R)
Dr.K.Rakhu	DTO, Saiha	(03835)222582(O) 222125(R)
Dr. Lalbiaksiami	DTO, Champhai	(03831)235664(O) 2327338(R)

**CIVIL HOSPITAL AIZAWL**

**EPABX - 2322591/2322144/2326224/2324459**

**CASUALTY - 2322318**

**Control Room - 200**

**Operator - 201**

Sl.No	OFFICE	Number	Operation Theatre	Number
1.	Medical Supdt.	207	34. SOT	249
2.	PA to Medical Supdt.	208	35. Eye/ENT	238
3.	Dr. Sangzuala	209	36. Ortho	233
4.	Dr. Vanlalhruii	210	37. G.O.T.	229
5.	Head Assistant	202		
6.	Account Section	264	<b>OPD</b>	<b>Number</b>
7.	Nursing Supdt.	204	38. P.A.C	234
8.	Asst. Nursing Supddt.	205	39. Ortho/Psychia	218
9.	Medical Record Officer	203	40. Paediatric	220
10.	Dr. Lalrozama	212	41. Dental	252
11.	Nursing Principal	224	42. Surgery	253
	<b>WARD</b>	<b>Number</b>	43. Medicine	254
12.	Female Medical Ward	230	44. Dermatology (skin)	256
13.	ENT	231	45. Eye/ENT	257
14.	Ortho	232	46. ECG	258
15.	Female Surgical Ward	235	47. Cancer Clinic	222
16.	Eye	236	48. X-RAY	246
17.	Male Surgical	237		

18.	Intensive Care Unit	239	<b>LABORATORY</b>	<b>Number</b>
19.	Paediatric	240	49. Hematology	214
20.	Doctor Sick Room I	241	50. Biochemistry	215
21.	Doctor Sick Room II	242	51. Pathology	216
22.	MGDA Sick Room	250	52. Microbiology	217
23.	Nurse Sick Room	265	53. Blood Bank	221
24.	MMW	243		
25.	MPW-II	245	<b>QUARTERS</b>	<b>Number</b>
26.	Cabin A & B	247	54. Doctor Seminar Room	259
27.	Cabin C & D	248	55. CSSD	244
28.	VIP-I	251	56. Indoor Pharmacy	206
29.	MPW-II	227	57. Driver Room	223
30.	Gynae	228	58. Guard Room	255
31.	Isolation	225	59. Kitchen	226
32.	C.D. Duty	211	60. House Quarter No. I	260
33.	C.D. Ward	214	61. House Quarter No. II	261
			62. House Quarter No. III	262
			63. House Quarter No. IV	263

### EMERGENCY SERVICE

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr.Lalthantluanga SMO i/c		Saron Veng		2325560
2.	Dr.H.C.Thangkima		Chaltlang		2347040
3.	Dr.Lalringmaia		Medical Quarter		2326117
4.	Dr. Lalhmingliana		Chaltlang		2348070
5.	Dr. C.T Chhunga		Ranhlun Venglai		
6.	Dr. Saithanliana		Ramhlun 'S'		2347115

**BIOCHEMISTRY**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Frank Harris	Specialist	Vaivakawn	EPABX -	2349368
2.	Dr. Lalzawmliana	Specialist	Chawnpui		2347962
3.	Dr. Laldawngliani		Upper republic		

**MEDICINE DEPARTMENT**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Rosangluaia		Medical Quarter	EPABX -	2326080
2.	Dr. Zoramthanga		Zarkawt		2348846
3.	Dr. Zothantluanga		Quarter		2311582
4.	Dr. Lalrothuama		Thakthing		2325866
5.	Dr. S.Somal		Zemabawk		2351419
6.	Dr.P.B Zodingliana		Republic		2314494

**DERMATOLOGY**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr.James Thanzama	Sr. Specialist	Babutlang	EPABX -256	2323763
2.	Dr. Lalthlengliani	Specialist	Chanmary	EPABX -256	2340047
3.	Dr. Lalremruati Sailo		Dawrpui Vengthar		2329292

**ENDOSCOPY DEPARTMENT**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Lalthanpuii		Chhingaveng	EPABX -	2323771

**BLOOD BANK**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Lalthanzuali		Zarkawt	EPABX	2342873
2.	Dr. Lily Y. chhakchhuak		Mission Veng		2327960

**DENTAL DEPARTMENT**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Zoramawia	M & HO	Zarkawt	EPABX -252	2340065
2.	Dr. C.Lalrintluangi	M & HO	Ramhlun 'N'	EPABX -252	2340448
3.	Dr. Vanlalthuma	M & HO	Chaltlang	EPABX -252	2340525
4.	Dr. Zochamliani	M & HO	Chanmari	EPABX -252	2344095 2340777
5.	Dr. Zothantluangi	M & HO	Electric Veng	EPABX -252	2358847

**ANAESTHESIOLOGY**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Lily Parmawii	Specialist	Babutlang	EPABX -257	2320881
2.	Dr. Vanlalauva	Specialist	Nursery	EPABX -257	2324056
3.	P.G V. Lalhmingliani	MO	Ramhlun 'N'	EPABX -257	2340796
4.	Hmingthanmawii	MO	Dawrpyui Vengthar	EPABX -257	2340883
5.	Dr.F. Lalnundanga	MO	Medical Quarter	EPABX -257	2328711
6.	Dr. Lalawmpuii	MO	Kanan	EPABX -257	2345277

**HOMEOPATHY**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. C.Lallunghnema	Specialist	Chanmari		2329001 2341202
2.	Dr.Kumalu		Zarkawt		2327963

**PATHOLOGY**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Eric Zomawia	Specialist	Mission Veng	EPABX -216	2325983 2327960
2.	Dr. John Zohmingthanga	Specialist	Babutlang Quarter		2324502 2327960
3.	Dr. Lalchhanhimi	Specialist	Venghlui		2328711
4.	Dr. Lily Y. Chhakchhuak	Specialist	Mission Veng		2325983 2327960

**PSYCHIATRY**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Ruth Lalmuanpuii	Specialist	A.T.C England	EPABX -218	2361692
2.	Dr. Lalhrekima	Specialist	Mission Veng	EPABX -218	2322658
3.	Dr. Vanlaldiki Ralte				

**SURGERY DEPARTMENT**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. K. Lalbiakzuala	Sr.Specialist	Madical Quarter		2325509
2.	Dr. Sailo	Specialist	Medical Quarter		2322731
3.	Dr. Thomas Zomuana	Specialist	Babutlang		2321367 2328603
4.	Dr. S.T. Ruatfela	Specialist	Dawrpui Vengthar		2320014
5.	Dr.Lalfakzuala	Specialist	Medical Quarter		2314523 2327248

**RADIOLOGY DEPARTMENT**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr.T.Lalzoliana	Specialist	Chanmari		2324710
2.	Dr. Lalzawmi	Specialist	Zarkawt		234346
3.	Dr.Madhu Sharma		Tuikual		2350855

**PAEDIATRIC**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Lalbiakkima	Specialist	Medical Quarter	EPABX -220	2322087
2.	Dr. T. Lalmangaihi	Specialist	Tuikhuahtlang	EPABX -220	2326082
3.	Dr. R.L.Nunthara	Specialist	Tuikhuahtlang	EPABX -220	2326032
4.	Dr. Lalmuchhuaka	Specialist	Ramhlun	EPABX -220	234067
5.	Dr. Lalchhuankimi		Ramhlun Venglai		
6.	Dr. Lalmalsawmi Hmar		Vaivakawn		2345163

**ORTHO DEPARTMENT**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. L.R. Sailo	Sr.Specialist	Medical Quarter	2314037	2323166
2.	Dr. Thangchungnunga	Specialist	Medical Quarter		2326082
3.	Dr. P.C. Lalliannghaka	Specialist	Medical Quarter		2325742
4.	Dr. Connic Zomuani		Laipuitlang		234337
5.	Dr. H.Lalliannghaka		Chanmari		2341267

**ONOEOLOGY DEPARTMENT**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. B. Zothankima		Zotlang		
2.	Dr. Saichhingpuii		Ramhlun		2340458
3.	Dr. F. Lalthakimi		Laipuitlang		2341626

**OBS. & GYNAE**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. B. Lalramzauva	Sr.Specialist	Medical Quarter	EPABX -219	2326081
2.	Dr. Lalmalsawmi Sailo	Specialist	Chaltlang	EPABX -219	2321436
3.	Dr.Ngurbiakveli	Specialist	Medical Quarter	EPABX -219	2322406
4.	Dr. Vanlalhruaii Fanai		Chanmari		2340768

**MICRO BIOLOGY**

Sl.No.	Name	Designation	Address	Office	Residence
1.	Dr. Lalhmingmawii.	Specialist	Zemabawk	EPABX -217	2351401
2.	Dr. Lalrempuii	Specialist	Ramhlun Venglai	EPABX -217	2342046

**4.(I)(b)(x) the monthly remuneration received by each of its officers and employees, including the system of compensation as provided in its regulations;**

Scale of pay of officers and staff under Directorate of Health Services and Directorate of Hospital and Medical Education is as given below:-

<b>Sl.No.</b>	<b>Name of Post</b>	<b>Scale of Pay (Rs)</b>
1	Director of Health Services / Director of Hospital & Medical Education	14300 - 400 - 18300
2	Addl. Director of Health Services / Addl. Director of Hospital & Medical Education / Medical Superintendent	14300 - 400 - 18300
3	Jt. Director of Health Services	12000 - 375 - 16500
4	Dy. Director of Health Services / Dy. Director (Admn.) / Executive Engineer / Senior Specialist / SLO	10000 - 375 - 15200
5	Asst. Director of Health Services / Specialist / District Laboratory Officer	10000 - 375 - 15200
6	Medical Officer / Superintendent / FAO / RO / Asst. Director (Nursing)	8000 - 275 - 13500
7	Public Analyst	10000-15200
8	Asst Drug Controller	10000-15200
9	Drug Inspector	8000-13500
10	Sr.Med. Record Officer	8000-13500
11	SMEMO	8000-13500
12	HEO	8000-13500
13	Radiological Safety Officer	8000-13500
14	Cyto Technologist	8000-13500
15	Medical Physicist	8000-13500
16	Entomologist	8000-13500
17	Dy.Director (Nursing)	10000-15200
18	Principal	8000-13500
19	Dist.Lab. Officer	8000-13500
20	Assistant / Statistic Inspector / JE	5500 - 175 - 9000
21	UDC	5000 - 150 - 8000
22	LDC	4000 - 100 - 6000

**23 Physiotherapy & Rehabilitation Staffs**

i	Occupational Therapist	6500-10500
ii	Physiotherapist	5500-9000
iii	Supervisor/Pros/Orthotist	5000-8000
iv	Multi. Rehab. Assistant	4500-7000
v	Physio-Thera.Technician	4500-7000
vi	Pro/Ortho.Tech-II	4500-7000
vii	Surgical Boot Maker	4000-6000

**24 Leprosy Staff**

i	Sr. NMS	4500-7000
ii	Sr. PMW	4500-7000
iii	NMS. PMW	4500-7000
iv	Para Med Worker	4000-6000

**25 Mass Education & Media Unit**

i	DEMO	6500-10500
ii	Dy. DEMO	5500-9000
iii	Librarian	5500-9000
iv	Artist cum Photographer	4500-7000
v	Health Educator	4500-7000
vi	Assistant Editor	4500-7000
vii	Extention Educator	4500-7000
viii	MLO (Mech. II)	4000-6000
ix	Projectionist	4000-6000

**26 Laboratory Staff**

i	Jr. Scientific Officer	6500-10500
ii	Sr. Lab. Technican	5500-9000
iii	Cyto.Technician	5000-8000
iv	Lab. Technician	4500-7000
v	Lab. Assistant	3200-4900
vi	Lab. Attendant	2750-4400

**27 Other Technicians**

i	X-Ray Technologist	6500-10500
ii	Sr. X-Ray Tech.	5500-9000
iii	X-Ray Technician	4500-7000
iv	BCG Team Leader	4500-7000
v	ECG. Technician	4500-7000
vi	Radiographer	4500-7000
vii	CSSD /OT Tech.	4500-7000
viii	Gen. Operator	4500-7000
ix	Motor Mechanic	4000-6000
x	Fridge Mechanic	4000-6000
xi	Electrician	4000-6000
xii	Telephone Optr.	4000-6000
xiii	Radio Therapy Technician	5500-9000

**28 Medical Record Technician**

i	Med. Record Officer	6500-10500
ii	Dy.Med.Record Officer	5500-9000
iii	Medical Record Tech	4500-7000

**29 Other Staff**

i	Asst. Surgeon II	6500-10500
ii	Rehab. Assistant	6500-10500
iii	Ophthalmic Assistant	4500-7000
iv	Computer Operator	5500-9000
v	Technical Assistant	5500-9000
vi	Food Inspector	5000-8000
vii	Treatment Organiser	5000-8000
viii	T.B.Health Visitor	5000-8000
ix	Receptionist	5000-8000
x	Acupuncturist	4500-7000

**30 MPW Staff:**

i	C.H.O.	6500-10500
ii	Health Supervisor 'M'	5000-8000
iii	Health Supervisor 'F'	5000-8000
iv	District Supervisor	4500-7000
v	Health Worker 'M'	4500-7000
vi	Health Worker 'F'	4500-7000

**31 Nursing Staff**

i	Dy. Director (Nursing)	10000-15200
ii	Nursing Supdt	8000-13500
iii	Asst. Dir (N)	8000-13500
iv	Asst. Nursing Supdt.	6500-10500
v	ANS (Dte)	6500-10500
vi	PHN Officer	6500-10500
vii	Ward Supdt.(Sister)	6500-10500
viii	Dist. Nursing Supdt.	6500-10500
ix	SN /OT Nurse/ Linen Keeper/ Hostel Warden	5500-9000

**32 Training Institution**

i	Principal, Nursing School (General Nursing & Midwifery)	8000-13500
ii	Principal, Nursing Officer, H/W Training School	8000-13500
iii	Social Science Instructor	7450-10500
iv	Tutor	6500-10500
v	Sr. Sanitary Inspector	6500-10500

**33 Malaria Staff**

i	Asst. Malaria Officer	5000-8000
ii	Sr. Malaria Inspector*	4500-7000
iii	Microscopist	4000-6000
iv	Malaria Mechanic	4000-6000

**34 Pharmacy Staff**

i	Supdt Pharmacist	6500-10500
ii	Head Pharmacist	5500-9000
iii	Pharmacist	5000-8000

NB : Detail of monthly remuneration received by officers and employees working under Health & Family Welfare Deptt. is available in the website.

**4.(I)(b)(xi) the budget allocated to each of its agency, indicating the particulars of all plans, proposed expenditures and reports on disbursements made;**

**DEMAND NO.24  
MEDICAL & PUBLIC HEALTH SERVICES  
Schedule for Object Headwise Expenditure**

**1. Major Head: 2210 – Medical & Public Health**

*Rs in lakhs*

Object Head of Account	Budget Estimate 2005-06		
	Plan	Non-Plan	Total
(01) – Salaries	1430.49	2835.90	4266.39
(02) – Wages	15.01	7.45	22.46
(06) – Medical Treatment	86.00	216.95	302.95
(11) – Domestic Travel Expenses	107.02	15.50	122.52
(12) – Travelling Abroad		4.50	4.50
(13) – Office Expenses	142.49	47.00	189.49
(14) – Rent, Rates & Taxes	2.61	5.95	8.56
(16) – Publication	0.20	4.00	4.20
(20) – Other Administrative Expenses	11.00		11.00
(21) – Supplies & Materials	213.40	20.00	233.40
(26) – Advertisement & Publicity	0.70	1.00	1.70
(27) – Minor Works	141.16	5.00	146.16
(28) – Professional Service	0.20	0.10	0.30
(31) – Grants-in-Aid	11.00	5.00	16.00
(34) – Scholarship/Stipend	169.50	25.00	194.50
(41) – Secret-Service Expenditure		0.35	0.35
(50) – Other Charges	949.32	100.40	1049.72
(51) – Motor Vehicles	2.51	9.00	11.51
(52) – Machinery & Equipment	97.07	5.00	102.07
(64) – Write Off			
<b>Total of Major Head:2210</b>	<b>3379.68</b>	<b>3308.10</b>	<b>6687.78</b>

**2. Major Head: 2210-Medical & Public Health (CSS)**

*Rs. In lakhs*

Object Head of Account	Budget Estimate 2005-06		
	Plan	Non-Plan	Total
(01) – Salaries	0.11		0.11
(02) – Wages	0.02		0.02
(06) – Medical Treatment			
(11) – Domestic Travel Expenses	0.11		0.11
(13) – Office Expenses	0.30		0.30
(14) – Rent, Rates & Taxes			
(16) – Publication	0.01		0.01
(21) – Supplies & Materials	0.08		0.08
(26) – Advertisement & Publicity	0.04		0.04
(27) – Minor Works	0.10		0.10
(31) – Grants-in-Aid			
(34) – Scholarship/Stipend			
(50) – Other Charges	0.20		0.20
(51) – Motor Vehicles	0.03		0.03
(52) – Machinery & Equipment	0.10		0.10
(64) – Major Works			
<b>Total of Major Head:2210</b>	<b>1.10</b>		<b>1.10</b>

**3. Major Head: 2211 – Family Welfare**

*Rs. in lakhs*

Object Head of Account	Budget Estimate 2005-06		
	Plan	Non-Plan	Total
(01) – Salaries	132.00	60.00	192.00
(06) – Medical Re-imburement		4.00	4.00
(11) – Domestic Travel Expenses	5.00	1.00	6.00
(13) – Office Expenses	5.00	1.00	6.00
(50) – Other Charges			
<b>Total of Major Head:2211</b>	<b>142.00</b>	<b>66.00</b>	<b>208.00</b>

**4. Major Head: 2211 – Family Welfare (CSS)**

*Rs. in lakhs*

Object Head of Account	Budget Estimate 2005-06		
	Plan	Non-Plan	Total
(01) – Salaries	0.27		0.27
(06) – Medical Treatment			
(11) – Domestic Travel Expenses	0.09		0.09
(13) – Office Expenses	0.08		0.08
(21) – Supplies & Materials	0.02		0.02
(27) – Minor Works			
(34) – Scholarship/Stipend	0.10		0.10
(50) – Other Charges	0.27		0.27
(51) – Motor Vehicles	0.05		0.05
(52) – Machinery & Equipments	0.02		0.02
<b>Total of Major Head:2211 (CSS)</b>	<b>0.90</b>		<b>0.90</b>

**4.(I) (b)(xii) the manner of execution of subsidy programmes, including the amounts allocated and the details of beneficiaries of such programmes;**

**Government of Mizoram  
Health & Family Welfare Department**

*Dated Aizawl the 4<sup>th</sup> June 1997*

**Notification**

No.G.11012/7/93-HFW dt. 4<sup>th</sup> June'97 stated that whereas the State Government is of the opinion to make set of rules for granting financial assistance in the form of Grant-in –Aid to a person having no employment under the Government, Public Sector undertaking or under any local bodies may qualify to receive the grand suffering from fell disease as specified below, the Governor of Mizoram is pleased to make the following rules namely:

1. Short Titlement and Commencement:

- These rules may be called the Mizoram Health & Family Welfare (Grant-in-Aid to indigent Schedule Tribes and Scheduled Castes patients suffering from fell diseases) Rules 1997.
- They shall come into force with effect from the date of its publication in the Mizoram Gazette.

2. Definitions: In these rules, unless the context other wise requires:

- “Department” means the Health & Family Welfare Department.
- “Director” means the Director of Health Services, Mizoram.
- “Fell disease’ means Chronic, debilating illness such as Tuberculosis, Cancer, Leprosy, Chronic Heart Disease, Chronic Lung Disease, Monoplague, Homoplague, Quadriplague, Paraplague, Mental Cases, Amputae (excluding fingers and toes), Blindness and other serious illness duly certified as such by Medical Examination Board from time to time.

3. Eligibility: Scheduled Tribes and Scheduled Castes persons permanently residing within the State of Mizoram none of whose family members are Government employees and whose family income from all sources do not exceed Rs.2000/- per month and suffering from fell diseases are eligible to receive the grant.

4. Authenticity and mode of applying: The application shall be forwarded by Medical Officer i/c of the locality. The authenticity of the residence of the person shall have to be certified by the Village Council President and Block Development Officer concerned and the Medical Board shall examine the patient and issue certificate according to.

5. Mode of payment of the Grant-in-Aid:

- The grant-in-aid shall be given in cash or by means of Bank Draft.
- The grant-in-aid shall be made subject to the availability of found and cannot be claimed as a matter of right.

6. Rate per head: The amount of grant-in-aid shall be limited to actual cost of treatment and fare as per cheapest route available subject to the maximum of Rs.2500/- per head.

7. Sanctioning Authority: The Government shall be the sanctioning authority of the grant-in-aid. On the recommendation of the Medical Boards, the Director of the concerned Medical Officer having the powers of the drawing & disbursing shall draw the grant-in-aid and disburse it to the applicant.
8. Maintaining of Account: Proper accounts will be maintained by the Director or the District Chief Medical Officer and shall maintain the following documents in this regard namely:
- A suitable register of sanction where relevant information shall be entered.
  - A receipt (in suitable proforma) from the person/patient receiving the said grant with full name and address.
  - A register in which full details relating to payment including voucher number and date along with the Bank Draft number and date.

This supercedes this Department's Notification of even No. Dated 10.6.96.

Sd/- T.SANGKUNGA  
Deputy Secretary to the Govt. of Mizoram

Memo No.G.11012/7/93/HFW : Dated Aizawl the 4<sup>th</sup> June'97

Copy to:

1. P.S. to Governor, Mizoram.
2. P.S. to the Chief Minister, Mizoram.
3. P.S. to all Minister/Speaker/Deputy Speaker, Mizoram.
4. P.S. to Chief Secretary, Mizoram.
5. All Administrative Department.
6. All Head of Department.
7. Controller, Printing & Stationeries with 6 spare copies for publication in the Official Gazette (Extraordinary).
8. Director of Health Services, Mizoram.
9. Guard File.

Sd/- LALTHLAMUANA SAILO  
Under Secretary to the Govt. of Mizoram  
Health & Family Welfare Department

*N.B Application form for Grant-In-Aid at Appendix IV*

# **THE MIZORAM STATE ILLNESS ASSISTANCE FUND (PROCEDURES FOR PROVIDING ASSISTANCE ETC.) REGULATIONS –1997**

## **1. SHORT TITLE AND COMMENCEMENT**

- i) This regulation may be called the Mizoram State Illness Assistance Fund (Procedures for providing assistance etc.) regulations – 1997.
- ii) It shall come into force with immediate effect.

## **2. DEFINITIONS**

- i) State Government means “The State Government of Mizoram”.
- ii) State Illness Assistance Fund means the “Mizoram State Illness Assistance Fund” Registered under Societies Regulation Act , 1860.
- iii) Poor means “The persons belonging to families below poverty line as per Planning Commission definition of rural poor and urban poor” as revised from time to time.
- iv) National Illness Assistance Fund means the National Illness Assistance Fund constituted by the Central Government under the Ministry of Health & Family Welfare.
- v) Hospitals/Medical Institution means Hospitals/Medical Institutions as recognized by the SIAF/NIAE.
- vi) “Registered Medical Practitioner” means person registered under Indian Medical Council Act ..... and Dentist’s Act. 1948.
- vii) Life threatening illness means the list of diseases/disorders as may be prescribed under these regulations and opinion of Registered Medical Officer incharge of Hospital/Govt. of Mizoram bedded institutions.

## **3. PERSONS ENTITLED TO GET ASSISTANCE**

Persons below poverty line as per Rural Development Deptt. determination residing permanently in Mizoram State are entitled to get illness assistance subject to the following conditions.

- (i) The assistance would be available in case of
  - (a) Specialized treatment for life threatening illness as may be prescribed.
  - (b) Treatment of injuries caused by industrial accidents, accidents occurring while handling agriculture machines and implements bomb blasting, natural calamities and injuries caused by militants and roads accidents except those covered under Insurance Scheme.
  - (c) Non-employee/Non-dependant on Govt. / Institution / Board / Organization.
- (ii) The assistance would be provided to hospitalized patients in Hospital/Medical Institutions only recognized by Govt. of Mizoram and cover the part of treatment cost only.
- (iii) The fare for air or railway journey (2<sup>nd</sup> Class) with one escort for patients going outside the State for treatment can be reimbursed subject to production of tickets/ proof of journeys and treatment of illness certified by the Head of Hospital / Medical Institutions.
- (iv) The patient should be referred by the Standing Medical Board of the State in case of patients requiring treatment outside the State.

#### **4. PROCEDURES FOR GETTING ASSISTANCE:**

- (i) The patient/legal guardian in case of minor or unconscious condition referred for treatment outside the State shall apply to the Member Secretary SIAF on recommendation by the State Medical Board for which payment of expenditure bill shall be operated by the Member Secretary, SIAF only.

Those patient who apply for SIAF within the state including referred cases from other Hospital/Medical Institution for treatment to the concerned Hospital shall apply to the Board, SIAF constituted by Director of Health Services in the same Form 'A' to the address mention below.

Payment of expenditure in this case shall be operated by the concerned Board only within their area by issuing sanctioning order as an assistance under SIAF.

- a. Medical Superintendent, Aizawl Civil Hospital,  
Chairman, Civil Hospital, Aizawl, SIAF Board.
- b. Chief Medical Officer,  
Chairman, District SIAFBoard  
Aizawl East/Aizawl West/Lunglei/Chhimtuipui Districts.
- c. SDM & HO  
Chairman, SIAF Board  
Kolasib/Champhai/Mamit/Serchhip/T;abung  
Lawngtlai/Chawngte Sub-Divisions.
- (ii) The application for assistance would be screened as regulations by SIAF and the assistance would be given to the patient/concerned medical institutions based on bills/documents of expenditure made for the purpose of treatment duly countersigned by the Head of the Institutions/Hospital/attending Medical Officer.
- (iii) The Member Secretary may give an undertaking to the concerned medical institutions that part of the expenditure for treatment of a patient would be borne by Member secretary subject tp provision of Rules & Regulations of the SIAF.

#### **5. RECOGNITION OF HOSPITAL/MEDICAL INSTITUTION**

- (i) All the bedded Institutions/Hospitals of the State.
- (ii) All the Medical Institutions/Hospitals situated outside the State and recognized by the Central Govt. under C.S (M.A) Rules as may be amended from time to time.
- (iii) Hospitals/Medical Institutions recognized by Govt. of Mizoram from time to time within and outside Mizoram.

#### **6. AUTHORITIES TO REFER FOR SPECIALIZED TREATMENT OUTSIDE THE STATE AND WITHIN THE STATE**

- (i) The standing Medical Board of the State constituted by the State Government shall be the authority to decide as to the specialized treatment under this scheme outside the State.

(ii) In case of treatment within the State, a board constituted by the Director of Health Services.

**I. Aizawl Civil Hospital:**

Medical Superintendent	-	Chairman
One Senior Specialist	-	Member Secretary
One Senior Specialist (of respective discipline)	-	Member
Nursing Superintendent / Senior Staff Nurse	-	Member
YMA/MHIP	-	Member

**II. Other District Hospital:**

Chief Medical Officer	-	Chairman
SDM & HO	-	Member Secretary
Senior Most Health Officer (of respective discipline)	-	Member
Senior Most Nurse Staff	-	Member
YMA/MHIP	-	Member

**II. Sub-Divisional:**

SDM & HO	-	Chairman
Senior Medical Health Officer	-	Member Secretary
Medical Officer i/c PHC/CHC ( of respective discipline)	-	Member
Senior Most Nursing Staff	-	Member
YMA/MHIP	-	Member

**7. LIMITATION OF COST EXPENDITURE**

(i) The expenditure incurred by the patient for the purpose of actual treatment, which involves cost of diagnosis, medicines, operation other than transportation and those which are given/made available free of cost in the institution, and essential for treatment.

(ii) The following quantum of assistance shall be provided.

	<i>Maximum</i>
a) Sub-Division/CHC/PHC/SHC	Rs. 2,000.00/- per patient
b) District Hospital/Presbyterian Hospital Durtlang/Baptist Hospital Serkawn	Rs. 3,000.00/- per patient
c) In State Hospitals	Rs. 5,000.00/- per patient
d) Outside the State	Rs. 1,50,000.00/- -do-

In case of treatment outside the State only airfare or 2<sup>nd</sup> Class fare for the patient and one or two escorts, would be provided and the patient/guardian would be responsible for adjustment of assistance provided for traveling.

- (iii) The fund would only be provided to the approved institutions as per their demand and subject to the conditions prescribed in regulation (2) and life threatening diseases below if they are refer outside Mizoram.
  - (a) Cancer
  - (b) Kidney Diseases
  - (c) Heart Diseases: Bypass Heart, Surgery Pace Maker, Valve Replacement, Intervention of Congestive Heart Disease,
  - (d) Brain and Spinal Cord Diseases.
  - (e) Any other diseases may be considered as life threatening diseases by the concerned Board.
- (iv) Medical In-charge of the Hospitals will send the bills for reimbursement to Member Secretary SIAF or authorized officials by order.
- (v) The Member Secretary of SIAF shall be competent to sanction expenditure foe treatment within the State, and with the approval of the Executive Committee of SIAF in case of treatment outside the State.

## **8. MAINTENANCE OF RECORD OF ASSISTANCE GIVEN**

- (i) The Member Secretary of SIAF shall be responsible for maintenance of records of assistance provided to patients.
- (ii) The State/District/Sub-Divisional Hospital authorities shall be responsible for maintenance of records of the beneficiaries separately. The Medical Superintendent Civil Hospitals, Aizawl shall maintain a separate register for the referred patients under the scheme.
- (iii) The Member Secretary or any other person authorized by the SIAF shall verify, the records maintained in the State/District/Sub-Division Hospitals at least twice in a year, and other Hospitals/Institutions outside the State in case of complaint or doubt.

## **9. MISCELLANEOUS**

In case of any complaint/dispute etc., the decision of the Governing Body of the SIAF shall be final.

Sd/- (Dr.B.THANGDAILOVA)  
Member-Secretary (SIAF)

*N.B. Application form for SAIF at Appendix V*

*No.23011/19/77-Ply*  
**Government of India**  
**Ministry of Health & Family Welfare**  
**(Department of Family Welfare)**

*New Delhi, the 20<sup>th</sup> June 1977*

G.O. No. XI-3/77(9)

To,

All State Governments/UTs.

Subject: Family Welfare Programme – Pattern of Central assistance for payment of compensation for Sterilization (Tubectomy/Vasectomy) – Revision.

Sir,

1. I am directed to say that the existing pattern of Central assistance for payment of compensation money on parity basis depending on the number of living children of the acceptor has been under review for sometime. After careful consideration the Govt. of India have revised the existing rates of compensation for sterilization. The compensation money for IUD insertions remains at Rs.8/- per case and the earlier break-up has not been changed.

2. In supercession of the earlier orders on the subject communicated vide this Department's letter No.N23011/12/76-Ply, dated 26<sup>th</sup> April 1976, the Central assistance to State/UTs Governments and other agencies for sterilization will now be Rs.100/- per case of vasectomy and Rs.120/- per case of Tubectomy. These amounts include the payment of cash compensation to the acceptor and expenditure for the provision of diet, drugs and dressings, transport and the amount for meeting miscellaneous expenses. The break-up of the compensation money is shown in the enclosed statement. It may be noticed that a provision of Rs.10/- and Rs.15/- has been made for meeting the expenditure on drugs and dressings per case of vasectomy and tubectomy respectively. Similarly, an amount of Rs.5/- per case of sterilization is provided for meeting transport expenses. Where free diet and free transport is not provided, the corresponding amounts may be paid to the acceptor alongwith the cash compensation of Rs.70/-.

3. A sum of Rs.10/- per case of sterilization (both vasectomy and tubectomy) should be credited to the Miscellaneous Purpose Fund (State share). A sum of Rs.70/- shall be paid to the

acceptor (both male and female) as cash compensation. Hereafter, the Miscellaneous Purposes Fund will be exclusively maintained by the State Governments. Utilization of the amount available in the Miscellaneous Purposes Fund (State share is left to the discretion of the State Government to allow them flexibility in operating the programme according to their local needs. An amount of 0.50p per case of sterilization and IUD should be credited to the EX-Gratia Fund as suggested in this Department's letter No.N.23011/26/76-Ply dated 2.9.1976. The amounts available in the Ex-Gratia Fund should be utilized for meeting the expenditure on ex-gratia relief treatment of post-operation complications and expenditure on providing facilities for recanalization. The Miscellaneous Purposes Fund may also be utilized for meeting the expenditure on community awards, group incentives, organization of camps and special campaigns, purchase of surgical equipment and payment of incentives to motivators/doctors. The funds available in the Misc. Purpose Fund (State Share)/ Ex-Gratia Fund will lapse at the close of the financial year to the extent this remains unutilized. A separate account of the expenditure incurred out of this provision and the purposes for which the expenditure has been incurred should be sent to the Department of Family Welfare every quarter.

4. The revised rates of compensation of sterilization will be effective from 1<sup>st</sup> July 1977. In view of the uniform rate of compensation to the acceptor irrespective of the number of living children, a separate verification of the number of children at the time of cash disbursement will not be necessary. However, the State Government should collect details regarding the no. of living children of the acceptors and furnish the necessary quarterly report to the Department of Family Welfare for statistical purposes. Such reports are required to be sent as per instructions conveyed by this Department's letter No.V.19106/11/75-E&I dated 1.5.1976.

5. The State Governments should take immediate action to update the entries in the "Eligible Couples Register". This will facilitate the medical and para-medical staff to contact the acceptors and to provide proper follow up services and thereby, minimized the scope for complications. The details of the procedure adopted by the State Governments for ensuring follow-up action may be communicated to the Department of Family Welfare in due course.

6. The allocations for the implementation of the Family Welfare Programme during 1977-78 have been communicated vide this Department's letter No.M.12015/27/77-PB dated

28.5.1977 and the first quarterly installment to meet the expenditure during the period April – June 1977, has been pleased vide this Department's letter No.M.12015/27/77-PB dated 27.5.1977. Central assistance for meeting the expenditure on compensation for sterilization will be provided at the existing rates communicated vide this Department's letter No.N.23011/12/76-Ply dated 26<sup>th</sup> April 1976 for the period 1<sup>st</sup> April 1977-30<sup>th</sup> June 1977. Central assistance for sterilization from 1<sup>st</sup> July 1977 onwards will be provided to the States/UTs Governments and other agencies at the rates indicated in this letter.

7. This letter issues with the concurrence of the Ministry of Finance at the Financial Adviser, Ministry of Health & Family Welfare, vide his DY No.2867/SE/77 dated 25<sup>th</sup> May 1977.

8. Kindly acknowledge receipt. A copy of orders issued by the State Governments/UTs may also be endorsed to this Ministry.

Yours faithfully

Sd/ P.K.Mehrotra)  
Deputy Secretary to the Govt. of India

No.N23011/19/77-Ply  
Copy to:

Dated 20<sup>th</sup> June 1977

1. Planning Commission (Health Division).
2. Ministry of Finance with reference to their DY.No.2867/SE/77 dated 25.5.1977.
3. Finance Division, Ministry of Health & Family Welfare.
4. All Accountants General/Comptroller and Auditor General of India.
5. Ministry of Railway (Dr.N.C.Sinha).
6. Ministry of Defence (DGAEMS-Shri R.N.Kain).
7. Director General of Post & Telegraphs, N.Delhi.
8. The Controller General of Defence Accounts.
9. The Controllers of Defence Accounts, Air Force, Dehradun.
10. The Controllers of Defence Accounts, Navy, Bombay.
11. The Controllers of Defence Accounts, Southern Command, Poona.
12. The Controllers of Defence Accounts, Central Command, Meerut.
13. The Controllers of Defence Accounts, Western Command, Meerut.
14. The Controllers of Defence Accounts, Funds, Meerut.

15. The Controllers of Defence Accounts, Eastern Command, Patna.
16. The Controllers of Defence Accounts, Factories, Calcutta.
17. The Controllers of Defence Accounts, Other Ranks, Tamil Nadu, Madras.
18. The Controllers of Defence Accounts, Other Ranks, North, Meerut.
19. The Controllers of Defence Accounts, N.C.,Jammu.
20. The Controllers of Defence Accounts, N.C, Jalludar, Jallundar City.
21. All State, Family Welfare Officers.
22. Regional Directors (FP&MCH).
23. Director General of Health Services (Dir.Administration)
24. Department of Health (Shri A.P.Atri).
25. The Controller of Defence Accounts Officers, Poona.
26. Director, National Institute of Family Planning (2 copies).
27. All Central Training Institutes and Health and Family Welfare Training Centres.
28. Director General, Employees State Insurance Corporation, N.Delhi.
29. Director General, Indian Council of Medical Research, N.Delhi.
30. Chief Editor (For Centre Calling and Hamara Ghar).
31. Director, National Institute of Health Administration & Education, N.Delhi.
32. Central Health Education Bureau (for Swasthya Hind).
33. All Officers (including P.S. to Ministers/Secretary/AS & CFP).
34. All sections of the Department of Family Welfare.
35. Deputy Principal Information Officer, Ministry of Health & Family Welfare.
36. Sterilization section with 5 spare copies with the request that follow-up action mayu kindly be taken by them.
37. Dr.G.S.Mittal. Medical Commissioner (FP), Coal Mines Welfare Association, Dhanbad-3 (Bihar).
38. Manual cell with 10 spare copies.
39. Spare copies 500

(K.L.Bhatia)

Desk Officer

*N.B. In this regard Office Order issued by Directorate of Health Services may be seen at Appendix VI*

**4. (I) (b) (xiii) particulars of recipients of concessions, permits or authorizations granted by it**

List of patients who had received grant-in-aid and recipient of assistance under State Illness Assistance Fund (SIAF) are available in the website [www.healthmizoram.nic.in](http://www.healthmizoram.nic.in).

**4.(I)(b)(xiii) particulars of recipients of concessions, permits or authorizations granted by it**

In order to provide maximum information to the public the Department has a website [www.healthmizoram.nic.in](http://www.healthmizoram.nic.in).

**4.(I)(b)(xv) The particulars of facilities available to citizens for obtaining information, including the working hours of a library or reading room, if maintained for public use**

For obtaining information on various aspects concerning the department, the department has a website.

**CIVIL HOSPITAL AIZAWL SCHEDULE OF OPDs / CLINICS**

<b>Week days</b>	<b>OPD</b>	<b>O.T.</b>
Monday	Gynae II I Eye Surgery Orthopaedic Psychiatry	Gynae I Surgery II ENT
Tuesday	Gynae I ENT Surgery II	Gynae II I Eye Surgery
Wednesday	Gynae II I Eye Surgery Orthopaedic Psychiatry	Gynae I II Surgery ENT
Thursday	Gynae I II Surgery ENT	Gynae II I Eye Surgery
Friday	Gynae II I Eye Surgery Orthopaedic Psychiatry	Gynae I II Surgery ENT
Saturday	Gynae I II Surgery ENT	Gynae II I Orthopaedic Surgery Eye
Daily OPD		Skin Dental Paediatric

Please find herewith the duty of doctor at OPDs

Gynae I	Dr. B. Lalramzauva Dr. Malsawmi Sailo
Gynae II	Dr. Dangvela Dr. Ngurbiakveli
Surgery I	Dr. Thomas Zomuana Dr. D. Baruah Dr. S.T. Ruatfela
Surgery II	Dr. Lalbiakzuala Dr. Lalfakzuala Dr. Saia

**4. (I) (b) (xvi) the names, designations and other particulars of the Public Information Officers;**

1. State Public Information Officer - Lalmangaiha Sailo, Under Secreatry  
Government of Mizoram  
Health & Family Welfare Department
  
2. State Public Information Officer
  - a) Directorate of Health Services - Dr.Lalthanmawia, Joint Director  
Health Services Department
  
  - b) Directorate Hospital & Medical Education - Dr.Lalrinliana Sailo, Sr.Specialist  
Hospital & Medical Education  
Department
  
3. State Assistant Public Information Officer
  - a) Civil Hospital Aizawl - Dr.R.Lalzuava, Med. Supdt.
  - b) Civil Hospital Lunglei - Dr.K.K.Ghosh, Med. Supdt.
  - c) Aizawl West District - Dr.Rotluanga, CMO
  - d) Aizawl East District - Dr.Rotluanga, CMO
  - e) Lunglei District - Dr.C.Liantluanga, CMO
  - f) Saiha District - Dr.R.B.Dey, CMO
  - g) Kolasib District - Dr.Zahmingthanga, CMO
  - h) Mamit Distrcit - Dr.Lalengmawia, CMO
  - i) Serchhip District - Dr.Lawmzuala, CMO
  - j) Champhai District - Dr.R.Lalnghinga, CMO
  - k) Lawngtlai District - Dr.F.Lallianhlira, CMO
  - l) Tlabung Sub-Division - Dr.Lalchungnunga, SMO
  - m) Chawngte Sub-Division - Dr.Lalremsiama, SMO
  - n) Health Worker Training School - Dr.F.Lalhmingthanga, PMO
  - o) School of Nursing, Aizawl - Lalbiaksangi, Principal
  - p) School of Nursing, Lunglei - Thangdingliani, Principal

#### **4.(I)(b)(xvii) Such other information as may be prescribed**

#### **I. Health Programmes under Health & Family Welfare Department are:**

##### **1. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)**

##### **A. Introduction:**

Under the Revised pattern, Malaria Programme is implemented in NE States including Mizoram as 100% central assistance since 1995. In 2003 the name of the programme was renamed as National Vector Borne Diseases Control Programme where beside malaria other vector borne diseases like J.E, Dengue, Filariasis, Kala-azar were included under the common umbrella. Intensified Malaria Control Project (IMCP) under Global Fund for AIDS TB and Malaria was launched from 1<sup>st</sup> April 2005 covering N.E. States and other 3 states of Bihar, Jharkhand and Orissa to intensify the programme. The main goal is to reduce malaria morbidity by 30% and mortality by 50% in 5 years. Besides, it also aims to train or retrain health personnels including NGOs and private sectors to build up public - private sector partnership for prompt and proper treatment of malaria. Opening of community based Drug Distribution Centres in each and every village is one of the strategy for prompt treatment of malaria.

It also aims Risk reduction of malaria transmission through integrated vector control viz. by IRS as well as treatment of bed nets with insecticides.

Behaviour Change Communication is one of the important objectives of the project.

##### **B. Aims & Objectives of the programme :**

1. Early diagnosis and prompt treatment.
2. Malaria Transmission risk reduction.
3. Enhance awareness about Malaria control/ promote community/ NGOs and provide participants.

##### **C. Target and achievement :**

- i. Surveillance - To collect blood smear from all fever cases, with administration of presumptive dose to them. Blood smear collection should not be less than 10% of the population.
- ii. Spray- For vector control, the entire state is targeted for 2 (two) rounds of DDT spray in a year and the target is to cover all households.
- iii. Establishment of Drug Distribution Centre (DDC)/Fever Treatment Depot (FTD) - To establish at least one DDC/FTD in every village

##### **D. Achievements :**

## Surveillance

Year	Population	BSE	ABER	Positive	API	PF	Death
2004	905689	217316	7830	4170	2399	8.61	72

### 1) Spray (2004)

Round	From	To	Targeted		Covered		% Covered	
			*Pop.	Room	*Pop.	Room	*Pop.	Room
1 <sup>st</sup>	20.3.04	20.5.04	905689	385078	724254	331449	79.97	86.9
2 <sup>nd</sup>	12.7.04	9.9.04	905689	385078	723943	323891	79.9	82.3

### 2) Population : DDC/FTD: The total numbers of DDCs/FTDs established till May 2005 are:

Districts	Number of DDC	Number of FTD	Total
Aizawl 'W'	186	32	219
Aizawl 'E'	70	38	108
Kolasib	75	15	90
Mamit	50	21	71
Champhai	97	20	117
Serchhip	50	22	72
Lunglei	90	50	140
Lawngtlai	56	16	72
Saiha	45	24	69
<b>Total</b>	<b>719</b>	<b>238</b>	<b>957</b>

### E. Manpower status under NVBCP:

No	Name of post	Post sanctioned	In position	Vacant
1	State Programme Officer (JD Malaria)	1	1	-
2	Dy. Director (Malaria)	1	1	-
3	Entomologist	1	1	-
4	District Malaria Officer (Special Officer)	1	1	-
5	DMO	-	-	1
6	Lab. Technician	42	42	-
7	Malaria Inspector	9	4	5
8	Health Supervisor	23	23	-
9	MPW	101	101	-

### 2. REPRODUCTIVE AND CHILD HEALTH PROGRAMME (RCH)

## **A. Introduction**

Health & Family Welfare Programme started in India in 1951, with the National Family Planning Programme. The Family Planning Programme focused mainly on terminal methods with a view to control over population growth. As a result, it received set back owing to rigid implementation of target-based approach. The experiences gained throughout the country revealed that improvement of the health of women in the reproductive age group and children (up to 5 years) is of crucial importance to reduce the problem of population growth. This realization led to change in the approach from Family Planning to Family Welfare. Since the 7<sup>th</sup> Plan implemented during 1984 – 89, the Family Welfare programme have evolved on the health needs of mothers and children, as well as on providing contraceptives and spacing services to the targeted group. The main objective of Family Welfare programme has been to stabilize the population at level of the need of the country's development.

In 1997, the Government of India followed up the International recommendation on Reproductive and Child Health (RCH) as a National Programme. RCH programme integrates all the related programmes of the eight plan and it aims to bring all RCH services easily available for the community.

Accordingly, RCH Programme has been started in Mizoram since mid 1998. Various Maternal and Child Health Schemes have been implemented. In addition to these, Mizoram was included among the selected 24 districts of 17 states for the implementation of RCH Sub-Project (Area Project). The Sub-Project covered the entire state of Mizoram and it was mainly concerned with Infrastructure development of rural health care. The RCH Sub-project had come to an end on 31<sup>st</sup> March 2004.

Since the Schemes which had been implemented during RCH I were mostly concerned with rural health, the GoI has approved Urban Health Project for Aizawl and Lunglei towns since January 2004. Consequently, Other District capitals are also to take up under Urban health project for which proposals have already been submitted to Government of India.

RCH I has technically ended on 31<sup>st</sup> March 2004. The Government of India has however extended one year Interim period for preparation of project implementation plan (PIP) for RCH II. Since there have been improvements in the areas of services provided to some extent during RCH I, the Government of India decided to continue RCH phase II during 2005 – 2010, so that the targeted group may get better health at maximum level. RCH II is likely to start w.e.f. 1<sup>st</sup> April 2005.

**B. Objectives of the programme**

The main objective of RCH is to provide quality Integrated and sustainable Primary Health Care services to the women in the reproductive age group and young children and special focus on family planning and Immunisation.

**C. Target and achievements:****i) Number of Camps conducted by districts:**

No	Name of District	No. of Camps	Amounts (Rs.)
1	Aizawl 'W'	5	1,00,000/-
2	Aizawl 'E'	10	2,00,000/-
3	Kolasib	11	2,20,000/-
4	Mamit	2	40,000/-
5	Champhai	7	1,40,000/-
6	Serchhip	5	1,00,000/-
7	Lunglei	3	60,000./-
8	Lawngtlai	4	80,000/-
9	Saiha	3	60,000/-
<b>TOTAL</b>		<b>50</b>	<b>10,00,000/-</b>

**ii) Referral transportation of pregnant women:**

No	Name of District	No. of Pregnant Women assisted
1	Aizawl 'W'	311
2	Aizawl 'E'	320
3	Kolasib	140
4	Mamit	160
5	Champhai	340
6	Serchhip	210
7	Lunglei	250
8	Lawngtlai	110
9	Saiha	153
<b>Total</b>		<b>1994</b>

**(iii) 24 Hours Delivery Services:**

No	Name of District	No. of Delivery
1	Aizawl 'W'	460
2	Aizawl 'E'	1029
3	Kolasib	1836
4	Mamit	931
5	Champhai	1202
6	Serchhip	916
7	Lunglei	983
8	Saiha	222
9	Lawngtlai	542
<b>Total</b>		<b>8121</b>

**(iv) Moped / Scooter Loan:** Scooter Loan is advanced to Health Workers, Health Supervisors/CHO @ Rs. 35,000/- as interest free as below:(Total Loan given upto 31.3.2005 )

No	Name of District	No. of Scooter Loan given to H/W (ANM)								Total
		1	2	3	4	5	6	7	8	
1	Aizawl 'W'	30	12	15	8	9	2	21	18	115
2	Aizawl 'E'	28	14	8	5	7	2	3	5	72
3	Kolasib	14	1	2	2	4	4	2	4	33
4	Mamit	6	2	3	1	2	-	-	-	14
5	Champhai	12	6	4	12	5	6	-	3	48
6	Serchhip	20	4	3	3	6	2	-	3	41
7	Lunglei	49	3	2	5	17	5	8	1	90
8	Lawngtlai	11	1	2	3	2	-	-	2	21
9	Saiha	11	5	7	5	5	4	2	1	40
<b>Total</b>		<b>181</b>	<b>48</b>	<b>46</b>	<b>44</b>	<b>57</b>	<b>25</b>	<b>36</b>	<b>37</b>	<b>474</b>

**(V) Training**

Sl.No.	Name of Training	Category	No. trained
1.	Integrated skilled training (IST)	H/W, S/N, M.O.	2034
2.	MTP	M.O.	66
3.	IUD	H/W	217
4.	Laparoscope	M.O, O.T Boy, S/N	23
5.	Mini Lap Sterilisation	M.O.	129

**Manpower position**

Sl. No.	Name of Post	No. of Post
1.	S.M. Consultant	15
2.	PHN/Staff Nurse	170
3.	ANM/Health Worker	60
4.	Laboratory Technician	15
5.	Consultant (F&P, IEC, MESA)	3
6.	Account Clerk	1
<b>Sub-Total</b>		<b>264</b>

**Manpower in District Wise**

District	S.M. Consultant	Staff Nurse	Health Worker	Lab. Technician
Aizawl 'W'	3	11	5	2
Aizawl 'E'	1	11	4	1
Kolasib	1	18	8	2
Mamit	2	20	9	1
Champhai	4	33	15	2
Serchhip	1	16	5	3
Lunglei	1	38	7	4
Lawngtlai	2	8	2	1
Saiha	-	15	5	-
<b>Total</b>	<b>15</b>	<b>170</b>	<b>60</b>	<b>16</b>

### Manpower under Urban Health:

Sl. No.	Name of Post	No. of Post
1.	Medical Officer	6
2.	PHN/Staff Nurse	16
3.	ANM/Health Worker	16
4.	IV Grade	18
5.	Project Assistant	3
<b>Sub-Total</b>		<b>264</b>
<b>GRAND TOTAL</b>		<b>323</b>

## I. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

### A. Introduction:

Due to the inadequacy of the National TB Control Programme with a cure rate of below 60% per year, the revised programme named **Revised National TB Control Programme** was being introduced in the country. In October 1993, the Revised National Tuberculosis Control Programme (RNTCP), based on the internationally recommended *Directly Observed Treatment, Short-Course (DOTS)* strategy, was implemented in five pilot sites covering a population of 2.35million. A full-fledged DOTS programme was begun in India in 1997 and it has been expanded in a phased manner throughout the country. Currently, DOTS is being implemented in 547 districts of India covering a population of 947 million.

In Mizoram, RNTCP was launched successfully on **World TB Day i.e 24th March 2003** with full enthusiasm at Vanapa Hall Aizawl and it was graced by Shri. F.Malsawma, Hon'ble Minister, Health & Family Welfare as the Chief Guest. It was extraordinarily remarkable for the people of Mizoram in general and for the Department of Health & Family Welfare in particular, for the Programme was launched for the whole state covering 8 districts simultaneously.

#### **The five components of RNTCP are -**

- Political Commitment
- Good Quality Sputum Microscopy
- Uninterrupted Supply of Good Quality Drugs
- Directly Observed Treatment
- Accountability

At present, there are 8 District TB Centres and 19 Microscopy Centres in Mizoram. These are:

District TB Centres	Microscopy Centres		
	Hospital	CHC	PHC
Aizawl	Presbyterian Hospital, Durtlang	Saitual	Lengpui
			Aibawk
			Sialsuk
			Darlawn
			Sakawrdai
			Suangpuilawn
			Thingsulthliah
Kolasib		Vairengte	
Mamit		Kawrthah	W.Phaileng
Champhai		Ngopa	Khawbung
Serchhip			N.Vanlaiphai
Lunglei	Tlabung	Hnahthial	
Lawngtlai		Chawngte	
Saiha			Tuipang
<b>8</b>	<b>2</b>	<b>6</b>	<b>11</b>

**B. Objectives of RNTCP are -**

- To achieve at least 85% cure rate of New Smear-positive patients detected.
- To detect at least 70% of the expected New Smear-positive patients after the goal for cure rate has been achieved.

**C-a. Target and achievement on case detection**

Districts	No. of patients undergoing sputum examination for diagnosis @ 600 per lakh.		No. of New Smear positive patients identified (@ 60 per lakh)		No. of New Smear Positive patients put on treatment (85% of total diagnosed cases)	
	Target	Achievement	Target	Achievement	Target	Achievement
Aizawl	2050	1847	205	321	272	174
Kolasib	370	918	37	100	100	31
Mamit	330	275	33	26	28	26
Champhai	620	376	62	35	35	53
Serchhip	320	351	32	13	13	27
Lunglei	840	1113	84	137	129	72
Lawngtlai	440	258	44	30	28	37
Saiha	370	418	37	38	38	32
<b>Total</b>	<b>5340</b>	<b>5556</b>	<b>534</b>	<b>700</b>	<b>643</b>	<b>452</b>

**C-b. Achievement in Cure rate (district wise):**

No	Districts	No. of New Smear Positive patients started on treatment during Apr '03 - Mar '04	No. of New Smear Positive patients cured during April '04 – Mar '05	Percentage
1	Aizawl	233	195	83.7
2	Kolasib	86	80	93.0
3	Mamit	36	32	88.9
4	Champhai	36	34	94.4
5	Serchhip	18	15	83.3
6	Lunglei	161	134	83.2
7	Lawngtlai	39	28	71.8
8	Saiha	54	45	83.3
<b>Total</b>		<b>663</b>	<b>563</b>	<b>84.9</b>

Internal evaluation of the programme was undertaken at Serchhip (4<sup>th</sup> -6<sup>th</sup> November, 2004), Saiha district (22-26<sup>th</sup> Nov 2004) and at Kolasib District (24-26<sup>th</sup> February 2004). The results on selected indicators under the programme are as given.

**Performance against some selected indicators of RNTCP microscopy and treatment services based on a review of laboratory registers and treatment cards, as well as and interview of patients are tabulated below -**

<b>Indicator</b>	<b>Serchhip</b>	<b>Saiha</b>	<b>Kolasib</b>
Patients receiving free microscopy services	100	100	100
Patients having at least 2 sputum samples examined before start of treatment, as per documentation in the laboratory register	93	100	100
Patients for whom sputum examination results at diagnosis were consistent between the laboratory register and the TB register	87	100	100
Patients having at least 2 sputum samples examined at end of intensive phase	100	100	92
Patients for whom sputum examination results at end of intensive phase were consistent between the laboratory and the TB register	100	100	100
Cured patients having 2 sputum samples examined at the end-of-treatment, as documented in the laboratory register	93	100	100
Cured patients on whom sputum examination results at the end of treatment were consistent between the laboratory register and the TB register	93	100	100
Patients reporting that they provided at least 2 sputum samples at the start of treatment	93	93	100
Patients reporting that they provided two sputum samples at the end of the intensive phase	93	93	100
Cured patients reporting that they provided two sputum samples at the end of treatment	93	100	100

Patients receiving free treatment	100	100	100
Patients receiving at least 20 of 24 doses under direct observation during the intensive phase	93	73	67
Patients reporting that they found the timing of DOT convenient	100	87	67
Patients reporting that they found the location of DOT convenient	100	67	75
Patients aware of the duration of their treatment	87	100	100
Patients aware of the importance of DOT	87	73	83
Patients reporting history of previous anti-TB treatment	7	7	8
Patients aware of the importance of regular and complete treatment	100	100	100

**E. Man – power position:**

There is only 1(one) post of District TB Officer filled up.

There are 44 Contractual staff under the Programme as follows -

Medical Officer	-	2
IEC Officer	-	1
Accountant	-	1
Secretarial Assistant	-	1
Senior Treatment Supervisor	-	9
Senior TB Laboratory Supervisor	-	9
Data Entry Operator	-	9
Laboratory Technician	-	6
Driver	-	6

## **1. EXPANDED PROGRAMME ON IMMUNISATION (EPI)**

### **A. Background**

The Govt. of India launched its EPI in 1978 with the objective of reducing the mortality and morbidity resulting from vaccine-preventable diseases of childhood, and to achieve self-sufficiency in the production of vaccines. While the WHO's programme is called EPI, the UNICEF in 1985 renamed it as "Universal Child Immunization" (UCI). It has two vital components, immunization of pregnant women against tetanus, and immunization of children in their first year of life against the six EPI target diseases. The aim was to achieve 100 per cent coverage of pregnant women with 2 doses of tetanus toxoid (or a booster dose), and at least 85 per cent coverage of infants with 3 doses each of DPT, OPV, one dose of BCG and one dose of measles vaccine by 1990.

The immunization services are being provided through the existing health care delivery system (i.e., MCH centres, primary health centres and sub-centres, hospitals, dispensaries). There is no separate cadre of staff for EPI.

Although the target was "universal" immunization by 1990, in practice, no country, even in the industrialized world, has ever achieved 100 percent immunization in children. "Universal" immunization is therefore best interpreted as implying the ideal that no child should be denied immunization against tuberculosis, diphtheria, whooping cough, tetanus, polio and measles. It is, however, generally agreed that when immunization coverage reaches a figure of 80% or more, then disease transmission patterns are so severely disrupted as to provide a degree of protection even for the remaining children who have not been immunized, because of herd immunity. It is also important that children are immunized during the first year of life and that levels of immunization are sustained so that each new generation is protected.

Significant achievements have been made under this programme. Since then, there has been a significant decline in the reported incidence of the vaccine preventable diseases as compared to previous years.

Pulse Polio Immunization was launched in the country in the year 1995. Under this programme, children under five years of age are given additional polio drops every year on fixed days. Since then, there has been a significant decline in the incidence of poliomyelitis in the country.

Intensification of immunization programme has contributed to a significant decline in Infant Mortality Rate in the country as a whole in the last few years.

<b>TT Pregnant Women</b>				
<b>No</b>	<b>Districts</b>	<b>Target</b>	<b>Achievements</b>	<b>Percentage</b>
1	Aizawl West	6425	5215	81.17
2	Aizawl East	2047	1791	87.50
3	Kolasib	1850	1684	91.03
4	Mamit	1320	1139	86.29
5	Champhai	3060	2299	75.13
6	Serchhip	1307	1224	93.65
7	Lunglei	2906	2185	75.19
8	Lawngtlai	1090	663	60.82
9	Saiha	1640	860	52.44
<b>Total</b>		<b>21645</b>	<b>17060</b>	<b>78.1</b>

<b>Infants</b>									
<b>Districts</b>	<b>Target</b>	<b>OPV</b>		<b>DPT</b>		<b>BCG</b>		<b>Measles</b>	
		<b>Achievement</b>	<b>%</b>	<b>Achievement</b>	<b>%</b>	<b>Achievement</b>	<b>%</b>	<b>Achievement</b>	<b>%</b>
Aizawl 'W'	5841	5625	96.3	5162	88.4	5549	95.0	5077	86.9
Aizawl 'E'	1861	1831	98.4	1729	93.0	1692	91.0	2134	114.7
Kolasib	1537	1690	109.9	1682	109.4	1647	91.7	1652	102.2
Mamit	1189	1274	107.2	1420	119.4	1203	101.2	1060	89.2
Champhai	2883	2595	90.0	2904	100.7	2272	82.4	2535	92.9
Serchhip	1320	1291	97.8	1360	103.0	1221	92.5	1640	124.3
Lunglei	2670	2265	84.8	2233	83.6	1726	64.6	2486	93.1
Lawngtlai	1486	956	63.3	870	58.6	882	59.4	997	67.1
Saiha	1552	1344	86.60	1343	86.5	1169	73.3	1292	83.3
<b>Total</b>	<b>20339</b>	<b>18871</b>	<b>92.7</b>	<b>18703</b>	<b>93.6</b>	<b>17361</b>	<b>83.5</b>	<b>18873</b>	<b>94.9</b>

## **B. Manpower position including contractual staff:**

There is one Programme Officer with 3 (three) additional staff, namely:

- Programme Officer - 1
- Community Health Officer - 1
- LDC - 1
- DEO (contract)Comp.Asst - 1

## **2. IODINE DEFECIENCY DISEASE CONTROL PROGRAMME**

### **A. Background information**

Iodine Deficiency is a worldwide major public health problem. About 1.5 billion people at risk of Iodine Deficiency Disorders (IDD). In India, more than 200 million people are at risk of IDD and more than 70 millions are having Goitre and other IDD problem. Government of India (GOI) launched a 100% centrally assisted National Goitre Control Programme (NGCP) in 1962. Aimed at production and supply of iodized salt to known endemic areas and survey of areas where Goitre was reported. The Survey conducted showed that no point of the country is free from IDD, including plain and coastal regions. The Central Goitre Control Review Committee 1983 recommended universal iodization of edible salt for human consumption in the country and notification was issued under Prevention of Food Adulteration (PFA) Act, 1954. A new evidences that come to light that Iodine is the most common cause of preventable mental retardation among children has led to an international focus on elimination of IDD. Thus the NGCP was renamed as National Iodine Deficiency Disorder Control Programme (NIDDCP) in 1992.

In Mizoram under NGCP, IDD cell was established at the Directorate of Health Services in 1986. Under which a separate Iodine Laboratory is being established where Lab. Technicians and Lab. Assistant are undertaking monitoring work of Iodized salt and Urine.

### **B. Objectives of the programme**

- Assess the magnitude of IDD by periodic surveys.
- Re-survey after every 5-years to assess the extent of IDD and the impact of Iodized Salt.
- Laboratory Monitoring of Iodized Salt and Urinary Iodine excretion.
- I.E.C.

### C. Target and achievement by districts

- Reduce the incidence of IDD/Goitre to 10% from present 30% by providing household consumption of Iodide Salt.
- To sustain the present percentage (91.3%) of household consuming only Iodide Salt.
- To make Iodide Salt Accessible at anytime for everybody at an affordable price.

### Report of the sample survey on IDD under Mamit, Aizawl and Lawngtlai District –

District	No. of pop. surveyed	No. of Goitre	% of Goitre
Mamit	3948	835	21.1%
Aizawl	10074	1872	18.5%
Lawngtlai	3809	435	14.4%
Lunglei	6476	804	12.4%

### District wise achievements for testing of edible salt (2004 - 05)

District	No of Tests		Nil iodine		Below 15PPM		Above 15PPM	
	No	%	No	%	No	%	No	%
Aizawl W	9680	21.9	4	0.01	743	1.68	8933	20.2
Aizawl E	6593	14.9	0	0	224	0.51	6369	14.4
Kolasib	3934	8.9	4	0.01	183	0.41	3747	8.5
Mamit	5218	11.8	0	0	62	0.14	5156	11.7
Champhai	2302	5.2	0	0		0	2302	5.2
Serchhip	7729	17.5	16	0.04	841	1.90	6872	15.5
Lunglei	3404	7.7	0	0	163	0.37	3241	7.3
Lawngtlai	2817	6.4	0	0	313	0.71	2504	5.7
Saiha	2546	5.8	0	0	546	1.23	2000	4.5
<b>Total</b>	<b>44223</b>	<b>100</b>	<b>24</b>	<b>0.1</b>	<b>3075</b>	<b>6.95</b>	<b>41124</b>	<b>93.1</b>

#### **D. Manpower position**

• Programme Officer	-	1
• Technical Officer	-	Vacant
• Statistical Assistant	-	1
• L.D.C	-	1
• Laboratory Technician	-	1
• Laboratory Assistant	-	1
• <b>Total</b>	-	<b>5</b>

### **3. SCHOOL HEALTH PROGRAMME**

#### **A. Background information**

The National School Health Programme was launched in 1977 as a Centrally sponsored scheme. In Mizoram, it was started in 1978 in selected PHCs. After the centrally sponsored was ended in 1991, the Programme was taken-up by the State. Since 1993-1994, the Programme has been extended to all PHCs and CHCs where a Medical Officer are posted, as well as in urban areas such as Aizawl, Lunglei and Saiha. The Programme's targeted mainly the general health check up of School going children and to take remedial measures and follow up. The Programme specially covers the Primary School Children.

The programme aims to prepare younger generation to adopt healthy measures so as to help them to make the best use of educational facilities for utilizing them in a productive and constructive manner, to enjoy recreation and to develop concern for others. It also helps the students to become useful citizens who will be able to perform their role effectively for the welfare of themselves, their families, the community at large and the country as a whole.

#### **B. Objectives of the programme**

- Promotion of positive health of School Children
- Prevention of disease
- Early diagnosis/treatment6/follow up/ referral
- Awakening of health consciousness
- Provision of healthful environment

### C. Target and achievement by districts

The targets of the programme are:

- To conduct as many health check up as possible among the School Children by increasing the number of School visit in every District.
- To train more Medical Officers and School Teachers at every Districts on School Health Programmes, with particular emphasis on
- Personal hygiene.
- Household and School environment sanitation.
- Detection of Children with health problems, give treatment and follow up action.

**District wise achievement under the programme for 2004 - 05 is :**

Districts	No of school	No of School visit	% of school visit	No of students examined	Students with health problem	
					No	%
Aizawl 'W'	260	77	29.6	3234	809	25.0
Aizawl 'E'	118	84	71.2	3360	840	25.0
Kolasib	76	33	43.4	1221	329	26.9
Mamit	70	57	81.4	1425	356	25.0
Champhai	111	40	36.0	1440	360	25.0
Serchhip	75	48	64.0	1920	497	25.9
Lunglei	239	72	30.1	2952	767	26.0
Lawngtlai	110	21	19.1	567	141	24.9
Saiha	69	12	17.4	384	96	25.0
<b>Total</b>	<b>1128</b>	<b>444</b>	<b>39.4</b>	<b>16503</b>	<b>4195</b>	<b>25.4</b>

### D. Manpower position

Programme Officer	-	1
LDC	-	1
Group D	-	1

#### **4. NATIONAL LEPROSY ERADICATION PROGRAMME**

##### **A. Background information**

The former Leprosy Control Programme was re-designated National Leprosy “Eradication” Programme in the Year 1983 with the goal of eradicating the disease by the turn of the century. The aim is to reduce the case-load to 1 or less than 1 per 10,000 population.

The revised strategy was based on :

- Early detection of Cases (by population surveys, School surveys, contact examination and Voluntary referral)
- Short term Multi-drug therapy
- Ulcer and deformity case prevention/treatment and Rehabilitation activities
- Health Education

The regimens recommended by WHO have been adapted to suit the operational and administrative requirements.

NLEP provides free domiciliary treatment in endemic districts through specially trained staff and in Moderate to low endemic districts, it provides services through mobile leprosy treatment units and Primary Health Care personnel. Treatment of leprosy cases with MDT was taken up in a phased manner. As a result, a number of cases discharged as cured are increasing progressively over the years.

Under NLEP, the State Leprosy Officer is the Chief Co-ordinator and technical advisor to the concerned State Government. At the central level, the leprosy division of Directorate General of Health Services, New Delhi is responsible for planning, supervision and monitoring the programme. The division is under the control of a Deputy Director General who advises the government on all anti – leprosy activities.

By the end of Phase II Project in March 2001 the State of Mizoram had achieved elimination level by bringing down the Prevalence Rate to 0.67 per 10,000 population. And hence, the State of Mizoram is categorized as one of the Low endemic States in the country.

The National Leprosy Eradication Phase II Project was launched with the support of World Bank by the Government of India, commencing from 1<sup>st</sup> April 2001, for a period of 3 years. It was extended till 31<sup>st</sup> December 2005. In India, 8 States/ UTs had achieved elimination level of leprosy and 22 states/ UTs were nearing the elimination stage. While in the remaining 5 states, the prevalence rate of leprosy continued to be very high. These 5 endemic states contributed 70.15% of the disease burden in the country. For project implementation plan of Phase II Project with different

approaches, the states are categorized as low endemic states, moderate endemic states, and high endemic states.

## **B. Objectives of the programme**

The NLEP Phase –II Project was launched with the following objectives:

- To achieve elimination of Leprosy at National level by the end of the project.
- To accomplish integration of Leprosy services with general health care system in the 27 low endemic states/UTs.
- To proceed with integration of services rapidly in the 8 high endemic states namely Uttar Pradesh, Madhya Pradesh, Orissa, West Bengal, Uttaranchal Pradesh, Chhatisgarh and Jharkhand.

### **Mizoram State :**

Under NLEP Phase II Project, the state of Mizoram has set itself the following objective for the elimination of leprosy from the state:

“Total elimination of Leprosy from the state to bring down the current prevalence rate of Leprosy at 0.10 to 0(zero) by the end of the Project.”

## **C. Target and achievement by districts**

Since the initiation of the Programme, the achievements in Mizoram are:

- Bringing down the Prevalence rate from 3.5 per 10,000 population to 0.67 per 10,000 population by the end of the Phase I Project ie. 31.3.2001.
- Under Phase II Project the state has achieved the objective of the project. This is shown by the decline in prevalence of leprosy in the state. The recorded number of leprosy cases declined from 62 at the beginning of the project to 10 in March 2005 and the recorded prevalence rate declined from 0.67 per 10,000 population at the beginning of the project to 0.10 per 10,000 population in March 2005.
- Released from Treatment (RFT) percent is increasing from 35.8% in the beginning of the project to 65.5% in March 2005.

## **D. Manpower position**

Regular appointments:

### **State Headquarters**

Programme Officer	-	1
Non Medical Supervisor (NMS)	-	1

### **District Headquarters**

NMS	-	3 (Aizawl, 'W' & 'E', Lunglei)
Para Medical Worker	-	6 (Lunglei, Marpara, Lungsen, Tlabung, Chawngte, Vaseitlang, Parva)

### **Contractual staff under Mizoram State Leprosy Society :**

#### **State headquarters**

Epidemiologist (Sample survey Assessment Unit- SSAU))	-	1
Budget & Finance Officer (BFO) cum Accountant	-	1
Data Entry Operator (SSAU)	-	1
Data Entry Operator (WHO)	-	1
Driver	-	2

#### **District Headquarters :**

Driver	-	3 (Aizawl 'W', Lunglei, Saiha)
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## **5. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)**

### **A. Background information**

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored scheme with the goal of reducing the prevalence of blindness. The goal set for the terminal year of the 10<sup>th</sup> plan is to reduce the prevalence of blindness from 1.49% to 0.8% by 2007. NPCB is one of the most successful health programmes being implemented in Mizoram. Under this programme, priority is given to control of avoidable blindness, mainly caused by cataract by timely operation at Base Hospitals and Surgical Eye Camps at various places. Important occasions like World Sight Day, Eye Donation Fortnight and Prevention of Blindness Week also observed.

### **Magnitude of Blindness:**

As per National Survey 1986-89 prevalence of blindness was estimated to be lower in the NE States compared to the National Average of 1.49%. Blind Survey had been conducted on two occasions, first during 1998-99 (Pop. 7,49,150) where 1056 (0.44%) blinds due to various causes were detected. Second survey was conducted during 2001-2002 where 1106 (0.12%) blinds have been detected. Many of these 'blinds' are due to different kinds of injuries, congenital, cataract etc. Blind Survey for the year 2005-2006 is underway and report is awaited.

### **STATE BLINDNESS CONTROL SOCIETY**

As per instruction of GoI, Ministry of Health & Family Welfare, New Delhi, State Blindness Control Society (SBCS) had been established in Mizoram during 2001-2002. Grant-In-Aid (GIA) from GoI which is received by the SBCS is released to DBCS based on their performances as well as after receiving Expenditure Statement, Audited Statement and Utilization Certificates. SBCS having a maximum of 9 (nine) members for constitution of an Executive Body as per GoI instructions is as follows :

- |                     |   |  |
|---------------------|---|--|
| 1. Chairman         | - | Secretary, Health & FW                 |
| 2. Vice Chairman    | - | Director, Health & FW                  |
| 3. Member Secretary | - | Dy. Director, NPCB                     |
| 4. Members          | - | Director, Hospital & Medical Education |
|                     |   | Senior Eye Surgeon, CHA                |
|                     |   | Jt. Secretary, Finance (C)             |
|                     |   | President, MUP, MHIP, CYMA             |

### **Evolution of District Blindness Control Society (DBCS):**

NPCB has further decentralized the approach at state and district level. Planning, implementation and monitoring were done either from central or from the state cell directly. Since there was no independent officer for blindness control at district level, CMOs or equivalence officers are looking after the programme. The GOI felt the necessity of establishing DBCS for effective implementation, close monitoring and coordination with public and NGOs at district level. As such DBCS was establish in Mizoram during 1995 at the following districts:

- |                |                 |
|----------------|-----------------|
| 1. Aizawl West | 2. Aizawl East  |
| 3. Lunglei     | 4. Chhimituipui |

Another five (5) DBCS were also established at Serchhip, Lawngtlai, Champhai, Kolasib and Mamit during 2003 to 2004. Thus, there are 9 DBCS in the state till date.

*Composition of District Blindness Control Society:*

- |                      |   |   |
|----------------------|---|---|
| 1. Chairman          | - | Deputy Commissioner                         |
| 2. Vice Chairman     | - | Chief Medical Officer                       |
| 3. Member Secretary  | - | District Programme Manager                  |
| 4. Technical Adviser | - | Chief Ophthalmic Surgeon, District Hospital |
| 5. Members           | - | DEO, PRO, DSWO, NGO'S (3).                  |

**B. Objectives:** The main objectives of the programme are :

- To provide high quality eye care to the affected population.
- To expand coverage of eye care services to the under served areas.
- To reduce the backlog of blindness by identifying and providing services to the affected population
- To develop institutional capacity for eye care services by providing support for equipment and material and training personnel.

The programme objectives are to be achieved by adopting the following strategies:

- Decentralized implementation of the scheme through District Blindness Control Societies
- Reduction in the backlog of blind persons by active screening of population above 50 years, organizing screening eye camps and transporting operable cases to eye care facilities
- Involvement of voluntary organization in various eye care activities
- Participation of community and Panchayat Raj Institution in organizing services in rural areas
- Development of eye care services and improvement in quality of eye care by training of personnel, supply of high tech equipment's, strengthening follow up services and monitoring of services;
- Screening of school going children for identification and treatment of Refractive Errors; with special attention in under served areas.
- Public awareness about prevention and timely treatment of eye ailments.
- Special focus on illiterate women in rural areas. For this purpose, there should be convergence with various ongoing schemes for development of women and children.

- To make eye care comprehensive, besides cataract surgery other Intra Ocular surgical operations for treatment of Glaucoma, Diabetic Retinopathy etc. may also be provided free of cost to the poor patients through government as well as qualified non government organizations.

The ongoing activities in the states are :

- Organizing Surgical Eye Camps/Clinics in the underserved areas.
- School Eye Screening (SES).
- In-Service Training of Medical Officers/Ophthalmic Assistants and Staff Nurses.
- IEC

The basic indicator to evaluate National Programme for Control of Blindness (NPCB) has been traditionally in relation to Cataract Operation.

### C. Targets and achievements

The annual target and achievement for the year 2004 – 2005 under NPCB is as shown in the table below:

No	Districts	Eye camp		Cataract operation		
		Target	Achievement	Target	Achievement	IOL
1	Aizawl 'W'	6	1	300	31	31
2	Aizawl 'E'	6	6	300	143	143
3	Kolasib	4	1	50	27	27
4	Mamit	2	0	50	0	0
5	Champhai	4	0	70	45	26
6	Serchhip	2	0	50	0	0
7	Lunglei	6	0	200	115	115
8	Lawngtlai	2	2	30	82	82
9	Saiha	2	0	50	0	0
10	Durtlang Hospital	0	0	0	94	94
11	Civil Hosp. Aizawl	0	0	0	266	260
12	Dist. Hosp Lunglei	0	0	0	56	52
<b>Total</b>		<b>34</b>	<b>10</b>	<b>1100</b>	<b>859</b>	<b>830</b>

**Cataract operations performed by different agencies, 2000-04**

Year	Hospital		NGOs		DBCS		Total
	Number	%	Numbers	%	Numbers	%	Numbers
2000-01	329	57.0	68	11.8	180	31.2	577
2001-02	317	44.3	119	16.6	279	39.0	715
2002-03	333	45.4	115	15.7	285	38.9	733
2003-04	371	46.6	89	11.2	336	42.2	796
2004-05	367	42.7	94	10.9	398	46.3	859
<b>Total</b>	<b>1717</b>	<b>46.7</b>	<b>485</b>	<b>13.1</b>	<b>1478</b>	<b>40.2</b>	<b>3680</b>

No	Districts	School Eye Screening				
		Teachers training	Target	Achievement	Children with refractive errors	Free spectacles
1	Aizawl 'W'	80	4500	1849	436	209
2	Aizawl 'E'	10	4500	2463	513	278
3	Kolasib	105	2800	2943	172	0
4	Mamit	0	2800	1682	27	0
5	Champhai	0	3500	4983	496	128
6	Serchhip	0	2800	1905	223	0
7	Lunglei	31	4500	4935	567	180
8	Lawngtlai	18	2000	923	188	0
9	Saiha	0	2800	2366	451	0
10	Durtlang Hospital	0	0	0	0	0
11	Civil Hosp. Aizawl	0	0	0	0	0
12	Dist Hosp Lunglei	0	0	0	0	0
<b>Total</b>		<b>244</b>	<b>30200</b>	<b>24049</b>	<b>3073</b>	<b>795</b>

<b>School visit by different DBCS: 2004-2005</b>		
<b>No</b>	<b>District</b>	<b>Number of schools visited</b>
1	Aizawl West	15
2	Aizawl East	20
3	Kolasib	41
4	Mamit	26
5	Champhai	53
6	Serchhip	26
7	Lunglei	13
8	Lawngtlai	7
9	Saiha	47
<b>Total</b>		<b>248</b>

## **E. Manpower**

### **1. At Directorate of Health Services, Mizoram**

- Deputy Director (NPCB) - 1 (one)
- UDC - 1 (one)
- Group 'D' - 1 (one)
- Data Entry Operator (DEO) - 1 (one) (*Contractual basis*)

### **2. At District level**

District Programme Manager (DPM) were appointed on contractual basis with an honorarium of Rs. 6,000/- per month, but as per instruction of GOI these DPMs were abolished during Sept. 2000. Selected officers from each district are now functioning as DPM in addition to their normal duties with a remuneration of Rs. 2,000/- per month. One Account Assistant has been also appointed in every DBCS with an honorarium of Rs. 1,500/- per month. Besides these, there are 17 Para Medical Ophthalmic Assistant (PMOA) and 1 (one) Rehabilitation Assistant posted at several health institutions (PHC, CHC, Hospitals, PP Unit).

**Existing Position of PMOAs & Rehabilitation Assistant :**

No	District/Institution	No. of PMOA / Rehab. Asst.	Place of Posting
1	Aizawl West	1	Sialsuk PHC
2	Aizawl East	1	Thingsulthliah PHC
3	Kolasib	1	District Hospital, Kolasib
4	Mamit	1	District Hospital, Mamit
5	Champhai	1	District Hospital, Champhai
6	Serchhip	1	District Hospital, Serchhip
7	Lunglei District	3	Buarpui PHC
			Hnahthial CHC
			Chhipphir PHC
8	District Hospital, Lunglei	1	District Hospital, Lunglei
9	Lawngtlai	1	District Hospital, Lawngtlai
10	Saiha	1	District Hospital, Saiha
11	Civil Hospital, Aizawl	5 (4+1 Rehab. Asst)	Civil Hospital, Aizawl
12	PP Unit Kulikawn	1	PPU Unit, Kulikawn
<b>Total</b>		<b>18</b>	

**6. STATE AIDS CONTROL SOCIETY**

**A. Background information:**

The National Control Project was the first project in India to develop a national public health programme in HIV/AIDS prevention and control and was implemented between 1992-1993. The project objectives were:

I. The ultimate objective of the project was to slow the spread of HIV to reduce future morbidity, mortality and the impact of AIDS by initiating a major effort in the prevention of HIV transmission. The specific objectives were to:

- Involve all states and UTs in developing HIV/AIDS preventive activities with special focus on the major epicenters of the epidemic.
- Attain a satisfactory level of public awareness on HIV transmission and prevention.

- Develop health promotion interventions among risk behavior groups.
- Screening all units collected for blood transfusions.
- Decrease the practice of professional blood donations.
- Develop skills in clinical management, health sero-positive persons, Aids patients, and their associates.
- Strengthen the control of Sexually Transmitted Diseases (STD) and,
- Monitor the development of HIV/AIDS epidemic in the country.

**II.** The project objectives were in line with the broad sectoral strategy of the government and initiated the development of sub-sectoral strategies on HIV/AIDS. The expected outputs and outcome indicators proposed in the Staff Appraisal Report were used to assess project performance. The design included five basic components:

- Strengthening management capacity for HIV/AIDS control
- Promoting public awareness and community support
- Improving blood safety and national use
- Controlling sexually transmitted diseases
- Building surveillance and clinical management capacity

After the development of a program framework, the Central Government pursued incremental efforts to generate State responses and commitment. At the mid-term review, it was concluded that the objectives of the project remained valid and attainable.

**B. Objectives:**

**Goal:**

- To reduce the spread of HIV Infection in India
  - To strengthen India's capacity to response to HIV/AIDS on long-term basis.

**Objective:**

- To keep HIV prevalence rate below 1%
- To reduce blood borne transmission of HIV to less than 1%
- To attain awareness level of not less than 90% among the youth and the reproductive age of group.
- To achieve condom use of not less than 90% among high risk categories like Commercial Sex workers.

## **Components:**

1. Priority Targeted Intervention for High Risk Group:
  - TI (Targeted Intervention) Project
  - STD (Sexually Transmitted Disease)
  - Condom Promotion
  
2. Preventive Intervention for the General Community:
  - IEC and Awareness Campaign
  - Telephone hotline counseling
  - VCTC (Voluntary Counseling and Testing Centre)
  - Blood Safety
  - School AIDS Education Programme
  - Prevention of Parents to Child Transmission
  
3. Care & Support:
  - OI (Opportunistic Infection)/STD Drugs
  - PEP (Post Exposure Prophylaxis)
  - Hospice/Residential Community Care Center
  - DIC (Drop In Centre) for PLWHA (People Living With HIV/AIDS)
  - ART (Anti Retroviral Therapy)
  
4. Institutional Strengthening:  
Operational & Maintenance of Staff, etc.
  
5. Inter-sectoral Collaboration

## **C. Target and achievement (2004-05)**

1)	No. Of Blood Tested	-	4245
	For HIV	-	272
2)	No. Of AIDS Cases	-	48
	No. Of Aids deaths	-	21

3) Report of sentinel surveillance – 2004

Sites	-	9 sites
ANC (Antenatal Clinic)	-	3
STD (Sexually Transmitted Disease)	-	3
IDU (Intravenous Drug Users)	-	2
FSW (Female Se Workers)	-	1
Prevalence of HIV/AIDS at these sentinel sites are:		
ANC	-	1.5%
STD	-	1%
IDU	-	5.3%
FSW	-	13.691%

4) Blood Donation:

Total number of blood unit collected	-	13521
Percentage of voluntary blood donation	-	58.73%

**E. Manpower position**

<b>Position of Officers &amp; Staff under Mizoram State AIDS Control Society</b>					
No	Designation	No. of Post	Filled Up	Vacant	Remarks
1	Project Director	1	1		Deputation
2	Dy. Director (STD)	1	1		Deputation
3	Dy. Director (Surv)	1		1	Deputation
4	Dy. Director (BS)	1		1	Deputation
5	Finance Officer	1	1		Deputation
6	Head Assistant	1	1		Deputation
7	Inspector of Statistics	1	1		Co-terminus
8	Technical Assistant	1	1		Co-terminus
9	Accountant	1	1		Co-terminus
10	Personal Assistant	1	1		Co-terminus
11	Assistant Statistical Officer	1	1		Co-terminus
12	Store Keeper	1	1		Co-terminus
13	LDC	2	2		1-Contractual & 1-Co-terminus
14	Drivers	5	5		4-Contractual & 1-Co-terminus
15	IV-Grade	5	5		4-Contractual &

					1-Co-terminus
16	NGO Advisor	1	1		Contractual
17	Dy. Director (IEC)	1	1		Contractual
18	Drugs Inspector	1	1		Contractual
19	Monitoring & Evaluation Officer	1	1		Contractual
20	UDC	1	1		Contractual
21	Computer Operator	1	1		Contractual
22	Laboratory Technicians	15	15		Contractual
23	Counselors	19	19		Contractual
	<b>TOTAL</b>	<b>64</b>	<b>62</b>	<b>2</b>	

## 7. STATE MASS MEDIA AND EDUCATION

### A. Background information

Mass media is an effective vehicle for rapidly transmitting information to large audiences. However, the notion that mass media can be used to develop critical thinking about health issues and motivate social and economic change to contribute to a healthy society may be as unrealistic as the notion that mass communication is a magic formula to untangle all health problems.

In Mizoram in order to ensure optimum utilization of man and material resources available, Mini State Health Education Bureau was created in the State Health Directorate in the year 1977 headed by Health Education Officer, one LDC and a Peon. In addition to the routine duties, School health Programme was taken up under this Bureau though the School Health Programme was switched over to MCH Programme in the year 1985. The State Health Education Bureau was amalgamated with Mass Education and Media Wing in March 1988, which presently is known as State Mass Education and Media Wing.

### B. Objectives of the programme

The objectives of MEM/IEC activities is divided into two :

- Short term objectives
  - Long term objectives
- (i) Short Term Objectives :
- To reach all eligible couples through extension education and interpersonal communication.
  - To re-enforce the concept of small family norm and its advantages in terms of health & socio-economic benefits.

- To create an environment for effective community participation through orientation training for grass-root personnel like MPW (male & female), T.B.As and V.H.Gs.
- To bridge the gap between awareness and acceptance of the services provided under the Health & Family welfare Programme.
- To implement communication strategy which envisages the delivery of messages through area specific approach.

(ii) Long Term Objectives:

- To develop a favourable attitude with the medical as well as para-medical personnel and to apply communication skills while delivering services which will result in generating health consciousness among the people.
- Equip Health & Family Welfare personnel through continuing education for creating an atmosphere to change the existing social norms in favour of late marriage, sex-indifference for children, child survival, women's education and their employment status for which they have to go a little beyond the circumference of the traditional communication circle.

**C. Target and achievements**

Targets for Mass Education and Media Activities have been fixed for the Districts, Sub-division, Training Institutes and State Headquarter. The following are target and achievement for the year 2004-2005.

No	Activities	Target	Achievements
1	Maintenance of old MSS	773	773
2	Formation of New MSS	50	-
3	Production of Printed material :		
	(a) Hriselna Magazine	20000	20000
	(b) Leaflets/folders	120000	204000
	(c) Hoarding	20	20
	(d) Poster	500	500
4	Press advertisement issued :		
	(a) Display Advertisement	280	220
	(b) Press Release	-	60

5	Observation of Important Days	-	-
6	Public meeting/film show	250	170
7	Exhibition/Seminar conducted	50	35
8	O.T Camp conducted	425	352
9	IMPCC committee hosted	3	2
10	Publicity through AIR/DDK/Local TV channel	180	155
11	Health Notes/Direct talks through AIR	300	300

### E. Manpower position

At present, Department of Health & Family welfare in Mizoram is functioning at the existing 8 districts. The current position of manpower under MEM/IEC wing of Health & Family welfare Department is shown below:

		No. of Post	Post filled	Post vacant	Addl. Post required
STATE LEVEL	State MEM Officer	1	1	-	-
	HEO	2	2	-	-
	Artist cum photographer	1	1	-	-
	Projectionist	2	2	-	-
DISTRICT LEVEL	DEMO	1	-	1	7
	Dy. DEMO	2	2	-	14
	Projectionist	3	3	-	5
BLOCK LEVEL	BEE	20	12	8	2

From the above table it is clearly seen that the present Mass Education & Media infrastructure of Mizoram needs manpower strengthening. In order to ensure community participation for optimum utilization of services available under Health & Family Welfare programmes, the role of MEM personnel at District and Block levels are crucial and essential. As per Central norms one DEMO and two Dy. DEMO are to be posted in every District and 1 (one) BEE at each Block level PHC as they are the key personnel to disease prevention and health promotion.

## **8. DRUG CONTROL PROGRAMME**

### **A. Background information**

Drugs Control Administration in Mizoram is functioning as part and parcel of the Directorate of Health Services. During the inception of Drug Control Administration, the section is manned by Ministerial Clerks and the Director of Health Services as an ex-officio Drugs Controller cum licensing authority.

On dated 11.11.1986, the first Drugs Inspector was appointed and the set up of Drugs Section was strengthening by utilizing the services of one Pharmacist. Since then the formal registration and documenting the Drug License within Mizoram was prepared and also the Drugs Stores in Mizoram were inspected. Guideline as per the Drugs and Cosmetic Act 1940 and Rules 1945 were circulated and instructions were given to the drugs dealer for achieving the objection of Drug Control Administration. Successively, new Drugs Inspector are recruited in order to strengthen the activities of Drug Control Administration to the present number of 12.

Issue of Drug license is under the purview of Drug Control Section.

Some of the salient features in regard to drug license and renewal fees -

- Restricted drug license (Form 20A, 21A) - Rs. 1000.00
- General drug license (Form 20, 21) - Rs. 3000.00
- Wholesale (Form 20B, 21B) - Rs. 3000.00
- Wholesale and retail (Form 20,21,20B, 21B) - Rs. 6000.00
- Restricted with wholesale (Form 20&21A & B) - Rs. 4000.00
- Homeopathic drug license (Form 20C) - Rs. 500.00
- Schedule X Drugs - Rs. 1000.00
- (These licenses are valid for a period of 5 years)
- Issue of duplicate drug license - Rs. 300
- Late fee - Rs. 500 per month

### **B. Objectives of the programme**

The main objective of Drugs Control Administration is to prevent substandard in drugs or in other words to assure the availability of safe, efficacious and good qualities medicines for the public at all times. Drugs control administration also ensure the availability of Drugs within the price prescribed at all places.

For the purpose of executive the above objective, the Drug Control Administrative enforce the following Act & Rules for the state of Mizoram –

1. The Drugs and Cosmetics Act 1940 and Rules 1945
2. The Drugs and magic remedies (objectional advertisement) Act and Rules 1955.
3. The Drugs price control order 1950
4. The Assam Drugs Control Act 1950

### C. Achievement by districts

Revenue submitted too the Government of Mizoram - Rs. 3,43,445.00

Summary of number of Drug license holders in Mizoram

District wise drug license issued :

rea/ Districts	Restrict ed license	General license	General with whole sale	Restric- ted with whole-sale	Homeopa thic license	Schedule X drugs
Aizawl City	501	31	24	Nil	2	1
Aizawl Dist	291	1	Nil	Nil	Nil	Nil
Kolasib Dist	193	5	1	1	1	Nil
Mamit	274	Nil	Nil	Nil	Nil	Nil
Champhai	244	2	2	2	Nil	Nil
Serchhip	117	5	1	Nil	1	Nil
Lunglei	246	16	12	Nil	3	1
Lawngtlai	93	Nil	Nil	Nil	1	Nil
Saiha	85	3	Nil	Nil	Nil	Nil
<b>Total</b>	<b>2044</b>	<b>63</b>	<b>40</b>	<b>3</b>	<b>8</b>	<b>2</b>

Number of case instituted in Court - 42

Number of conviction earned - 11

Number of drugs store under process for legal action - 10

Seized articles :

- Spasmoproxyvon - 17700 capsules
- Nitrozepam - 1100 tablets
- Cough syrup - 56740 phials
- Dicolic tablets - 200 tablets
- Morphine Injection - 81 ampoules

#### **D. Manpower position**

Mizoram Drugs Control Administration organizational set-up

1. Drugs Controller - 1 No.
2. Asst. Drugs Controller - 1 No.
3. Drugs Inspector - 11 Nos.

Drugs Inspector are posted at the following District Headquarters –

1. Aizawl - 5 Nos
2. Lunglei - 2 Nos
3. Saiha - 1 No.
4. Champhai - 1 No.
5. Kolasib - 1 No.

#### **9. AYUSH (Ayurvedic, Unani, Sidha, Homeopathy)**

##### **A. Objectives of the programme:**

To promote Indian Systems of Medicines and Homeopathy, namely, Aryurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy to the people as an alternative health care, as well as mainstreaming these systems of medicine in the health care system of the nation.

##### **B. Target and Achievements – District wise:**

It is endeavored to attain maximum achievement within the constraints existing in the set up such as lack of infrastructure and manpower.

Achievements are decided by the schemes prepared by the Govt. of India project proposals submitted, project proposals approved and sanctioned by the Govt. of India and the implementation thereof. Since there is limited infrastructure available under the programme in Mizoram, the achievements of targets have been rather slow. The achievements are :

i. *State Drug Testing Laboratory (Ayush):*

Proposals for State Drug Testing Laboratory submitted to the NEC and Govt. of India since 2000 was not entertained. However, our request to consider our deficiency in manpower and infrastructure was considered in the Secretary meeting in the year 2003 and our proposal for Drug Testing Laboratory (Ayush) was sanctioned in Dec 2003. After completion of all financial formalities the building for the laboratory is now under construction and is expected to be commissioned in the last part of 2005.

ii. *ISM & H Wing in District Hospitals:*

This project proposal was initially submitted to the govt. of India in 2003. After resubmission on the 11<sup>th</sup> March 2005, it was approved and sanctioned on the 30<sup>th</sup> March 2005.

As per scheme, it is proposed to open ISM & H Wing in each District of Mizoram with outdoor and indoor facilities. As of now, formal sanction is being pursued.

iii. *Projects under State Medicinal Plants Board:*

There are six ongoing projects under the State Medicinal Plants Board.

**C. VANASPATI VAN:**

(1) **Objective:** Conservation and cultivation of medicinal plants, so that cheap and easily available medicinal Plants are made available to the rural population.

Conservation of Medicinal Plants under 4 Divisions of Environment & Forest Department.

They are:

- Aizawl Forest Division
- Mamit Forest Division
- Kolasib Forest Division
- Wildlife
- Resources

Aizawl Forest Division and Resources have not completed the project.

- (2) Cultivation and Conservation of Medicinal Plants under Central Young Mizo Association (CYMA):

It is an Ongoing Project and yet to be completed.

- (3) Projects approved in 2005:

- Pilot project for medicinal plant Cultivation under SMPB.

- Target: Herbal gardens in Aizawl and Mamit Districts.

Achievements: Project sanctioned but not yet released.

- IEC project (Publication of Book on Medicinal Plant)

**D. Manpower:**

<b>Ayush Section :</b>	Nodal Officer	-	1
	UDC	-	1
	Driver	-	1
	Grade 4 <sup>th</sup>	-	1
<b>Vanaspati Van :</b>	Research Investigator	-	1
	Accountant	-	1
	Senior Technical Asst.	-	1
	Field Assistant	-	1
	Driver	-	2
	Grade 4 <sup>th</sup>	-	1
<b>SMPB</b>	: Computer Operator	-	1

### **13. BAMBOO FLOWERING AND FAMINE COMBAT SCHEMES (BAFFACOS)**

#### ***INTRODUCTION***

The Government of Mizoram is gearing up to prepare a comprehensive multi-sectoral action plan to meet the requirements of all aspects of the bamboo flowering phenomenon in the State. There is a State Level BAFFACOS Committee and Working Group under the chairmanship of the Chief Minister and the Chief Secretary respectively.

From past experiences, bamboo flowering in Mizoram is usually accompanied by considerable increase of rodent population. The destruction of food crops results in food scarcity and

famine. The epidemiological imbalance also leads to increased risk of infection or outbreaks of rodent borne diseases.

The modes of transmission of these diseases are through rat bite, fleas and other ecto-parasites or contamination of food, water and air by rodent urine or excreta. It is a cause for concern that gastroenteritis is still the second leading cause of morbidity despite other high socio-economic indicators indicating the unsafe eating and drinking practices. The risk of infection by these diseases is very high since people in Mizoram come in close contact with rodents including handling or consumption of their flesh. Some of these diseases are epidemic prone requiring immediate control and some are highly fatal. Rabies is 100% fatal.

**An outbreak of plague can be disastrous to the national economy.** This grim lesson was learnt in the Surat outbreak (1994), the economic loss for which was estimated to be **1.7 billion US dollars** and should not be overlooked in the present context. Our country was boycotted internationally disrupting international trade. **Mass panic reaction** was also observed all over the country, including the national capital of Delhi. Plague, transmitted by rodent fleas, is an **internationally notifiable disease.**

The national plague expert, Dr Shyamal Biswas of the Plague Surveillance Unit, National Institute of Communicable Diseases, Bangalore expressed his concern over the **lack of plague surveillance infrastructure** in the State during his recent visit to Mizoram regarding the impending bamboo flowering. His report stated that sylvatic plague infections were detected in Myanmar till recently and there is potential for plague outbreak in the neighbouring state of Mizoram for which appropriate preventive measures need to be taken.

A Government of India report stated that plague outbreak was reported in Himachal Pradesh (2002) and Uttaranchal(2004) but was contained following immediate appropriate actions which were efficient surveillance, chemoprophylaxis, case investigation and management.

**Diagnostic facilities for the majority of these diseases are currently absent** in Mizoram and need to be set up. Reagents, field test kits and medicine for treatment will need to be procured. It may thus be emphasized that appropriate preventive actions, immediate investigation, diagnosis and management, capacity building and awareness generation, etc are the key strategies to the successful control of rodent borne diseases.

Health Department has prepared an action plan to address the most critical aspect of the whole issue, that is, to prevent, manage or control the corresponding rodent borne diseases, malnutrition and its related diseases.

### ***GENERAL OBJECTIVES***

1. To prevent, manage and control rodent associated diseases in Mizoram.
2. To prevent and manage malnutrition due to food scarcity during bamboo flowering.
3. To develop the capacity of health services and community.
4. To prevent economic loss of the country and disruption of local and international trade by preventing or controlling plague epidemic.

### ***SPECIFIC OBJECTIVES***

1. To set up an organized surveillance system for rodent borne diseases.
2. To organize efficient State and District Rapid Response Teams for managing outbreaks of rodent borne diseases
3. Improve diagnostic and clinical management facilities of rodent borne diseases
4. To conduct training in surveillance, investigation, diagnosis and management of rodent borne diseases
5. To increase public awareness regarding risk factors, prevention and personal protection, signs and symptoms and management of rodent borne diseases.
6. To prevent and manage any associated malnutrition cases.

### **COMPONENTS**

1. Surveillance
  - a. Human
  - b. Rodents
  - c. Vector
  - d. Carnivore
2. Laboratory strengthening
3. Establishment of State & District BAFFACOS Cells
4. Recruitment of contractual staff

5. Training
6. Clinical management
7. Formation of Rapid Response Teams
8. Information, Education & Communication (IEC)
9. Border Survey
10. Inter-sectoral Coordination
11. Community participation
12. Research

### BAFFACOS- Status report

S. No.	Activity	Current status	Time line
1.	Preparation of Action Plan	Submitted to GOM, GOI	Completed
2.	Identification of Nodal Officers at State/District levels	Officially notified as Nodal Officer	Completed
3.	Establishment of Health BAFFACOS Cells	a) At Dte. of Health Services b) District	Completed BHO & BFW not recruited
4.	Formation of BAFFACOS Committees at various levels	State & District level & Technical Committees officially notified & lower levels to be constituted	Completed
5.	Formation of Rapid Response Teams (RRT) – State & districts	State, Azl ‘E’ & ‘W’ RRTs notified by GOM. Serchhip & Lunglei already nominated RRT members	All districts to be completed by 2005
6.	TRAINING		
a.	Training of Core or State Trainers	Epidemiologist, Microbiologist & Entomologist sent to Bangalore during 4-7 <sup>th</sup> Jan, 2005. Mizoram Action Plan also	Completed

		presented here for technical assessment & discussion.	
b.	Training of Directorate Officers on BAFFACOS	At Dte. of Health	On 2.02.05
c.	Training of Senior Health Officials (CMOs, HODs,etc.)	At Dte. of Health	On 16-17 <sup>th</sup> Feb, 2005
d.	Training/Sensitization of Health Staff, NGOs, Community leaders & members	MOs & HWs of Aizawl district trained	To be completed by 2005
e.	Workshop-cum-Training on Rodent Borne Diseases for Health Officers to be organized by GOM, NICD(Delhi) & Plague Surveillance Unit, Bangalore	Arrangements being made	To be conducted after confirming
f.	Field Studies at Surat (Gujarat), Rohru (Himachal) & Uttarkashi (Uttaranchal)	Planned during 21-30 <sup>th</sup> June,2005	Planned
g	Guidelines on implementation of BAFFACOS Action Plan		Being prepared
h.	Hand book on Zoonotic diseases		Being prepared
7.	IEC		
a.	Sensitization of Mizoram doctors – Govt. & Private	Nodal Officer presented Action Plan at IMA Conference on 16.12.2004	Completed
b.	Sensitization of Policy Makers (Legislators)	Scheduled on 16 <sup>th</sup> Feb 2005	Postponed
c.	Hoardings	At strategic points including border areas	Being designed
d.	Documentary films		Firm selected

e.	Spots etc.		Being designed
f.	Leaflets		Printed
g.	Posters		Printed
h.	Hoardings (100)		Being erected at strategic locations
i.	Use of traditional media (YMA, Zephyr, etc.)	Plays, comedies, awareness camps, etc	Planned
8.	Purchase of equipments Laboratory Communication Field kits	Orders placed, some received	On-going
9.	Hiring of vehicles		Hired
10.	Purchase of medicines & laboratory reagents Antibiotics Nutrition enhancers Diagnostic kits Lab. Reagents	Orders placed, some received	On-going
12.	Baseline Survey for rodent borne diseases, sylvatic plague esp. at Myanmar borders	Planned during 13-18 <sup>th</sup> June, 2005	
13.	Hiring & Training of BAFFACOS Health Officers & Field Workers	GOM approval awaited	1 <sup>st</sup> Qtr., 2005
14.	Inter- sectoral Coordination Nodal Officer & State Entomologist attended Training of Field Officers (Agri) Aizawl	- Nodal Officer delivered lectures at Aizawl & Kolasib along with Central Rodent & Plague Experts - Meeting held for core	Workshops, seminar, official & personal interactions

		departments for health e.g. Health, Agriculture & AH & Vety - Meeting of various dept. to discuss media strategies organized by I&PR Dept.	planned till the end of the project
15.	Surveillance activities & networking with NICD, Delhi & PSU, Bangalore Human samples Rodent organs & blood Flea Indices Carnivore (dog)- Sera	To be initiated after training	2005-2006
16.	Research	On various aspects throughout the project	Planned

## II. NURSING SERVICE

### A. Background information

It may be traced back that nursing service was introduced for the first time in Mizoram in the year 1908. Mrs. Pawngi was the first lady nurse in Mizoram who joined Govt. service as Nurse in the year, 1908 at Civil Hospital, Aizawl after successfully completing Midwifery course at Lady Dubberin Hospital, Calcutta. Later during the years, from 1921-1924, two ladies viz. Mrs. Tlawmkungi and Mrs. Kaithuami were able to achieve complete nursing course at Robert Hospital, Shillong.

The first nursing school in Mizoram was established in the year 1919 by Mrs Dawki, the first Nurse Missionary in Mizoram. Later, a full-fledged Nursing School was established in the year 1928 at Presbyterian Hospital, Durtlang. Additionally, two Nursing schools were also set up in Mizoram, one at Aizawl in the year 1980, and another at Lunglei in the year 1995. Each of these Nursing schools could approximately train 40 students every year.

When the famous insurgency took place in Mizoram in the year 1966, a number of villages were grouped together to facilitate control of the activities of the rebel Mizo National Front (MNF).

As a result of such grouping of villages, the available nursing personnel at that time were systematically posted at different Grouping Centres as ANM, Health visitor, etc. It was only when the atmosphere of insurgency and violence calmed down, Hospitals in Mizoram could be run properly and effectively as it ought to be. Therefore, the posts of Sisters and Matrons were created by the Govt. of Mizoram.

The real development in nursing service took place after Mizoram attained Union Territory status in the year 1972. It was in the month of April 1974, that the service of Mrs. Thanpari Pautu had been permanently absorbed from Assam service by the Govt. of Mizoram to be the first Nursing officer, holding the post of Assistant Nursing Superintendent in the office of the Directorate of Health Services, Government of Mizoram. Moreover, during the relevant periods, a number of nursing personnel belonging to Mizo community who had been serving in plain areas and in Assam State were also permanently transferred to the Union Territory of Mizoram from their respective place of posting by making regulations governing their respective transfers as it deems fit and appropriate by the responsible parties.

The post of Asst. Director (Nursing) was created in 1978 and the post of Dy. Director (Nursing) was also created in 1983.

In 1996, an Institution known as 'RIPAN' was established in Mizoram under the sponsorship of NEC in which the course of BSC (N) was introduced. The institution not only provided for facilities to nursing students to have an opportunity of completing degree level in nursing subject in the soil of Mizoram, but also provided for employment opportunity to those persons already having Master and Bachelor Degree in Nursing subject.

As of today, there are 8 numbers of nursing personnel having Gazetted status and 502 numbers of non-Gazetted nursing personnel in Mizoram. The services of these nursing personnel are utilized in different hospitals, health institutions, etc.

After passing through such stages, the nursing service in Mizoram is now ever improving day by day.

#### **J. Objectives of Nursing Service**

- To identify the health needs of the people and to plan and provide quality nursing care in Hospitals and other health centres
- To guide and encourage all nursing personnel to provide quality nursing care to the people
- To give its members security, confidence and opportunities for professional development

- To organize workshops, seminar refresher courses for all categories of nursing staff and to select candidates for elective higher studies

To carry out regular inspection and supervision of hospitals, other health centres and training institutions

## **K. Manpower position**

### **Summary of Nursing Manpower status :**

No	Category	Post sanctioned	Post filled	Post vacant
1	Deputy Director (Nursing)	1	1	Nil
2	Assistant Director (Nursing)	1	1	Nil
3	Nursing Superintendent (NS)	3	3	Nil
4	Asst. Nursing Superintendent (ANS)	12	9	3
5	Ward Superintendent (WS)	104	102	2
6	Staff Nurse (SN)	393	364	29
7	Staff Nurse (contract)	170	170	Nil
8	Principal	3	3	Nil
9	Tutor	18	15	3
10	Tutor (contract)	2	2	Nil
11	Public Health Sister (PHS)	2	2	Nil
12	Public Health Nursing Officer	1	Nil	1
	<b>Total</b>	<b>710</b>	<b>680</b>	<b>34</b>

**Details of Nursing Manpower status:**

**At Directorate of Health Services:**

Deputy Director (Nursing)	-	1
Assistant Director (Nursing)	-	1
Assistant Nursing Superintendent (ANS)	-	Nil

No	School	Principa l	Tutor	WS/Warden	PHS	Contract
1	<b>Nursing School, Aizawl</b>	<b>1</b>	<b>4</b>	<b>3</b>		<b>1</b>
2	<b>Nursing School, Lunglei</b>	<b>1</b>	<b>5</b>	<b>3</b>		<b>1</b>
3	<b>Health Worker Training School</b>	<b>1</b>	<b>6</b>		<b>1</b>	
4	Total	3	15	6	1	2

**Manpower position at Hospitals:**

No	Hospital	Nursing supdt	ANS	WS	SN	Contract
1	Civil Hospital, Aizawl	1	2	38	125	
2	PP Unit, Kulikawn			2	9	
3	Cobalt Therapy				4	
4	Referral Hospital, Falkawn			1	2	
5	Psychiatric Ward			1	6	
6	Governors Clinic				1	
7	Mizoram House- Kolkata				1	
8	Guwahati				1	
<b>Total</b>		<b>1</b>	<b>2</b>	<b>42</b>	<b>149</b>	<b>3</b>

**Nursing staff on deputation**

No	Deputation	Nursing supdt	ANS	WS	SN	Contract
1	DAC Sethawn			1	6	
2	Central Jail Aizawl				2	
3	Lunglei District Jail				1	
4	Kolasihb Sub-District Jail				1	
5	Champhai Sub-Jail				1	
<b>Total</b>				<b>1</b>	<b>11</b>	

Districts	Hospital	Nursing supdt	ANS	WS	SN	Contract
<b>Aizawl 'W'</b>	CMO Office				1	
	TB Hospital		1	5	7	
	District TB Centre			1	1	
	District Jail, Aizawl				1	
	Aibawk PHC			1	2	2
	Sialsuk PHC			1	2	2
	Sairang PHC			1	4	1
	Lengpui PHC				3	3
	Kanhmun PHC					3
	Reiek PHC				3	
	<b>Total</b>			<b>1</b>	<b>9</b>	<b>24</b>
<b>Aizawl 'E'</b>	Saitual CHC			2	6	3
	Sakawrdai CHC				2	4
	Thingsulthliah PHC			1	4	
	Khawruhlian PHC				4	
	Darlawn PHC			1	2	2
	Suangpuilawn PHC				3	
	Phuaibuang PHC				2	2
	<b>Total</b>			<b>4</b>	<b>23</b>	<b>11</b>
Kolasib	Kolasib Hospital		1	3	10	7

	Vairengte CHC			1	2	3
	Bilkhawthlir PHC				3	2
	Bairabi PHC				2	2
	Kawnpui PHC			1	4	2
	Bukpui PHC				2	2
	Lungdai PHC				3	
	<b>Total</b>		<b>1</b>	<b>5</b>	<b>26</b>	<b>18</b>
Mamit	Mamit Hospital			3	2	6
	Kawrthah CHC			1	2	4
	Zawlnuam PHC				4	2
	Kawrtethawveng PHC				1	1
	West Phaileng PHC			1	2	2
	Phuldungsei PHC				1	3
	Marpara PHC					2
	Rawpuichhip PHC				2	
	<b>Total</b>			<b>5</b>	<b>14</b>	<b>20</b>
Champhai	Champhai Hospital		1	4	11	9
	Biate CHC			1	3	2
	Ngopa CHC			1	4	4
	Farkawn PHC				2	1
	Khawbung PHC				3	
	Hnahlan PHC				1	3
	Khawhai PHC				2	2
	Khawzawl PHC			1	2	3
	Rabung PHC					2
	Kawkulh PHC				3	1
	NE. Khawdungsei PHC				3	1
	Mimbung PHC			1		2
	Bungzung PHC					1
	Sesih PHC					
	Sialhawk PHC					2

	<b>Total</b>		<b>1</b>	<b>8</b>	<b>34</b>	<b>33</b>
Serchhip	Serchhip Hospital		1	2	11	4
	Thenzawl CHC			1	3	4
	Chhingchhip PHC			1	3	1
	Khawlailung PHC				2	3
	N. Vanlaiphai PHC			1	4	
	Lungdar 'E'				3	2
	Ngentiang PHC				1	2
	<b>Total</b>		<b>1</b>	<b>5</b>	<b>27</b>	<b>16</b>
Lunglei	Lunglei Hospital	1	2	9	27	6
	Tlabung Hospital			2	4	5
	Hnahthial CHC			2	4	4
	Bunghmun 'S' PHC					3
	Chhipphir PHC				2	2
	Buarpui PHC				1	2
	Haulawng PHC				1	4
	Tawipui 'S' PHC					4
	Lungsen PHC				1	2
	S. Vanlaiphai PHC				1	2
	Cherhlun PHC				2	1
	Pangzawl PHC					3
	<b>Total</b>	<b>1</b>	<b>2</b>	<b>13</b>	<b>43</b>	<b>38</b>
Lawngtlai	Lawngtlai Hospital			3	6	3
	Chawngte CHC					3
	Borapansury PHC					1
	Bungtlang 'S' PHC				1	1
	<b>Total</b>		<b>1</b>	<b>3</b>	<b>7</b>	<b>8</b>
Saiha	Saiha Hospital	1	1	2	10	7
	Tuipang PHC				1	1
	Bualpui 'NG' PHC				1	1
	Lungpher PHC				2	

	Sangau PHC					2
	Phura PHC					2
	Chakhang PHC				1	1
	Chhualung PHC					1
	<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>15</b>	<b>15</b>

### III. HEALTH WORKER TRAINING SCHOOL

#### A. Background information

It is firmly believed by the teaching staff of the Health Workers' training school that service to the rural poor is service to the nation. To serve the deprived rural people, the Multipurpose Health Workers' are the appropriate persons. We also believe that unless the rural population are given the highest attainable health, the main objective of the Health and Family Welfare Department will never be achieved.

It is also recognized that the first responsibility of the school is to train out the best Health Workers by giving full technical knowledge, zeal to serve the rural poor and to make them realize that they are the key workers to help the rural people towards their road to health. In addition, it equips the students in the art of teaching the community on different topics of health, helping people in their sickness, preventive measures against communicable diseases, discharge the service of MCH, RCH, FP and all other National Health Programmes.

The staff of this training school therefore, fully accepts its responsibility in training out the best Health Workers who will be able to discharge all his services to the community and who is also fully convinced of the need to serve the community, the rural people in particular.

Lastly, it is hoped that the trainees will serve the community for their health and also demonstrate healthful living practices, which will in turn give the community the highest attainable health. Additionally, the people are also to realize that their health is in their hands and with this partnership, the goal of achieving optimum health can be achieved.

***Brief history of the school:***

- It was first started as ANM Training School at Civil Hospital, Aizawl in 1957.
- On the introduction of Multipurpose Workers scheme in India and to implement the scheme of Mizoram, this training school was upgraded from ANM School to the present status of H/W Training school since October 1980. No separate male or female school but they are one as per Government of India (Vide Govt. of India Letter No. Z.22012/1/79 and N.30011/1/78 – ply of 19.5.79).
- Shifted to Kulikawn from Civil Hospital in August 1989.
- T.T. admission capacity is 40 females and 30 males.
- Essential Education qualification for entry into the training – HSLC or its equivalent passed.
- Duration of training of basic H/W – 1 ½ years.

Training of different categories of Health Personnel undertaken are:

• Dai	-	101
• Nursing Orderlies (Police) (3+7)	-	10
• ENA	-	19
• Midwives	-	8
• GNM Up-gradation	-	53
• ANM	-	203
• First Aid (Home Guard)	-	30
• Youth Indian Red Cross Society	-	5
• H/W trained up to 2005	-	655 (F-384, M-271)

Other training:

- Promotional training of H/S for community Health Officer (CHO)

## B. Objectives of the programme

The main purpose of the training school is to capacitate the student to demonstrate the ability to plan and carry out job responsibilities assigned to him/her under the multipurpose workers' scheme.

The important objectives are to enable the students to :

- Impart the importance and principles of healthful living practices to the community.
- Perform the comprehensive health care services.
  - Promotive, preventive and curative services to the community (like providing first aid, emergency nursing care and treatment of minor ailments etc.)
- Provide basic MCH services including immunization, family planning, nutritional services and health education activities, both at home and in the clinic.
- Provide midwifery and nursing services (Female), as well as promote environmental sanitation (Male) for prevention and control of communicable diseases.
- Participate in execution of National Health Programme in the sub-center area and be an important member of the health team.
- Participate in community development works.

## C. Target and achievement (2004-05)

Number of students		Passed		
1 <sup>st</sup> Semester	- 35 Nos	29 Nos.	-	83.33%
2 <sup>nd</sup> Semester	- 09 Nos.	09 Nos.	-	100%
3 <sup>rd</sup> Semester	- 31 Nos.	31 Nos.	-	100%

### Achievement report:

1.	3 <sup>rd</sup> Semester	-	1 (one) Distinction	
		-	9 (nine) First Division	
		-	20 (twenty) Second Division	
		-	1 (one) Supplement	
2.	2 <sup>nd</sup> Semester	-	1 <sup>st</sup> Division	= 1
		-	2 <sup>nd</sup> Division	= 5
		-	Passed	= 3

3. 1<sup>st</sup> Semester
- 1<sup>st</sup> Division = 2
  - 2<sup>nd</sup> Division = 18
  - Passed = 5
  - Supplement = 4
  - Failed = 6

4. The School has been awarded 2<sup>nd</sup> Prize for ‘Exhibition on Midwifery’ the topic being ‘Stages of Labour’ from Student Nurses Association of the Trained Nurses Association of India, New Delhi.

**Extra curricular activities:**

Health Worker Trainees of this Institution has participated in the Student Nurses Association Conference at Durtlang on 21<sup>st</sup> July, 04’ and won prize on the following discipline –

- 1) Discuss throw (M) - 1<sup>st</sup> Prize
- 2) Poster (Stages of Labour) - 1<sup>st</sup> Prize
- 3) Floor Decoration - 1<sup>st</sup> Prize

**D. Manpower position**

**Staff position: Administrative staff (Office)**

Name of Post	No. of Post	Existing Staff
Principal Medical Officer	1	1
Community Health Officer	1	1
UDC	5	5
LDC	1	1
Driver	3+1(IV Gr as Driver)	4
Driver (MR)	1	4
IV Grade	4	4

**Staff position:****Training School**

<b>Name of Post</b>	<b>No. of Post</b>	<b>Existing Staff</b>
Principal Nursing Officer (PNO)	1	1
Social Science Instructor (SSI)	2	2
Senior Sanitary Inspector (Sr. SI)	1	1
Non Medical Supervisor (NMS)	1	1
Tutors	6	6
Projectionist	1	1
Warden (male hostel)	2	2
Warden (female hostel)	1	1
IV Grade (cook)	4	4
IV Grade (chowkider)	4	4
Peon	4	4

**Staff position:****HOSPITAL & Post Partum Unit**

<b>Name of Post</b>	<b>No of Post</b>	<b>Existing Staff</b>
Medical Officer (MO)	4+1 (Attached)	5
Dental Surgeon (DS)	2+1(on PG Trg.)	3
Ward Superintendent (WS)	2	2
Staff Nurse (SN)	9	9
Health Worker (HW)	2	2
Lab. Tech	1	1
Ophthalmic Assistant	1	1
Medical Record Technician (MRT)	1	1
Pharmacist	1+1 (Attached)	2
IV Grade (F.A)	6	6
IV Grade (cook)	1	1
IV Grade (Ward boy)	2	2
IV Grade (Lab. Attendant)	1	1