



**GOVERNMENT OF NAGALAND
DEPARTMENT OF HEALTH & FAMILY WELFARE**



NEW DISTRICT HOSPITAL, MON

**ANNUAL ADMINISTRATIVE REPORT
2019 -2020**



**NSACS OFFICIALS AND MERITORIOUS AWARDEES DURING WORLD AIDS
DAY 1ST DECEMBER 2019**

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Introduction:-

Health in its widest definition means the total wellbeing of a person-physical, mental, social and spiritual. It is a basic human right that every individual of all society deserve. Understanding the importance of health in social and economic development and improving the quality of life to its citizens, the health and Family welfare department has been endeavoring to provide basic health care in the state, especially to the rural areas and vulnerable sections of the people.

Good health in a state can be justified by the infant mortality rate the percentage of births through trained personnel that also impacts maternal health. Removal of biases against women as well as the girl child is critical and this is captured by the sex ratio (female per male) as well as girl - boy infant mortality ratio.

With the increase in the population, habitations and emergence of new diseases due to the changing lifestyle, climate changes etc, the health needs of the people have also been increased and these in turn have led to an increase in the demand for health facilities, manpower and services. Though there have been gaps and short-comings with the given limited resources, the department is striving to improve the health scenario of the state.

Since the inception of the department in 1965, government has notified 583 sub-centres, 143 PHCs, 33 CHCs, 1 SHC, 2 Big Dispensaries in the rural areas and 11 District Hospitals, 2 TB & Chest Disease Hospitals, 1 State Mental Health Institute in the Urban areas. Most of the recently notified Sub-centres and upgraded PHC's and CHC's are not functional due to resource constraints. The department is taking active consideration for development of infrastructures and creation of post for the newly created Medical Units. The staffs of Doctors, Nurses and Para Medic are in place against the functional Medical units according to the availability of post creations.

Nagaland will have a Medical College very soon for which construction is going on full swing with an amount of Rs.189.00 lakhs from government of India.

The administrative set up of the department is headed by a Cabinet Minister, Principal Secretary in the State level, one Principal Director and two Directors in the Directorate level and subordinate officers and staff.

I. ADMINISTRATIVE SET –UP/ DEPARTMENTAL ORGANIZATION**DIRECTORATE:**

| SL.NO. | DESIGNATION | NO. |
|--------|---|-----------------------------|
| 1. | Principal Director | 1 |
| 2. | a) Director Health Services b) Director Family Welfare c) Director Dental Services | 1 1 1 |
| 3. | a) Additional Directors b) Additional Director (Dental) c) Additional Drugs Controller (Drugs) | 4 1 1 |
| 4. | a) Joint Directors b) Joint Director (Dental) c) Joint Director (Nursing) d) Joint director (IEC) | 10 1 1 1 |
| 5. | a) Deputy Directors b) Deputy Director (Dental) c) Deputy Director (Nursing) d) Deputy Drugs Controller (Drugs) e) Deputy Director (IEC) f) Deputy Director (Pharmacy) | 12 1 3 1 1 1 |

OTHERS:

| Sl. No | Designation | No. | Deputed from |
|--------|--------------------------------|-----|------------------------------|
| 1. | Senior Accounts Officer | 1 | Treasuries & Accounts Dept. |
| 2. | Senior Research Officer | 1 | |
| 3. | Registrar | 1 | |
| 4. | Superintendent | 6 | |
| 5. | Asstt. Superintendent | 6 | |
| 6. | Health Education Officer | 1 | |
| 7. | Health Education Officer (Trg) | 1 | |
| 8. | Statistical Officer | 1 | Economics & Statistics Dept. |
| 9. | Dy. Chief Pharmacist | 2 | |
| 10. | Executive Engineer | 1 | |
| 11. | Assistant Engineer | 3 | |
| 12. | Assistant Director (Ayush) | 1 | |
| 13. | Sr. Entomologist (NVBDCP) | 1 | |
| 14. | Asst. Food Safety Commissioner | 1 | |

II. ADMINISTRATIVE SET-UP IN THE DISTRICTS:

| Sl. No | Districts | Designation | | | | | | | | |
|--------|------------|-------------|---------|-----|------------|--------------|-----|-----|-----|-----|
| | | CMO | Dy. CMO | M.S | M.S (TB) | M.S (Mental) | DTO | DMO | DIO | ZLO |
| 1. | Kohima | 1 | 1 | 1 | 1(Khuzama) | 1 | 1 | 1 | 1 | 1 |
| 2. | Dimapur | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 |
| 3. | Mokokchung | 1 | 1 | 1 | 1(Mkg) | | 1 | 1 | 1 | 1 |
| 4. | Tuensang | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 |
| 5. | Mon | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 |
| 6. | Zunheboto | 1 | 1 | 1 | | | 1 | 1 | 1 | Nil |
| 7. | Phek | 1 | 1 | 1 | | | 1 | 1 | 1 | Nil |
| 8. | Wokha | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 |
| 9. | Kiphire | 1 | 1 | 1 | | | 1 | 1 | 1 | Nil |
| 10. | Longleng | 1 | 1 | 1 | | | 1 | 1 | 1 | Nil |
| 11. | Peren | 1 | 1 | 1 | | | 1 | 1 | 1 | Nil |
| | Total | 11 | 11 | 11 | 2 | 1 | 11 | 11 | 11 | 6 |

Note: CMO= Chief Medical Officer; Dy. CMO= Deputy Chief Medical Officer; M.S= Medical Superintendent, DTO= District Tuberculosis Officer; DMO= District Malaria Officer; DIO= District Immunization Officer; ZLO= Zonal Leprosy Officer.

III. HEALTH CARE INFRASTRUCTURE IN THE DISTRICTS:

District wise distribution of Health Units

| Sl.No | District | Health Units | | | | | TOTAL |
|-------|--------------|--------------|------------|----------|----------|------------|------------|
| | | CHC | PHC | SHC | BD | SC | |
| 1. | Kohima | 4 | 17 | - | - | 45 | 66 |
| 2. | Dimapur | 3 | 10 | - | - | 90 | 103 |
| 3. | Mokokchung | 4 | 18 | - | 2 | 61 | 85 |
| 4. | Tuensang | 3 | 17 | 1 | - | 69 | 90 |
| 5. | Mon | 4 | 15 | - | - | 75 | 94 |
| 6. | Zunheboto | 3 | 13 | - | - | 65 | 81 |
| 7. | Phek | 4 | 22 | - | - | 51 | 77 |
| 8. | Wokha | 2 | 14 | - | - | 49 | 65 |
| 9. | Kiphire | 2 | 4 | - | - | 31 | 37 |
| 10. | Longleng | 2 | 5 | - | - | 17 | 24 |
| 11. | Peren | 2 | 8 | - | - | 30 | 40 |
| | Total | 33 | 143 | 1 | 2 | 583 | 762 |

Note:

CHC= Community Health Centre; PHC= Primary Health Centre; SHC= Subsidiary Health Centre; BD= Big Dispensary; SC= Sub- Centre

PROGRAMMES UNDER HEALTH & FAMILY WELFARE



1. NATIONAL HEALTH MISSION (NHM)

Since the launch of the National Rural Health Mission (NRHM) in Nagaland in February 2006, the state has shown significant improvement in health care delivery both in terms of physical infrastructure and service delivery output. Reducing Maternal Mortality, Infant Mortality and Total Fertility Rates is one top priority under NRHM. With the launching of National Urban Health Mission (NUHM) in February 24th 2014, the mission is been known as National Health Mission to encompass both Rural and Urban Mission.

Few major performance indicators at a glance:

| Indicators | Base Year 2006 | Current Status 2019 | Source |
|------------------------------|----------------|---------------------|--------|
| Infant Mortality Rate/IMR | 20 | 7 | SRS |
| U-5 Mortality Rate | 65 | 37 | NFHS |
| Maternal Mortality Ratio/MMR | NA | NA | |
| Total Fertility Rate/TFR | 3.7 | 2 | NFHS |
| Birth Rate/BR | 16.4 | 13.5 | SRS |
| Death Rate/DR | 3.8 | 3.6 | SRS |

Some of the main achievements are:

Service Delivery

| Indicators | Need Assessed | 2018-19 | | 2018-19 (Apr.-Dec) | |
|---|---------------|-------------|-----|--------------------|-----|
| | | Achievement | % | Achievement | % |
| ANC Registration | 29515 | 37402 | 127 | 29572 | 100 |
| ANC registration within 1 st trimester | | 10457 | 35 | 7982 | 27 |
| 3 ANC | | 8151 | 28 | 6576 | 22 |
| Institutional Delivery | 26832 | 16157 | 60 | 13062 | 49 |
| Home Delivery | | 3533 | 13 | 2463 | 9 |
| C-section | 1395 | 2854 | 205 | 2445 | 175 |
| PNC (within 48 hrs of delivery) | 29515 | 2952 | 10 | 2348 | 8 |
| PNC between 8 hrs & 14 days of Delivery | | 8965 | 30 | 6040 | 20 |
| Male Sterilisation | 20 | 4 | 20 | 1 | 5 |
| Female sterilisation | 2536 | 1206 | 48 | 981 | 39 |
| IUD insertion | 4410 | 3453 | 78 | 3086 | 70 |
| Full Immunisation (9-11 Months) | 26551 | 14014 | 53 | 11987 | 45 |
| VHND conducted | 15888 | 12324 | 78 | 9691 | 61 |

| Indicators | Performance 2018-19 | Performance 2019-20 (April-Dec) |
|------------------|---------------------|---------------------------------|
| Out-patient | 1169375 | 942833 |
| In-patient | 103928 | 74869 |
| Major Operation | 10461 | 8401 |
| Minor Operation | 27988 | 22297 |
| AYUSH | 30972 | 24331 |
| Dental Procedure | 54388 | 49229 |

Health & Wellness Centre:

In order to ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing Sub Centres covering a population of 3000-5000 would be converted to Health & Wellness Centres (HWC) with the principle being “time to care” to be no more than 30 minutes away. Latest figure are:

| Health Units | Approved | Functional |
|-----------------------------|----------|------------|
| Sub Centre | 212 | 104 |
| Primary Health Centre | 110 | 52 |
| Urban Primary Health Centre | 5 | 5 |



Meriema HWC



Kimipfuphe HWC



Chunlikha HWC



Lakhuti HWC

Civil works/ Infrastructure:

Construction and up gradation of Infrastructure taken up for district hospitals, CHCs, PHCs and sub-Centers in all the Districts since the inception of the programme at the State. Data since 2006-07 to 2019-20.

| ACTIVITY | COMPLETED | UNDER PROGRESS | TOTAL NO. OF WORK SANCTIONED |
|--|-----------|----------------|------------------------------|
| Sub Centre(New Creation) | 88 | 1 | 89 |
| Sub Centre(New Construction for existing SC) | 75 | 9 | 84 |
| CHC | 9 | 0 | 9 |
| PHC | 19 | 1 | 20 |
| PHC(New Construction for existing building) | 1 | 2 | 3 |
| DH Upgradation | 14 | 2 | 16(4 Units under FLS) |
| Nursing school | 3 | 4 | 7 |
| SIFHW (FLS) | 1 | 0 | 1 |
| Drug warehouse | 9 | 0 | 9 |
| DEIC | 5 | 0 | 5 |
| DH quarters | 8 | 29 | 37 |
| CHC quarters | 26 | 11 | 37 |
| PHC quarters | 46 | 20 | 66 |
| SC quarters | 0 | 25 | 25 |

ASHA (Accredited Social Health Activist)

The State has a total of 2007 Accredited Social Health Activists (ASHA) of which 1917 are under NRHM and 90 are under NUHM. These ASHAs have been selected to work as a Health Volunteer to create awareness, provide counselling and to act as a depot for basic medicines to meet emergency requirements. ASHAs are paid incentives based on their performance of various activities. The incentives are paid through Direct Benefit Transfer (DBT). Besides incentives for activities under RCH and vertical programmes, ASHAs are being given Assured Incentive for the following routine activities:

| | | |
|---|--|-------------|
| 1 | Mobilizing and attending VHND | 200 |
| 2 | Convening and guiding monthly VHSNC Meeting | 150 |
| 3 | Attending Block ASHA Meeting | 300 |
| 4 | Line Listing of households done at beginning of the year- to be updated every six months. | 150 |
| 5 | Maintaining village health register and supporting universal registration of births and deaths - to be updated every month | 300 |
| 6 | Preparation of due list of children to be immunised - to be updated every month (Line listing of 0-5 years register) | 300 |
| 7 | Preparation of list of ANC beneficiaries - to be updated every month (Line listing of Pregnant women register) | 300 |
| 8 | Preparation of list of eligible couples | 300 |
| | Total | 2000 |

Mobile Medical Unit and Referral Transport:

For easier access to Health Care by the people at the grass roots 11 MMU and 80 Ambulance has been provided in the State.

| Service | Total Camps | OPD | ANC | Lab test |
|---------|-------------|-------|------|----------|
| MMU | 926 | 35851 | 1398 | 14091 |

| Service | Pop. Covered | No of trips | No of cases transported | Other medical emergencies |
|--------------------|--------------|-------------|-------------------------|---------------------------|
| Referral transport | 1980602 | 11606 | 9139 | 3468 |

PROCUREMENT:

National Health Mission also support the Health Facilities through supply of equipments. Some of the important equipments and Drugs supplied in the year 2019-20 are:

| Particulars | Health Units (Nos) | Districts |
|---|--------------------|--|
| Biomedical Equipments based on gap analysis | 82 | Dimapur, Kohima, Mokokchug, Phek, Zunheboto, Wokha, Peren and Longleng |
| Free Drugs | 565 | All 11 District |

Awards & Incentives (Kayakalp & NQAS) to Hospitals:

For Quality improvement especially Cleanliness, hygiene & infection control. The list of selected Health Units awarded under Kayakalp during 2018-19 are given below (2019-20 is under process)

| Category of HU | Name of HU | Ranking | Cash Prize |
|-------------------------|-----------------|------------------|--------------|
| District Hospital (DH) | Mon DH | 1 st | `25,00,000/- |
| | Kiphire DH | 2 nd | `15,00,000/- |
| | Phek DH | Commendation | `3,00,000/- |
| | Wokha DH | Commendation | `3,00,000/- |
| | IMDH Mokokchung | Commendation | `3,00,000/- |
| Community Health Centre | Noklak CHC | 1 st | `10,00,000/- |
| | Sanis CHC | 2 nd | `5,00,000/- |
| | Viswema CHC | Commendation | `1,00,000/- |
| | | | |
| Best PHC Award from | District | Health Unit | Cash Prize |
| | Dimapur | Nuiland PHC | `2,00,000/- |
| | Kohima | Chunlikha PHC | |
| | Mokokchung | Merangkong PHC | |
| | Peren | Dungki PHC | |
| | Tuensang | Longpang PHC | |
| | Wokha | Nyiro PHC | |
| | Zunheboto | Satakha PHC | |
| | Kiphire | Likhimro PHC | |
| | Mon | Changlangshu PHC | |
| | | | |

| Commendation for PHC | District | Health Unit | Cash Prize |
|-------------------------|------------|-------------------|------------|
| | Kohima | Botsa PHC | `50,000/- |
| | | Khonoma PHC | |
| | | UPHC Seikhazou | |
| | Dimapur | Kuhuboto PHC | |
| | | UPHC Burma Camp | |
| | Tuensang | Chare PHC | |
| | Wokha | Wozhuro PHC | |
| | | Englan PHC | |
| | Peren | Athibung PHC | |
| | Mokokchung | Chuchuyimlang PHC | |
| | | Longkhum PHC | |
| | | UPHC Mokokchung | |
| | Phek | Chizami PHC | |
| | Tuensang | Chare PHC | |
| | | UPHC Tuensang | |

MAN POWER

NHM have also filled in the gaps of Manpower under the Department in different categories. Given below are the data:

| Category of Staff | In Position | Category of Staff | In position |
|-------------------|-------------|--|-------------|
| Technical | | NUHM | |
| Surgeon | 2 | MO - NUHM | 8 |
| Pathologist | 1 | GNM - NUHM | 14 |
| Ortho | 1 | ANM - NUHM | 19 |
| Derma | 1 | Lab-Tech - NUHM | 8 |
| Paed. | 1 | Consultant – NUHM | 4 |
| GDMO | 52 | Med. Attendant – NUHM | 1 |
| Dental Surgeon | 16 | Pharmacist | 6 |
| AYUSH MO | 40 | Driver | 1 |
| PHYSIO | 8 | DEO | 6 |
| N/ Tutor | 8 | ASHA Help desk | 1 |
| GNM | 285 | NMHP | |
| ANM | 306 | Psychiatric Social Worker/ Social worker | 5 |
| Lab-Tech | 44 | Clinical Psychologist/ Psychologist | 5 |
| Pharmacist | 1 | Psychiatric Nurse/ Trained General Nurse | 4 |
| X-RAY Technician | 2 | Community Nurse(Case Manager) | 4 |
| C.T Scan Operator | 3 | Case Registry Assistant | 4 |
| MRI & ECG | 1 | Monitoring & Evaluation Officer | 2 |
| RMNCH Counselor | 3 | Ward Attendant | 3 |
| Nutritionist NRC | 1 | | |

| MMU Team | | UIP | |
|---------------------------|----|--------------------------|----|
| MO - MMU | 5 | Comp. Asst. - UIP | 12 |
| GNM - MMU | 11 | Refrigerator Mechanic | 3 |
| LT - MMU | 11 | | |
| Driver - MMU | 22 | | |
| RBSK Team | | NIDDCP | |
| MO - RBSK | 22 | Lab Tech | 1 |
| GNM - RBSK | 11 | Lab Asst | 1 |
| ANM - RBSK | 11 | Technical Officer | 1 |
| Tech. Asst. - RBSK | 2 | Statistical Officer | 1 |
| SHP Co-ordinator | 11 | | |
| SHP Driver | 11 | LDC | 1 |
| DEIC Manager | 1 | | |
| DPMU | | PHQ | |
| Dist. Prog. Manager | 11 | GDMO | 1 |
| Dist. A/c Manager | 11 | GNM | 4 |
| Media Officer | 11 | NPCB | |
| Dist. Community Mobilizer | 11 | Ophthalmic Assistant | 17 |
| Block Prog. Manager | 56 | DEO | 4 |
| Block A/c Manager | 33 | NOHP | |
| DEO DH | 11 | Dental Surgeon - NOHP | 2 |
| ASHA Co-ordinator | 64 | Dental Hygienist | 4 |
| Reff.Tpt. Driver | 17 | Dental Asst. | 2 |
| Attendant | 2 | | |
| Cook cum caretaker | 1 | | |
| NPPCD | | NVHCP | |
| Audiometric Asst. - NPPCD | 5 | State Coordinator | 1 |
| Audiologist | 3 | DEO | 1 |
| NTCP | | Dist. DEO | 1 |
| Psychologist - NTCP | 6 | Peer Instructor | 1 |
| Social Worker - NTCP | 6 | | |
| NPCDCS | | NLEP | |
| MO - NPCDCS | 1 | State Leprosy Consultant | 1 |
| Physiotherapist - NPCDCS | 3 | Budget & Finance Officer | 1 |
| GNM – NPCDCS | 27 | Admin Asst | 1 |
| Counsellor – NPCDCS | 11 | DEO | 1 |
| DEO – NPCDCS | 7 | Driver | 1 |
| Epidemiologist | 11 | | |

2. NATIONAL URBAN HEALTH MISSION (NUHM)

Implemented on 24th February 2014 in Nagaland

National Urban Health Mission (NUHM) was approved by the Union cabinet on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM). NUHM was launched in Nagaland on 24th Feb. 2014 under NHM. Now National Health Mission (NHM) has two sub-heads namely:

- National Rural Health Mission (NRHM) &
- National Urban Health Mission (NUHM)

For providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population like homeless, rag-pickers, migrant workers etc.

NUHM would cover cities and towns with more than 50,000 population as well as District Headquarters having population between 30,000 – 50,000, while smaller cities/ towns will continue to be covered under National Rural Health Mission (NRHM).

With the Launch of NUHM in Nagaland, Districts like Kohima, Dimapur, Mokokchung & Tuensang (Urban/Town area falls under NUHM).

The aims of NUHM: is to improve the health status of the urban population in general, particularly the poor and the other disadvantaged sections by facilitating equitable access to quality health care through a revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies.

| Urban Health Nutrition Day (UHNDs) | | 1 st April'19 – 31 st Dec. 2019 | | |
|------------------------------------|----------------------------|---|----------|----------|
| Sl.No | UPHC name | Appd | Achieved | Patients |
| 1 | UPHC Seikhazou Kohima | 144 | 96 | 1566 |
| 2 | UPHC Burma Camp, Dimapur I | 144 | 96 | 1866 |
| 3 | UPHC Yimyu, Mokokchung | 144 | 108 | 2031 |
| 4 | UPHC Tuensang, Tuensang | 144 | 108 | 2321 |
| 5 | UPHC Duncan, Dimapur II | 144 | 108 | 1351 |
| 6 | UPHC Porter lane, Kohima | 144 | 88 | 1282 |
| 7 | UPHC Wokha, Wokha | 72 | 48 | 639 |
| Total | | 936 | 652 | 11056 |

| | Special Outreach Camps | 1 st April'19 – 31 st Dec. 2019 | | |
|-------|----------------------------|---|------------|-------------|
| SI.No | UPHC name | Appd | Achieved | Patients |
| 1 | Seikhazou UPHC Kohima | 24 | 17 | 1212 |
| 2 | Burma Camp UPHC, Dimapur I | 24 | 16 | 1159 |
| 3 | YimyuUPHC, Mokokchung | 24 | 18 | 1886 |
| 4 | Tuensang UPHC, Tuensang | 24 | 18 | 1143 |
| 5 | Duncan UPHC, Dimapur II | 24 | 18 | 1109 |
| 6 | UPHC Porter lane, Kohima | 24 | 18 | 1502 |
| 7 | UPHC Wokha, Wokha | 6 | 5 | 307 |
| | Total | 150 | 110 | 8318 |

| | No. of ASHA's | 1 st April'19 – 31 st Dec. 2019 | |
|-------|---------------|---|-------------|
| SI.No | UPHC name | Appd | In Position |
| 1 | Kohima | 19 | 19 |
| 2 | Dimapur | 23 | 20 |
| 3 | Mokokchung | 18 | 18 |
| 4 | Tuensang | 15 | 15 |
| 5 | Wokha | 15 | 15 |
| | Total | 90 | 87 |

| | No. of MAS Groups | 1 st April'19 – 31 st Dec. 2019 | |
|-------|-------------------|---|-------------|
| SI.No | UPHC name | Appd | In Position |
| 1 | Kohima | 38 | 19 |
| 2 | Dimapur | 25 | 21 |
| 3 | Mokokchung | 20 | 18 |
| 4 | Tuensang | 15 | 15 |
| 5 | Wokha | 15 | In progress |
| | Total | 113 | 73 |

Total Number of Urban Primary Health Centers approved so far.

| | | |
|---------------------------|----|---|
| UPHC Seikhazou (Kohima) | :- | Civil work Completed and fully functioning. |
| UPHC Burma Camp (Dimapur) | :- | Civil work Complete and fully functioning. |
| UPHC Yimyu (Mokokchung) | :- | Civil work Complete and fully functioning. |
| UPHC Tuensang (Tuensang) | :- | Civil work completed and functioning. |
| UPHC Duncan (Dimapur) | :- | Civil work completed and fully functioning. |
| UPHC Porter lane (Kohima) | :- | Rented Building, Porterlane/Dzüvürü ward (Inaugurated on 30th Sept'19) |
| UPHC Wokha (Wokha Town) | :- | Rented Building, Likya/Orchid ward (Inaugurated on 10th Spetember'19) |

Note : Convergence with other Programme like:-

- RNTCP - Microscopic Centre (Revised National Tuberculosis Control Program)
- NSACS - FICTC (Nagaland State Aids Control Society)
- MHP - (Mental Health Program)
- RKSK - (RashtriyaKishorSwasthyaKaryakram)
- NCD - (Non Communicable Disease)
- Health & Wellness Centre (5 UPHC's Seikhazou, Burma Camp, Duncan, Yimyu& Tuensang UPHCs)

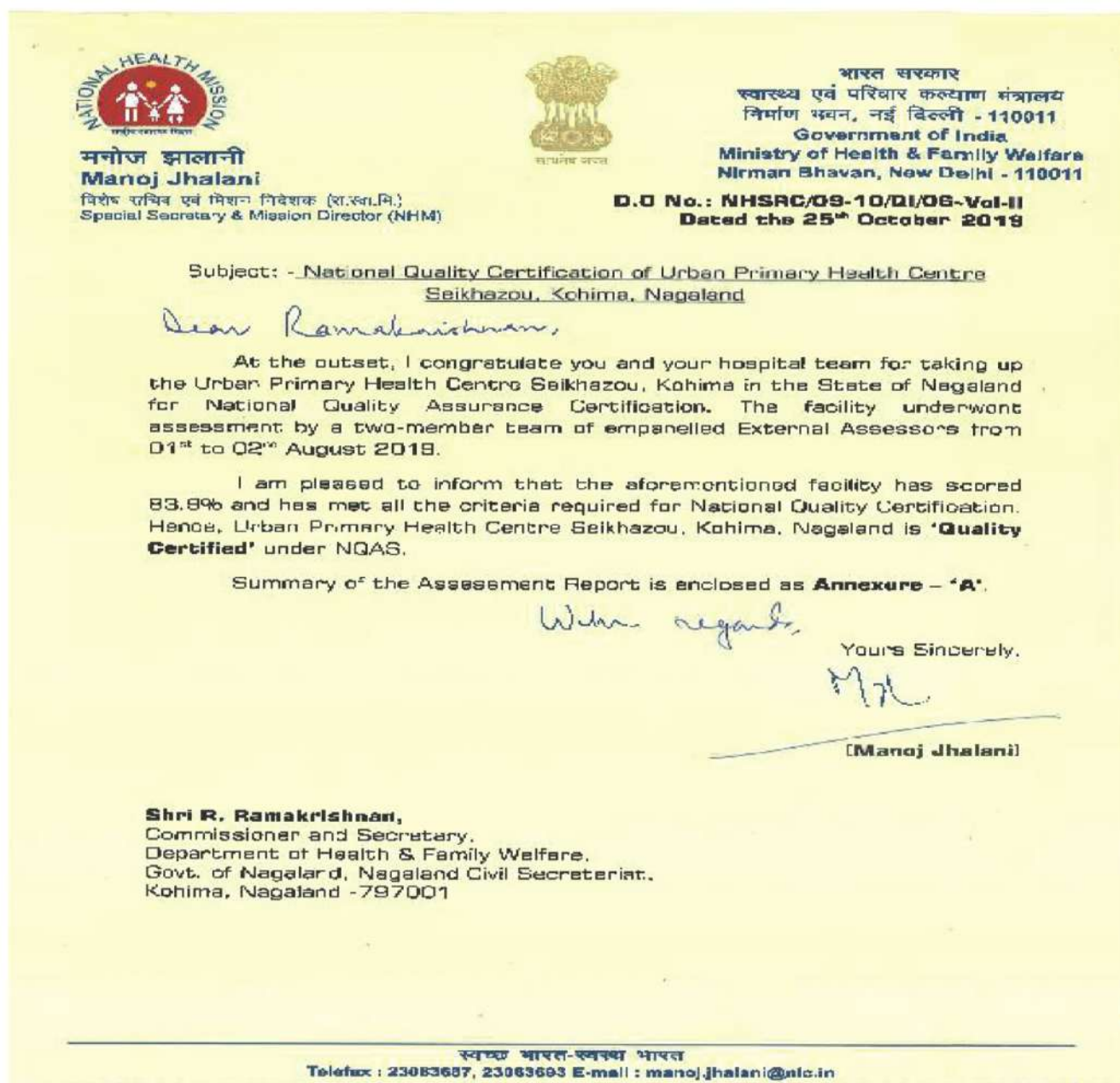




Photo of NUHM State Team & 13th CRM Team Visit to UPHC Seikhazou.



UPHC Tuensang some photos taken during various activities:-

3. NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)



Activities

Alongwith normal activities, special activities like Leprosy Case Detection Campaign (LCDC) has been conducted in the month of September 2019 at Dimapur and 4 new case has been detected. Out of 11 districts in Nagaland, Dimapur district has the highest Leprosy patient with 24 cases treatment followed by 2 in Kohima and 2 in Tuensang district and the other 8 districts with Nil report.

As per Central Leprosy Division guidelines Sparsh Leprosy Awareness Campaign which was introduced under NLEP on 30th January 2017 is being continued till date.

I.E.C Activities are :-

- Wide coverage through local media in the form of advertisement and press release with leprosy messages were taken up.
- Hand-outs about Leprosy has been prepared and is being distributed to the public.
- Posters with Anti-Leprosy Slogan are put in all Health Units.
- Case Detection Activities are done on a routine basis for detection of New Cases.



State Leprosy Officer briefing Medical Officers Dimapur before conducting Leprosy Case Detection Campaign (LCDC) at Chief Medical Officer Chamber Dimapur 2019-2020)

Achievements

National Leprosy Eradication Program, Nagaland. District Wise Data as on March '19(2019-20)

| Sl. No | Name of State | Name of District | Name of Block | Estimated Population as on January'2020 | Total New cases as on April 2019 to December 2019 | Child cases | MB cases | ANCDR(Per 1,00,000 Population) | Total Grade-II disability cases-Adult (April 2019 to December 2019) | Total Grade-II disability cases-children (April 2019 to December 2019) | Total Grade-II disability cases (April 2019 to December 2019) | Percentage of Grade 2 cases against New cases | Balance cases as on 31/12/2019 | PR/10,000 |
|--------|---------------|------------------|------------------|---|---|-------------|----------|--------------------------------|---|--|---|---|--------------------------------|-----------|
| 1 | NAGLAND | Kohima | Kohima Block | 269254 | 2 | 0 | 1 | 0.74 | 0 | 0 | 0 | 0 | 2 | 0.74 |
| 2 | | Dimapur | Dimapur Block | 378631 | 24 | 6 | 20 | 6.33 | 3 | 0 | 3 | 12.5 | 29 | 0.76 |
| 3 | | Mokokchung | Mokokchung Block | 192592 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.05 |
| 4 | | Wokha | Wokha Block | 165742 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | | Zunheboto | Zunheboto Block | 140591 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | | Tuensang | Tuensang Block | 196211 | 2 | 0 | 2 | 1.01 | 0 | 0 | 0 | 0 | 1 | 0.05 |
| 7 | | Peren | Peren Block | 94669 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | | Mon | Mon Block | 249920 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | | Longleng | Longleng Block | 50441 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | | Kiphire | Kiphire Block | 73811 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | | Phek | Phek Block | 162805 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | | | | 1974667 | 28 | 6 | 23 | 1.41 | 3 | 0 | 3 | 12.5 | 33 | 1.6 |



Central Observer alongwith ASHA's and Health workers (2019-2020)



Central Observer, Zonal Leprosy Officer Dimapur, State Leprosy Consultant, Medical Officers and Health workers at Dimapur. (2019-2020)

4. REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP)



Introduction: The Revised National TB control Programme was launched in Nagaland on

1st Dec 2001. The aim of the programme is to reduce the mortality and morbidity caused by TB. It is also reducing the transmission of infection by curbing the spread of disease in the general population. Since the year 2007, the State has been achieving the goals and objectives of RNTCP.

TB- HIV collaborative activities were started in the year 2008. DOTS Plus (Directly Observed Treatment short course) services for management and treatment of MDR –TB (Multi Drug Resistant Tuberculosis) cases had been initiated since August 2012.

Infrastructure under RNTCP as on 2019

| | |
|--------------------------------------|-----------------------|
| No of District TB centers | : 11 |
| No of Designated Microscopy Centers | : 50 |
| No of DOT Centres | : 929 |
| No of Drug Resistance (DR) TB centre | : 02 |
| CB NAAT lab | : 10 CBNAAT Machines. |

Achievements from Jan 2019-December 2019

DOTS

| | |
|---|-------------------------------------|
| Total No of TB Patients Notification (NIKSHAY) | : 4712 |
| Public Sector | : 4020 |
| Private Sector | : 692 |
| NIKSHAY PoshanYojana | : 58 % |
| TB/HIV Known Status | : 79% |
| Total no. of MDR (Multi Drug Resistant) TB on treatment | : 99 |
| TB Notification Rate (Achievement) | : 223/lac (National Target 215/lac) |

5. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDP)



The National Vector Borne Disease Control Program (NVBDP) covers 6 Vector Borne Diseases namely, Malaria, Japanese Encephalitis, Dengue, Kala Azar, Chikungunya & Filariasis. Malaria is endemic in all the 11 districts whereas cases of Japanese Encephalitis & Dengue are found in some part of districts in our State.

2 (Two) Sentinel Site Hospital for Dengue is in Kohima and Dimapur District including 1 (one) JE Sentinel Site Hospital attached to Dimapur Civil Hospital, where confirmatory test for suspected Dengue and JE /AES are done respectively.

NATIONAL FRAMEWORK FOR MALARIA ELIMINATION IN INDIA (2016–2030)

National Framework for Malaria Elimination in India (NFME) 2016- 2030 was launched by Hon'ble Union Minister for Health & Family Welfare Minister, Shri J.P. Nadda Govt of India in February, 2016 and accordingly it was launched on 1st June 2017 at our State and respectively in all the districts

Vision

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

Goals

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

Achievements

| Indicator | National Target | Target for 2018 | Achievement for 2018 | Target for 2019 | Achievement for 2019 | Target for 2020 |
|--------------------------------------|-----------------|-----------------|----------------------|-----------------|----------------------|-----------------|
| Annual Blood Examination Rate (ABER) | >10% | 15% | 12.83% | 11% | 11.40% | 15% |
| Annual Parasite Incidence (API) | <1 (by 2017) | <1 | 0.06% | <1 | 0.01% | <1 |

This year the State could achieve 82.30% reduction in Malaria cases (from 113 to 20 Malaria positive cases). Three districts namely, Mokokchung, Phek & Longleng reported nil Malaria cases.

Vector Borne Disease Situation:

| Year | Malaria cases | Malaria Deaths | Dengue cases | Dengue deaths | Chikungunya cases | AES/JE cases | AES/JE deaths | Kala-azar cases | Kala-azar deaths |
|------|---------------|----------------|--------------|---------------|-------------------|--------------|---------------|-----------------|------------------|
| 2015 | 1527 | 3 | 21 | 1 | 0 | 10 | 1 | 0 | 0 |
| 2016 | 828 | 0 | 138 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2017 | 394 | 0 | 357 | 0 | 0 | 10 | 2 | 0 | 0 |
| 2018 | 113 | 0 | 374 | 0 | 0 | 1 | 0 | 0 | 0 |
| 2019 | 20 | 0 | 6 | 0 | 0 | 9 | 2 | 0 | 0 |

Long Lasting Insecticidal Treated Nets (LLINs)

Long Lasting Insecticidal Nets (LLINs) is a newer & effective intervention to prevent human-mosquito contact by acting as a barrier and it also kills the mosquitoes coming in contact with net. The Directorate of National Vector Borne Disease Control Programme (NVBDCP), Ministry of Health and Family Welfare (MoH&FW), Govt. of India will supply about 845532LLINs for needy people of high risk areas of Nagaland for free of cost distribution.

IEC (BCC)

One of the major component of the programme is Information Education Communication (IEC) and Behavioural Change Communication (BCC). The programme has undertaken various IEC/BCC activities. Awareness and Health camps on Vector Borne Diseases, Inter personal communication and Focus Group Discussions on VBDs with the community are often conducted as part of behavioural change communication.

Entomological zone

There are three Entomological zones which continuously studies the presence of Vectors, their habitats and density to suspect for any eminent outbreak of the Vector Borne Diseases. The Entomological Zone is being encouraged and Strengthened so as to effectively Control Vectors to further enhance the Elimination of Malaria Target 2020.



A Student delivering speech on “Zero malaria starts with me” during World Malaria Day 2019



World Malaria Day Rally 2019



Mother & Child under LLIN

6. REPRODUCTIVE CHILD HEALTH (RCH)

CORE INDICATORS:

| Indicator | Nagaland | India |
|---------------------------------------|--------------------------------|----------------|
| Infant Mortality Rate (IMR) | 7 (SRS 19) | 33 (SRS 19) |
| Maternal Mortality ratio (MMR) | 97 (SRS 18, Others), 98 (HMIS) | 130 (SRS 2018) |
| Neonatal Mortality rate (NMR)<29 days | 6.7 (HMIS 18-19) | 24 (SRS 2018) |
| Under 5 Mortality rate (U5MR) | 25 (NFHS-4) | 50 (NFHS-4) |
| Total fertility rate (TFR) | 2.7 (NFHS-4) Rural = 3.4 | 2.2 (NFHS-4) |
| Total Unmet need | 22.2 (NFHS-4) | 12.9 (NFHS-4) |
| Crude Birth rate | 13.5 (SRS 19) | 20 (SRS 19) |

STRATEGIES, INTERVENTIONS & ACHIEVEMENTS:

1. JANANI SURAKSHI YOJANA (JSY)

Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme was launched in April 2005 (Nagaland : 2010) within the objective of reducing Maternal and infant mortality. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.

Entitlements : (As per Gol approval)

| | Category | Entitlement |
|----------------------|----------|-------------|
| PREGNANT MOTHER (PW) | RURAL | Rs 700/- |
| | URBAN | Rs 600/- |
| ASHA* | RURAL | Rs 600/- |
| | URBAN | Rs 400/- |

*ASHA incentive is not permissible in private health institutions.

Achievements (April-December 2019) : 5949 pregnant women incentivised under JSY.

2. JANANI SHISHU SURAKSHA KARYAKARAM (JSSK)

Government of India has launched Janani Shishu Suraksha Karyakram(JSSK) on 1st June, 2011, (Nagaland : 2012) which entitles all pregnant women delivering in public health institutions to absolutely free and cashless delivery including caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlement have been put in place for all sick new born accessing public health institutions for treatment upto 1 year after birth.

| | |
|----------------------|---|
| Drugs & Consumables | worth upto Rs 350/- Pregnant woman (PW) for Normal Delivery & Rs 1600/PW for C- Section |
| Diagnostic | worth upto Rs 200/- per PW |
| Blood Transfusion | worth upto Rs 200/- per PW |
| Blood Transfusion | worth upto Rs 300/- per PW |
| Diet | Rs 100 per day upto 3 days for ND & Rs 100 per day upto 7 days for C Section |
| Referral Transport | |
| Home to Facility | Rs 500/- |
| Facility to Facility | Rs 500/- (in case of complication) |
| Facility to Home | Rs 500/- (up to 48 hours stay in the facility) |

Achievements (April-December 2019) : 6572 pregnant women availed JSSK.

3. LaQshya- An initiative to strengthen labour room & operation theatre.

Achievements:

- Baseline assessment along with necessary trainings/workshops is completed in proposed districts (Mon, Tuensang, Kiphire, Longleng, Kohima, Dimapur, Mokokchung & Wokha).
- State Certification for Kiphire DH & Mon DH is done (Both labour room and OT).
- Monthly Mentoring visits by UNICEF/Quality Assurance/ District team have started.
- Patient satisfaction score is generated.

4. DAKSHATA TRAINING - An initiative to improve the quality of maternal and newborn care during the intra and immediate postpartum period, through providers who are competent and confident.

- Two batches of state Trainers done at Kohima (31 state trainers in total).
- District level training completed in Mon, Tuensang, Kiphire, Longleng with one batch supported by UNICEF (total 154 SN & 20 MOs trained). (1st phase districts)
- Dakshata training for high case load facilities (Kohima, Dimapur, Mokokchung & Wokha) proposed for FY 2019-20 is underway. (Wokha & Mokokchung completed) (2nd phase districts)
- Dakshata Mentoring visits in Mon, Tuensang, Kiphire, Longleng have started.

5. MATERNAL DEATH SURVEILLANCE & RESPONSE (MDSR)

- To review & respond to all Maternal Deaths during pregnancy.
- The districts have officially formed committees for the same.
- 14 maternal deaths reported & reviewed by districts during FY 2019-20 (April-December 2019). PPH, eclampsia and Sepsis account for the majority of cases. Dimapur DH reports the maximum no of deaths with a significant number of cases from Assam.

6. VHND MOBILITY SUPPORT FOR HEALTH WORKERS.

- VHND is a platform to provide ante natal/ post partum care for pregnant women, promote institutional delivery, immunization, family planning & nutritional counselling.
- State plans to revitalize VHNDs to provide a comprehensive package of services and reach all villages every month.
- State has developed and distributed new VHND reporting formats to all districts. Allowance for MOs during VHND for a few selected districts (4 HPDs) has been approved under Innovation.
- 8498 VHNDs conducted where ANMs, Grade IV workers & ASHAs are incentivised. (April-December 2019 report)

7. RCH OUTREACH CAMP

- RCH outreach camp is a continuous activity. The camps focus on RMNCH+A activities where antenatal (ANC) is stressed upon. ANC comprises of a holistic package with all possible laboratory investigations including portable USG if available. Counselling on ANC, family planning, immunization, exclusive breast feeding needs etc as part of the itinerary. Districts are encouraged to conduct camps on the 9th of any month so as to motivate and encourage PMSMA activities in the district.
- 11 RCH camps conducted across 11 districts.

8. PRADHAN MANTRI SURAKSHIT MATRIVA ABHIYAN (PMSMA)

- Also known as Prime Ministers Safe Motherhood Scheme launched in 2016 by prime Minister of India.
- It is a scheme to provide quality and comprehensive ANC services to every pregnant women on 9th of every month by one doctor (OBG preferably) atleast once during her pregnancy.
- Target beneficiaries are all pregnant women in 2nd and 3rd trimester of pregnancy.
- As per the PMSMA portal updated at district level, Nagaland has 36 PMSMA facilities across 11 districts.
- Volunteers for PMSMA have been a challenge. (Only 1 volunteer till date)
- 3095 pregnant women availed PMSMA services, 230 High risk pregnancy detected. (April-Sept 2019)

9. TRAININGS UNDER MATERNAL HEALTH

- RTI/STI Training for nurses & doctors.
- PPTCT Training (District level training on Syphilis for Nurses) is conducted. 438 health personnel's trained.
- Emergency Obstetric Care (EmOC) training for Medical doctors.
- Comprehensive Abortion care (CAC) training for doctors.
- Training of Nurse Practitioners in Midwifery.

10. HIGH DEPENDENCY UNIT (HDU)

- Obstetric HDU is approved by GOI at Dimapur DH.
- HDU is an area for management of high risk pregnancies requiring vigilant monitoring and interventions by specially trained teams.
- HDU is a part of the maternity ward and located near a labour room and OT for easy and prompt shifting of the patient whenever required.
- It is recommended that all pregnancies with complications be managed in Obstetric HDU.

7. UNIVERSAL IMMUNIZATION PROGRAMME (UIP)



INTRODUCTION OF NEW VACCINES

1. Rotavirus Vaccine (RVV)

Nagaland was the 12th state in the country to introduce the rotavirus vaccine into RI and the 3rd state among the North-East states.

Rotavirus vaccine was launched into Universal Immunization Programme across the State on 2nd August 2019 to reduce mortality and morbidity caused by Rotavirus diarrhoea.

The global burden of Rotaviral diarrhoea in children leading to millions of hospitalizations worldwide and accounting for upto 78,000 deaths annually in India was felt strongly, thus leading to the introduction of this vaccine into Routine Immunization in India and subsequently Nagaland too.

Altogether 27,000 doses of RVV was received from GOI and was distributed to all the cold chain points as per their target (0-1yr) children. 1311 Children of the total target were immunized during the introduction of RVV in the month of August 2019.

2. Tetanus and adult diphtheria (Td) vaccine

Tetanus Toxoid (TT) vaccine was replaced with Td vaccine in UIP to limit the waning immunity against diphtheria in older age groups. Nagaland started the transition from March-April 2019 and slowly introduced in each district once existing TT was exhausted in a systematic way.

Td vaccine which is a combination of Tetanus and diphtheria with lower concentration of diphtheria antigen (d) as recommended for older children and adults. The use of Td is recommended over TT during pregnancy to protect against maternal and neonatal tetanus and diphtheria during prenatal care. Td vaccine is being administered to adolescents at 10 and 16 years of age and to all pregnant women.

SYSTEM STRENGTHENING

• Restructuring and reorganisation of Cold Chain Points and Equipments

In consultation with district officials, review of existing cold chain points was done leading to closure of non-strategic cold chain points and strengthening of existing ones to improve coverage and maximise efficiency.

Altogether 7 cold chain points were deactivated/closed and functional equipments from these cold chain points were issued to other cold chain points requiring replacement of ILR/DF, making them fully functional. Currently, there are 118 cold chain points including 1 State Vaccine Store and 11 District Vaccine Stores in Nagaland and all these cold chain points are managed by trained Cold Chain Handlers and monitored online through eVIN (electronic Vaccine Intelligence Network).

• Intensified Mission Indradhanush 2.0

IMI 2.0 from December 2019 to March 2020 was introduced in India to boost the RI coverage to achieve full immunization coverage of 90 percent, ensure reaching the unreached with all available vaccines and accelerate the coverage of children & pregnant women in identified districts & blocks.

Except Dimapur, Kohima and Mokokchung remaining 8 districts were selected for conducting IMI 2.0 activities to boost RI coverage. Already 2 rounds of IMI 2.0 have been completed in these 8 districts.

| IMI 2.0 | Children | | Pregnant Women | |
|-----------------------|----------|-------------|----------------|-------------|
| | Target | Achievement | Target | Achievement |
| Round 1 (Dec 2019) | 1545 | 1371 | 361 | 306 |

CAPACITY BUILDING

1. eVIN cum Immunization Refresher's Training

District level eVIN cum Immunization Refresher's Training for all 11 districts supported by UNDP is ongoing for all Cold Chain Handlers and Frontline Workers (GNM, ANM, LHV and Vaccinators).

Altogether, training in 6 districts (Dimapur, Kohima, Mokokchung in November 2019 and Kiphire, Phek, Zunheboto in January 2020) have already been completed and the remaining 5 districts will be completed in February 2020. Around 350 health workers have already been trained on Routine Immunization, Cold Chain Management and eVIN

UIP Status April 2019- November 2019

- Immunization coverage for Nagaland as per HMIS (April 2019- November 2019) stands at 71% of fully immunized children out of the annual target of 27,396 (0-2 years) children.



Launching of Rota Virus Vaccine at Naga Hospital Authority (NHAK)
Kohima on 2nd August 2019



Officials from the Department of H&FW and other officials
during the launching programme of TT to Td at IMDH on 19th March 2019.
(DPRO Mokokchung)

8. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

National Programme for Control of Blindness was launched in the year 1976 as a 100% centrally sponsored scheme with the goal of reducing the prevalence of Blindness to 0.3% by 2020. NPCB covered all the Districts in Nagaland where Eye Surgeon/ Ophth. Assistant are posted.

Main Activities :-

- Examination of Eye patients in District Hospitals/ CHC/PHC and Eye camp.
- conducting Eye camps in remote areas and in places where Eye operation like cataract operation cannot be done
- School Eye screening in different Districts by Eye Surgeons & Ophth. Assistants.
- Observance of Eye Donation Fortnight, World Sight Day, Glaucoma, Blindness week with IEC activities.
- Screening of NCD like Diabetic Retinopathy, Glaucoma, Squint & Amblyopia.

Important achievement :-

| ACTIVITY | | 2019 – 2020 (April to Dec 2019) |
|----------|--|---------------------------------|
| 1 | No. of Cataract Surgery done | 1155 |
| 2 | No. of cataract IOL done | 1155 |
| 3 | No. of School children examined | 24394 |
| 4 | No. of school children with Ref. Error | 7482 |
| 5 | Spectacles Provided to School Children | 3778 |
| 6 | Spectacles Provided to Old Person | 1752 |
| 7 | No. of Minor Surgery | 209 |
| 8 | No. of Major Surgery | 12 |
| 9 | No. of Ref. Error detected | 8055 |
| 10 | No. of Eye cases | 21,464 |
| 11 | No. of Diabetic Retinopathy | 36 |
| 12 | No. of Glaucoma | 59 |
| 13 | No. of Squint | 29 |



School Eye Screening



Eye Donation Fortnight

9. NATIONAL IODINE DEFICIENCY DISEASES CONTROL PROGRAMME (NIDDCP)



Iodine Deficiency disorders is a term given to a group of diseases caused due to nutritional iodine deficiency. It is considered as the world's single most significant cause of preventable brain damage and mental retardation today.

Nagaland was declared as one of the IDD endemic States in India through a base line survey conducted by ICMR in early 1960's where 34.3% of goiter prevalence was recorded.

Nagaland IDD Cell was established in 1987, since then, control and preventive measures were adopted through the programme division. Information on IDD's was also disseminated to all sections of the population through various agencies and Medias. More importantly, only iodised salt was supplied to the entire state for human consumption. All these exercises and control measures has brought about significant change in the behavior and attitude of the general population in regards to purchase, storage and consumption of iodized salt.

Some of the physical achievements made under the programme during 2019-20 are mentioned as under:

Achievement of NIDDCP 2019-2020

- 1) Salt sample tested with STK by ASHAs = 1,15,296
- 2) No of salt samples tested by Lab. method = 1,136
- 3) Urine sample analysed = 1,980
- 4) IDD awareness was carried out during Health Mela at Lotsu under Wokha District, April 2019.
- 5) In collaboration with FSSAI, IDD Cell celebrated First World Safety Day on 7th June 2019 at DHFW on the theme "Food Safety, Everyone's Business".
- 6) Awareness slogans in all State Council of Educational Research & Training (SCERT) School text books (Nagaland Edition) cover page.
- 7) Translated leaflet (Facts about IDD) into 16 local dialects for stronger impact in the rural.
- 8) Aggressive awareness through every possible means- posters, leaflets, flyers, stickers on public carriers, school buses, OPD tickets, radio jingles in all local dialects, television etc.
- 9) Convergence with Rashtriya Bal Swasthya Karakram (RBSK), RCH, Social Welfare Department and Food Safety to strengthen the awareness.
- 10) IDD Cell actively participated in Swasth Bharat Yatra team led by FSSAI under Ministry of Health & Family Welfare, Govt. of India by creating awareness on IDD and demonstration of iodised salt by STK.
- 11) Study on Local Salt made at HUTSU village and METIKHRU village under Phek District.
- 12) 12)IDD Cell Nagaland actively participated in month long POSHAN MAAH in September 2019.
- 13) 13) "Global Iodine Deficiency Disorder Prevention Day" observed on 21st October in the State and all 11 districts and a weeklong awareness campaign in the month of October 2019.

► **One letter of appreciation from GOI dated 18th July 2019 for commendable jobs done.**

IDD Cell, Nagaland and team of NIDDCP from all districts are committed to strive harder to bring Nagaland State to below 1% Goitre prevalence rate.



"Global Iodine Deficiency Disorder Prevention Day" observed on 21st October 2019



Study on Local Salt made at HUTSU village and METIKHRU village under Phek District.

10. DRUGS CONTROL

Introduction:

The Nagaland State Drugs Control Administration is an enforcement wing under the Department of Health and Family Welfare, Government of Nagaland, that is responsible for the availability and assurance of quality, safety and efficacy of drugs/medicines to the public through enforcement of stringent laws enacted by the Parliament of India in the interest of the public health.

The Nagaland State Drugs Control Administration presently is headed by Additional Drugs Controller who is the notified Controlling and Licensing Authority under the administrative control of Principal Director, Directorate of Health and Family Welfare.

Regulatory Frame work:-

1. Additional Drugs Controller : 01 (Controlling and Licensing Authority)
2. Deputy Drugs Controller : 01.
3. Assistant Drugs Controller : 03.
 - i. Zone I : Kohima, Wokha, Kipheri, Phek.
 - ii. Zone II : Dimapur, Mon, Peren.
 - iii. Zone III : Mokokchung, Longleng, Zunheboto, Tuensang.
4. Drugs Inspectors : 09 (Nine)

Brief activities:-

- A. Sampling :-** The field regulatory officers i.e Drugs Inspectors under the supervision of the zonal Assistant Drugs Controller draws samples of suspected sub-standard/ complaint drugs and send for analysis from the approved Drugs Testing Laboratory and basing on the scientific report, further investigation is initiated for legal proceeding against the defaulter.
- B. Court Proceeding:-** as empowered Under Section 32 of the Drugs and Cosmetic Act 1940, the Investigating officer i.e Drugs Inspector, under the direction of The Licensing and Controlling authority, files a charge sheet based on the merit of the case, against the accused for legal proceedings.
- C. Blood safety:-** The Drugs Control is also responsible for the safety of quality blood and blood products to the public. The State Licensing authority under the direction of the Central Licensing Approving Authority (CLAA) i.e Drugs Controller General (India), exercise power under the Act and Rules for control of Blood quality.
- D. Pharmacovigilance:-** Adverse Drugs Reaction(ADR), Side effects, Drugs Resistance are some of the important issues encountered during patient treatment and for which Pharmacovigilance team is in place to promptly investigate the cause. In this regard, supportive role from the medical practitioner (Private/public) is paramount.

Laws enforced in the State of Nagaland:

1. Drugs and Cosmetic Act 1940.
2. Drugs and Cosmetic Rules 1945.
3. Drugs and Magic Remedies (Objectionable Advertisement) Act 1954.
4. Pharmacy Act 1948.
5. Poison Act 1919.
6. Narcotic Drugs and Psychotropic Substance Act 1985.
7. Drugs (Price Control) Order 1995.

ACTIVITIES STATUS 2019-2020:-**a. Drug Licences**

| Sl. No | Item | No. Of Licence | Amount (Rs) | Revenue (Rs) |
|--------|---------------------|----------------|-------------|--------------|
| 1 | New Licences issued | Nil | Nil | 4,87,950/- |
| 2 | Licence Renewed | 163 | 4,87,950/- | |

b. Activities 2019-20

| Samples Drawn | Test Report received | No. Of Substandard drugs | Administrative action taken | Remarks |
|---------------|----------------------|--------------------------|-----------------------------|-------------------------------|
| 183 | 67 | 4 | All Drugs Recalled | All cases under investigation |

c. Administrative and Legal Action.

| Showcause Notice Issued | No. Of Licence Suspende d | No. Of Licence Cancelled | No. Of case registered | | | |
|-------------------------|---------------------------|--------------------------|------------------------|--------------|----------|------|
| | | | D & C Act | DMR (OA Act) | NDPS Act | DPCO |
| Nil | Nil | Nil | Nil | Nil | Nil | Nil |

d. Training Conducted:

- i) Cold- chain Management training for community pharmacist in Dimapur-2 (twice)
- ii) Training for Government employed pharmacist at Kohima -1 (Once)
- iii) Inspection training for Drugs Inspector at Dimapur -2 (Twice)
- iv) Training of Drugs Inspector in Manufacturing of ASU Drugs at Kolkota -1 (Once)

e. Committee Constituted:

The following Committee were constituted by the State Government as directed by Drugs Controller General (India)-

- i) Intelligence Cell & Market Surveillance (IC&MS).
- ii) Screening Committee for Spurious Drugs.
- iii) Fixed Dose Combination (FDC) Drug Monitoring Committee.
- iv) Price Monitoring & resource Unit (PMRU) Society.

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



Introduction

The National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) initiated since 2014 has its State Cell at the Directorate of H&FW with supporting manpower at the district NCD clinics, NCD cells and CHC NCD clinics as per GoI guidelines. Some objectives of the programme are health promotion through behavior change, screening of NCDs at all levels for early detection of diabetes, hypertension, common cancers. To support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.

Monthly report from 1st April – December (2019)

| Sl. No. | Particulars | Cumulative during the year (April - December) | | |
|---------|--|---|--------|-------|
| | | Male | Female | Total |
| 1 | No. of patients attended NCD Clinics | 19816 | 22647 | 42463 |
| 2 | No. of patients diagnosed with | | | |
| | Diabetes Mellitus | 897 | 868 | 1765 |
| | Hypertension | 2487 | 2494 | 4981 |
| | Cardiovascular Diseases | 274 | 249 | 523 |
| | Cancers | 120 | 90 | 210 |
| 3 | No. of patients counselled for health promotion and prevention of NCDs | 4062 | 4137 | 8199 |
| 4 | No. of patients attended for Physiotherapy | 747 | 740 | 1487 |

NCD Activities: 2019-20

- Awareness on NCDs through newspaper advertisements published during World Hypertension Day on 17th May 2019, World Diabetes Day on 14th November 2019.

- Observation of World Heart Day at Tuli Town, Mokokchungon 4th November 2019. Education of public, IEC activities and NCD screening was done.



- Observing International Day for Elderly 2019 on 1st October at Meriema Village, Kohima District through awareness talks, screening of NCDs for the elderly and counselling services.



12. INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)



- IDSP is a decentralized, state based surveillance Programme in the country.
- Objective is to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner.

Key elements of a surveillance system

- Detection and notification of health events
- Investigation and confirmation
- Collection of data
- Analysis and interpretation of data
- Feedback and dissemination of results
- Response – Action for prevention and control

Reporting Status 2019-20

| District | Percentage |
|------------|------------|
| DIMAPUR | 70% |
| KIPHIRE | 60% |
| KOHIMA | 100% |
| LONGLENG | 90% |
| MOKOKCHUNG | 100% |
| MON | 80% |
| PEREN | 100% |
| PHEK | 100% |
| TUENSANG | 80% |
| WOKHA | 80% |
| ZUNHEBOTO | 100% |

EWS/Outbreak 2019-20

| <i>Sl. No.</i> | <i>Disease</i> | <i>No. of cases</i> | <i>No. of deaths</i> | <i>Area affected</i> | <i>Date of detection/test</i> | <i>Remarks</i> |
|----------------|--|---------------------|----------------------|---|---------------------------------|---|
| 1 | Fever with rash, cough, coryza??? Measles | 1 | 0 | Wagein, Mon | 8 th March 2019 | <ul style="list-style-type: none"> District Health Society, IDSP and WHO investigated the case |
| 2 | Scrub Typhus | 8 | 0 | Aboi Block, Mon | 4 th April 2019 | <ul style="list-style-type: none"> District Health Society, DSU with the SSU team monitored the case |
| 3. | Measles | 1 | 0 | Penli Ward, Mokokchung | 5 th July 2019 | <ul style="list-style-type: none"> Investigated by the District RRT and DSU Mokokchung House to house survey was done Health education given |
| 4. | JE | 9 | 1 | Supply colony, forest colony and Chumu. Dimapur | 17 th July 2019 | <ul style="list-style-type: none"> Controlled (No new cases reported) |
| 5 | Scrub Typhus | 6 | 0 | Kiphire Block, Kiphire | 12 th August 2019 | <ul style="list-style-type: none"> Sanitization and Awareness of Health Units through CHO of SC |
| 6 | Dengue | 2 | 0 | High School and Sci. College Jotsoma, Kohima | 23 rd August 2019 | <ul style="list-style-type: none"> Symptomatic treatment taken and the patients have recovered |
| 7 | Dengue | 3 | 0 | Thilixu, Purana Bazar, Dimapur District | 27 th August 2019 | <ul style="list-style-type: none"> IDSP along with NVBDCP conducted awareness campaign in high risk areas. |
| 8 | Malaria (Plasmodium Falciparum) | 1 | 0 | Zubza | 23 rd September 2019 | <ul style="list-style-type: none"> The patient was treated with anti-malarial. Awareness was given. Under controlled |
| 9 | Measles | 1 | 0 | Sungkomen Ward, Mokokchung | 27 th September 2019 | <ul style="list-style-type: none"> Contained (No new cases) |
| 10 | Dengue | 1 | 0 | Tuliyong ward, Tuli Block, Mokokchung | 14 th November 2019 | Under Surveillance |



State Review Meeting : DHFW



Quarterly Review Meeting : District Surveillance Unit, Mokokchung



IHIP Training : District Surveillance Unit, Kiphire

13. National Tobacco Control Programme (NTCP)



| Sl. No | Indicator/Activity | Achievement |
|--------|---|-------------|
| 1 | District Level Coordination Committee meeting held | 10 |
| 2 | Enforcement drive undertaken | 9 |
| 3 | Persons Challaned | 91 |
| 4 | Trainings/sensitization programs for different stakeholders organized by district cells | 29 |
| 5 | No. of School Awareness program | 74 |
| 6 | No. of School children covered | 17804 |
| 7 | No. of Tobacco free Police station | 12 |
| 9 | No. of Tobacco Free Orphanage and Rehab Centre | 3 |
| 10 | Tobacco free educational institute declared | 37 |
| 11 | Tobacco free village declared | 2 |
| 12 | No. of tobacco users counselled | 1114 |



Declaration of Tobacco free village in Sushunu Village



School Anti Tobacco Awareness in St. Paul Hr. Sec. School, Dmp

14. NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

National Mental Health Programme (NMHP) is a national programme implemented under the flexi pool of NCD within the overall umbrella of NHM. In Nagaland DMHP was launched in 2016-17 with the following objectives as per GOI Guidelines.

Objective:

- (a) To provide mental health services including prevention, promotion and long term continuing care at different levels of district healthcare delivery system.
- (b) To augment institutional capacity in terms of infrastructure, equipment and human resource for mental healthcare.
- (c) To promote community awareness and participation in delivery of mental health services.
- (d) To broad-base Mental Health into other related programmes.

Present Institutional set up:-

Till date there are five districts functioning District Mental Health Programme DMHP under National Mental Health Programme NMHP Nagaland viz KOHIMA, DIMAPUR, MOKOKCHUNG, PHEK and LONGLENG.

Achievements 2019-2020 (1st, 2nd, 3rd Quarter).

| Sl.No | Name of activities | Achievement |
|-------|---|-------------|
| 1 | Training | |
| | (a) Nurses, Paramedical workers, etc | 62 |
| | (b) Social worker/ NGO/Teacher | 33 |
| 2 | IEC activities | |
| | (a) Awareness in schools & Colleges | 12 |
| | (b) Awareness in churches | 28 |
| | (c) Outreach activities (Health camp) | 1 |
| | No. of patient examined | 71 |
| | (d) Advertisement in Newspapers | 6 |
| | (e) Interpersonal communication (meeting with family members) | 1192 |
| 3 | Services | |
| | (a) OPD | 1386 |
| | (b) IPD | 428 |
| | (c) Follow up cases | 1742 |

15. NAGALAND HEALTH PROJECT (NHP)



The Nagaland Health Project is an Externally Aided Project funded by International Development Association which was approved on 16th January 2017. Since inception, the project has enhanced the capacity of 456 health committees in Nagaland with intensive training and handholding support. As per the project implementation arrangement all the 456 health committees have received funds as One Time Grant and Result Based Financing on achieving of various targets set by the project. Till date Rs. 13.99 Crores have been released to the health committees.

To improve the infrastructure of targeted 177 health units, 4 Nursing and 1 Paramedical training institutes the project has awarded contracts amounting to Rs.86.28 Crore to various firms selected through National Competitive Bidding process and work is in progress in all the targeted health units and institutions. As part of the contract, solar power backup and lighting using energy efficient devices are being installed after replacing old wiring in the health units. With the intervention of the project all the targeted health facilities shall have running water facility with water reservoir constructed to harvest rain water.

The project has also engaged consultancy firms to assist the project and department in planning and construction of Medical College, develop and deploy integrated information system for the health department, building capacity of nursing faculty. Total contract value awarded to these consulting firms is Rs. 22.62 Crores.

One priority activity identified by the project is safe handling and disposal of bio-medical waste. Accordingly, 2771 health personnel have been trained by the project on safe handling and disposal of bio-medical waste. Deep burial pits and sharp pits have been constructed in all the functioning health units for disposal of bio-medical waste. In addition, the project has also awarded contracts for supply and installation of autoclave and microwave for the health units. Protective Gears for the waste handlers will be distributed in the coming months.

With the investment of the project, significant changes are visible and the community participation has improved. On numerous interaction, various communities has expressed willingness to avail health care from public health facilities with the improvement in the infrastructure.

DHANSIRIPAR CHC ENTRANCE GATE



Before



After

SAHOI SC SEPTIC TANK



Before



After

ANM TRAINING CENTRE, TUENSANG



Before



After

BMWM TRAINING PHOTOS



RENOVATION OF FLOOR AND PAINTING LONGLENG DH



Before



After

RAIN WATER HARVESTING RESERVOIR TANK, WOKHA



16. NAGALAND STATE AIDS CONTROL SOCIETY (NSACS)



Nagaland State AIDS Control Society (NSACS) functions under the government of Nagaland, project initiated by National AIDS Control Programme (NACP) being implemented phase wise with the objective to slow down the spread of HIV infections so as to reduce morbidity, mortality and impact of AIDS in the country.

National AIDS Control Programme now in the continuation of its Phase Phase-IV aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process over the next phase.

Nagaland being the third highest HIV adult prevalence state in the country with 1.15%, Ministry of Health & Family Welfare, NACO is taking up the matter on priority where field assessment will be done in February 2020 to understand the epidemic and develop an integrated strategy towards augmenting the AIDS response in the state.

Goal: Accelerate Reversal and Integrate Response

Objective 1:

Reduce new infections by 50% (2007 Baseline of NACP III)

Objective 2:

Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

New Initiatives under NACP-IV

1. Differential strategies for districts based on data triangulation with due weightage to vulnerabilities
2. Scale up of programmes to target key vulnerabilities: Opioid Substitution Therapy (OST), Migrant Interventions, Transit & Destinations including roll out of Migrant Tracking System for effective outreach,
3. Scale up of Multi-Drug Regimen for Prevention of Parent to Child Transmission
4. Social protection for marginalized populations through mainstreaming
5. Launch of Third Line ART and scale up of first and second Line ART
6. Demand promotion strategies specially using mid-media, e.g., National Folk Media Campaign & Red Ribbon Express and buses [in convergence with the National Health Mission (NHM)]

The main Components/Programme of the Programme:

1. Care Support and Treatment (CST)/ Anti Retroviral Therapy
2. Targeted Interventions (TI)/Opioid Substitution Therapy (OST)
3. Information Education and Communication (IEC)
4. Blood Safety/Blood Donation and Transfusion
5. Integrated Counseling and Testing Centers (ICTC)
6. Sexually Transmitted Infection (STI)/Suraksha Clinics
7. Strategic Information Management Unit (SIMU)

District AIDS Prevention & Control Unit (DAPCU) is placed in all the 10 “A” Category of Nagaland in the year 2008 depending on the vulnerability and magnitude of HIV epidemic district are categorised as high (A & B) and low (C, D). 10 DAPCUs were established in 10 Districts of ‘A’ category except Longleng. There are 10 DAPCUs namely; Kohima, Dimapur, Peren, Wokha, Mokokchung, Zunheboto, Phek, Kiphire, Tuensang and Mon. the Major functions of DAPCU are for facilitation, Coordination, Monitoring and Mainstreaming of HIV Programme at the District level. DAPCU work in close co-ordination and collaboration with District administration and allied departments ensuring effective referral and linkages among HIV facilities and also facilitate access to various schemes available. DAPCU National Resource Team (DNRT) is a part of National Technical support unit for mentoring/periodic supportive supervision and capacity building activities for the DAPCUs. Besides, DAPCU initiates;

- District AIDS Prevention and Control Committee (DAPCC) meeting chaired by Deputy Commissioner.
- District level monthly meeting of all facilities
- Quarterly state level review meeting

SEXUALLY TRANSMITTED INFECTIONS (STI)

There are 12 designated RTI/STI clinic in all the Districts Hospital including Police Referral Hospital, Chumukedima, No of RPR tested from April to December 2019 is 5350 and out of which 120 clients were tested RPR reactive for syphilis and the total number of Episode managed is 2075.

BLOOD TRANSFUSION SERVICES (BTS)

Blood Transfusion Services comes under the purview of Nagaland State Blood Transfusion Council (NSBTC) & Nagaland State AIDS Control Society (NSACS).

Nagaland has:

- a) 3 (three) licensed Blood Banks namely Model Blood Bank with BCSU in Dimapur, Major Blood Bank in Kohima and district blood bank in Mokokchung.
- b) 5 (five) unlicensed Blood Banks in Tuensang, Phek, Mon, Zunheboto and Wokha.
- c) 3 (three) Regional Blood Transfusion Centers (RBTC), namely Kohima, Dimapur & Mokokchung.

Target and Achievements:

| Partiulars | 2019-2020 | Achievement |
|-----------------------------|-------------|---------------------------------|
| Target for Blood Collection | 10000 units | 9659 units (April – Dec. 2019) |
| Target for VBD Camp | 70 Camps | 45 Camps (April – Dec. 2019) |

| Blood Collection report from April to December 2019 | | | | | | | | | |
|---|-----------------------------|--------------------------|-------|------|--------|--------|---------|-------|------|
| 1 | Heads | | Units | | % | | Heads | Units | % |
| 2 | Total Voluntary Collection | Voluntary at Blood Banks | 6072 | 7397 | 62.86 | 76.58% | HIV +ve | 22 | 0.23 |
| | | Camp Collection | 1325 | | 13.72 | | Hep B | 25 | 0.26 |
| 3 | Replacement | | 2262 | | 23.42% | | Hep C | 8 | 0.08 |
| 4 | No. of VBD camps | | 45 | | 64.29% | | VDRL | 11 | 0.11 |
| 5 | Average collection per Camp | | 29 | | 58.89% | | Malaria | 7 | 0.07 |
| 6 | Total | | 9659 | | 96.59% | | TTI | 73 | 0.76 |

CARE, SUPPORT & TREATMENT (CST)

The overall goal of CST component under NACP IV is to provide universal access to comprehensive, equitable, stigma-free, quality care, support and treatment services to all PLHIV using an integrated approach. With this objective in mind various service delivery points like ART centres, ART Plus centres, FI-ARTCs, LAC, LAC plus, CSCs and DSDMs have been established and are being expanded in a need based manner.

The registration of new PLHIVs clients seeking Care, Support and Treatment is at an average of 222 clients per month out of which an average of 202 clients are being put on ART every month, efforts are being made to ensure 100 percent of registered PLHIVs are being initiated on ART. The total number of PLHIVs receiving ART is 9647 as of 31st December 2019.

Facilities and activities under CST programme;

1. ART Plus Centre: Naga Hospital Authority (NHA) Kohima, IMDH Mokokchung & District Hospital, Dimapur.
2. ART Centre : DH Tuensang, DH Kiphire, DH Zunheboto.
3. PPP ARTC, Shukhovi ARCH
4. Facility Integrated-ARTCs: DH Phek, CHC Jalukie (Peren).
5. Link ART Plus Centre: DH Mon, CHC Noklak (Tuensang).
6. Link ART Centre: DH Wokha, CHC Tuli (Mokokchung), DH Longleng, CISHR Referral Hospital
7. Differentiated Service Delivery Models (DSDMs) for dispensation of ART initiated at Chavara Home and CAD Foundation Dimapur
8. ART initiation of positive clients at LAC Plus Noklak has also been initiated to minimize lost to follow up cases and upscale ART initiation of positive clients

The table below indicates the status of CST Program

Till December 2019

| ART Centre | PLHIV alive and on ART | PLHI V Died | Lost to Follow up | Permanent LFU | Stopped treatment |
|---------------------------------|------------------------|-------------|-------------------|---------------|-------------------|
| ARTC Zunheboto | 165 | 51 | 27 | 0 | 11 |
| Assam Rifles Composite Hospital | 493 | 0 | 0 | 0 | 0 |
| ART Plus Kohima | 1787 | 546 | 896 | 135 | 68 |
| ART Plus Mokokchung | 667 | 386 | 202 | 49 | 98 |
| ARTC Kiphire | 230 | 108 | 135 | 0 | 15 |
| ART Plus Dimapur | 4586 | 1012 | 3776 | 844 | 273 |
| ARTC Tuensang | 1331 | 554 | 446 | 259 | 185 |
| FIART Jalukie | 249 | 34 | 13 | 0 | 16 |
| FIART Phek | 139 | 24 | 4 | 0 | 3 |
| | 9647 | 2715 | 5499 | 1287 | 669 |

INFORMATION EDUCATION AND COMMUNICATION & MAINSTREAMING (IEC & Mainstreaming)

IEC activities were carried out through different medium of communication and strategies such as:

1. Mass media: newspaper advertisements in 5 local newspapers, telecast/broadcast of TV/Radio programs/spots on local private cables and All India Radio Kohima. Out of 1357 target for Mass Media, 1369 achievements have been made till January 2019. Also, the creative on HIV and AIDS Act 2017 for broadcast/telecast in TV and Radio are also being developed by the TV /Radio producers.
2. Special events: Events such as International youth day, World AIDS Day and National Youth Day were observed. International Youth Day was observed at Tetso College Dimapur, on 16 August, 2019. Activities such as, sensitization, distribution of IEC materials, and competitions on extempore story recital, and skit was conducted. A total of 798 students, faculty members and IEC NSACS attended the program. World AIDS Day was observed in all the 11 districts. In the state level program, for the first time, a meritorious award program was held to acknowledge the efforts made by the communities in response of HIV/AIDS in the State. 14 awards were given away. National Youth Day (NYD) was observed in collaboration with Nagaland State Bharat Scouts & Guides on the 12th of January, 2020 at the State Training Centre, Nerhema, Kohima. The program was attended by 109 participants.

3. Special communication campaign: With the aim to reach out to the grassroots level, two day Training of Trainers (ToT) on Interpersonal Communication (IPC) campaign was conducted with the women group of ZeliangrongMipui organization (ZMO) at Jalukie on 5 & 6 December, 2019. Village level IPC is ongoing. Another special communication campaign strategized and conducted especially for the youth was Multi-Media Campaign using music platforms. The district level auditions were conducted in three zonal districts on the 14 and 15 November, 2019, and the grand finale held on 26 November, 2019, at the Heritage Kohima. The highlights of the campaign were: music competition, quiz with the participants and gift hampers, signing of pledge and pledge taking, words of encouragement by the special guests, motivational talks by youth icons/leaders, HIV counseling and testing at the venue, distribution of IEC materials and merchandise, photo booth with IEC messages. The Red Ribbon Club members actively participated in the programs as volunteers. Through the campaign (district and state level) a total of about 1500 young people were directly reached out to with the messages about HIV & AIDS, and 48 people screened for HIV.
4. Youth Intervention program: Youth related interventions and activities were conducted through Red Ribbon Club in the colleges. The Red Ribbon members in various colleges conducted blood donation camps, competitions, seminars and sensitization programs and observed special events. 6 Newly RRC colleges were also identified and MoU are being signed for formation of new Red Ribbon Club (Sazolie college of Teacher's education, Mokokchung College of Teacher Education, Govt. Polytechnic, TsunazhoChethebaPhek, Govt. Polytechnic Seithekema C Dimapur, Govt. Polytechnic, Sedem Tuensang, and MGM College Midland Dimapur). At present, altogether there are 73 existing RRC colleges in the State.
5. Mainstreaming and GIPA: Efforts were made to mainstream the issue of HIV & AIDS with various Govt. Departments.

On 27 September, 2019, a State level launching programme on awareness Drive cum Mobile Screening of TB and TB related co-morbidities and HIV was held at Amar Roller Flour Mill, Golaghat, Dimapur, organized by the department of Labour in collaboration with NSACS and RNTCP DH&FW. This collaborative/convergence programme was one of the outcome of Joint working group meeting held on 20 August, 2019 with the department of Labour. Around 140 persons attended the programe.

NSACS also collaborated with SIRD department for training of Women Self Help Group/women leaders. The training was conducted in Mon, Peren, Tuensang and Zunheboto through DAPCU. Altogether 124 women SHGs /leaders could be trained/sensitized on HIV & AIDS.

One day training of DAPCU officials for roll out of IEC, Youth Affairs, Mainstreaming and GIPA activities at the district level, was held on 9 August, 2019, at LCS building Kohima. All the 10 District Program Officers along with one DAPCU Staff attended the training.

Also, another milestone achievement of mainstreaming was the conduct of one day State Consultation on Joint Working Group for Youth on HIV and AIDS, under the chairmanship of ShriMenukhol John, Principal Secretary, School Education and SCERT. The concerned youth related departments attended the meeting. The program was held on 3 December, 2019, at the Secretariat conference Hall, Nagaland Civil Secretariat, Kohima.

Targeted Interventions (TI)

| DISTRICT WISE TI & OST PROJECT 2019-2020 | | | | | | | | | | | |
|--|------------|-----------|----------|----------|----------|----------|----------|----------------|-----------|------------------|----------------------|
| No | District | IDU | FIDU | FSW | MSM | Migrants | Truckers | Core Composite | Total TI | Total OST Center | Satellite OST Center |
| 1 | Dimapur | 5 | 1 | 2 | 1 | 1 | 1 | 0 | 11 | 5 | 1 |
| 2 | Kohima | 2 | 0 | 0 | 1 | 0 | 0 | 2 | 5 | 4 | 0 |
| 3 | Mokokchung | 2 | 0 | 0 | 1 | 0 | 0 | 4 | 7 | 4 | 1 |
| 4 | Mon | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 1 | 1 |
| 5 | Tuensang | 4 | 0 | 0 | 0 | 0 | 0 | 2 | 6 | 3 | 2 |
| 6 | Peren | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 |
| 7 | Zunheboto | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 1 |
| 8 | Wokha | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 3 | 0 |
| 9 | Phek | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 1 |
| 10 | Kiphire | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 |
| 11 | Longleng | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 |
| Total | | 20 | 1 | 2 | 3 | 1 | 1 | 15 | 43 | 31 | 8 |

Achievement

| Sl. No | Typology | Target | Achievement | % |
|--------|----------|--------|-------------|------|
| 1 | MSM | 1881 | 1739 | 92.5 |
| 2 | Migrants | 5000 | 4193 | 83.9 |
| 3 | Truckers | 10000 | 4879 | 48.8 |
| 4 | IDU | 19808 | 19143 | 96.6 |
| 5 | FSW | 3562 | 3494 | 98.1 |

A. Facilities available in the State

| No | Facilities | No. in Place | Location |
|----|--|--------------|-------------------------|
| 1 | District AIDS Prevention & Control Unit (DAPCU) | 10 | District Hq. |
| 2 | Anti Retroviral Therapy (ART) Center | 6 | Dist. Hospital |
| 3 | Facility Integrated ART Center | 2 | Dist/Sub-Dist |
| 4 | Link ART Centers | 6 | Dist/Sub-Dist |
| 5 | Integrated Counselling & Testing Center (ICTC) | 64 | Dist. Hosp/CHC/PHC |
| 6 | Prevention of Parent to Child Transmission (PPTCT) | 4 | Dist. Hospital |
| 7 | NACO Supported Blood Bank | 3+5 | Dist. Hospital |
| 8 | Laboratory Services | 2 | Dist. Hospital |
| 9 | Designated STI/RTI Clinic (DSRC) | 12 | District Hospitals |
| 10 | Opioid Substitution Therapy (OST) | 31 (26+5) | Dist. Hosp/CHC/PHC/NGOs |
| 11 | NGO (Targeted Intervention) | 43 | Across the state |

B. Human Resource (Manpower)

| No | Position | Existing | Regular | Contractual |
|----|----------------------------------|----------|---------|-------------|
| 1 | Project Director | 1 | 1 | |
| 2 | Joint Director | 2 | | 2 |
| 3 | Deputy Director | 5 | 3 | 2 |
| 4 | Assistant Director | 11 | | 11 |
| 5 | M & E Officer | 1 | | 1 |
| 6 | Human Resource Officer | 1 | | 1 |
| 7 | Statistical Officer | 1 | | 1 |
| 9 | Assistants/Accountants | 28 | | 28 |
| 10 | Grade-IV | 3 | | 3 |
| 11 | District Programme Officer | 10 | | 10 |
| 12 | Sr. MO/MO | 14 | | 14 |
| 13 | Prg. Asstt (District) | 30 | | 30 |
| 14 | District ICTC Supervisor | 11 | | 11 |
| 15 | Technical Officer | 2 | | 2 |
| 16 | Nurse GNM/ANM | 43 | | 43 |
| 17 | Counsellor | 127 | | 127 |
| 18 | Lab. Technician/Lab. Attendant | 94 | | 94 |
| 19 | Data Entry Operator/Data Manager | 34 | | 34 |
| 20 | Grade – IV (District) | 32 | | 32 |
| 21 | Pharmacist | 6 | | 6 |

C. Reporting

| Sl.No | Activity/Programme | Reporting Units | Timeline |
|----------|---|-----------------|-----------|
| 1 | Basic Services & Blood Safety | | |
| | a. Stand Alone ICTC | 56 | Monthly |
| | b. Stand Alone PPTCT | 4 | Monthly |
| | c. Mobile ICTC | 10 | Monthly |
| | d. PPP ICT C | 2 | Monthly |
| | e. FICTC/VHND-CBS/PPP-FICTC | 187 | Monthly |
| | f. NACO Supported Blood Bank | 3+5 | Monthly |
| 2 | STI | | |
| | a. DSRC/PPP | 12 + 1 | Monthly |
| | b. NGO STI Clinic | 43 | Monthly |
| 3 | NGO TIs | | |
| | a. FSW | 2 | Monthly |
| | b. MSM | 3 | Monthly |
| | c. IDU | 21 | Monthly |
| | d. Core Composite | 15 | Monthly |
| | e. Trucker | 1 | Monthly |
| | f. Migrant | 1 | Monthly |
| 4 | IEC | | |
| | a. Information Education and Communication(IEC) | 1 | Monthly |
| | b. Adolescence Education Programme (AEP) | 1 | Monthly |
| | c. RRC | 1 | Quarterly |

| | | | |
|----------|--|----|---------|
| 5 | District AIDS Prevention & Control UNIT (DAPCU) | | |
| | a. Quantitative | 10 | Monthly |
| | b. Qualitative | 10 | Monthly |
| 6 | Care Support & Treatment | | |
| | ART Plus Center | 2 | Monthly |
| | ART Center | 4 | Monthly |
| | FI-ART Center | 2 | Monthly |
| | Link ART Plus | 2 | Monthly |
| | Link ART Center | 4 | Monthly |

Nagaland HIV/AIDS Scenario

Adult HIV Prevalence rate: 1.15% (Source: NACO HIV ESTIMATION 2017)

General Population Prevalence rate: 0.82 % (Source: NACO HSS 2016-17 Report)

| ICTC Status | | | | | | |
|--------------------|------------------------|------------|--------------|------------------------------|------------|--------------|
| Particulars | April'19-DEC'19 | | | Cumulative since 1999 | | |
| | G. Clients | ANC | Total | G. Clients | ANC | Total |
| Blood screened | 55517 | 12728 | 68245 | 938356 | 244611 | 1182967 |
| HIV positive | 1451 | 118 | 1569 | 24008 | 2622 | 26630 |
| MBP Nevirapine | | | 160 | | | 1806 |

| Children (≤14 yrs) | | | | | | |
|---------------------------|------------------------|---------------|--------------|----------------------------------|---------------|--------------|
| | April'19-DEC'19 | | | Cumulative-since Oct 2007 | | |
| | Male | Female | Total | Male | Female | Total |
| Blood screened | 1317 | 1275 | 2592 | 18633 | 18229 | 36862 |
| HIV positive | 31 | 28 | 59 | 559 | 558 | 1117 |

| ART Since 2004 | | | | | | | |
|--------------------------|-------------------|---------------------------|--------|-------|-----------------|--------|--------------|
| Indicators | Cumulative | Alive & On ART | | | | | |
| Registered in ARTC | 20098 | Adult | | | Children | | Total |
| Ever Started On ART | 15005 | Male | Female | TS/TG | Male | Female | |
| Death of Patients on ART | 1910 | 4516 | 4526 | 6 | 271 | 278 | 9597 |

| STD (April'19-DEC'19) | | | BLOOD BANK(April'19-DEC'19) | |
|------------------------------|-----------------|----------------|------------------------------------|-------------|
| Typology | Attended | Treated | Voluntary Donation | |
| DSRC | 5505 | 2075 | Family Donation | 3743 |
| NGO TI | 39140 | 688 | Replacement Donation | 2047 |
| Total | 44645 | 2763 | Total Collection | 8826 |

Note:

G. Clients = Clients Excluding Pregnant Woman

ANC = Pregnant woman

M. ICTC = Mobile ICTC

The year 2019-2020 Starts from the month of April '19

Source : SIMS

PHOTO GALLERY



DAPCU Peren team with the beneficiaries of 11 PLHIVs and their parents



Winning Band- TUNE UP CHANNEL posing with HIV message during NSACS Multi Media Campaign



Training of Satellite OST for OST Nurse



Committee of Concern meeting of NSACS chaired by Chief Secretary

17. Rastriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram, an expansion of School Health Programme is a Child Health Screening and Early Intervention Services Programme to provide comprehensive care to all the children between the age group of 0-18 years in the community. The objective of this initiative is to improve the overall quality of life of children through early detection of birth Defects, Diseases, Deficiencies, Development Delays and Disability (4Ds).

Screening of the new-born, both at public health facilities and at home, is an important component of the strategy. Regular health screening of pre-school children upto 6 years of age using Anganwadis as a platform is another essential component. Moreover, children from 6 to 18 years of age studying in Government and Government aided schools would also receive regular health check-ups. All those children who may be diagnosed for any of the 30 illnesses would receive follow-up referral support and treatment including surgical interventions at tertiary level as per RBSK model costing under this programme.

State has a total number of 22 Mobile Health Teams under RBSK. The teams screen all children in the pre-school age enrolled at Anganwadicentres at least twice a year besides screening of all children studying in Government and Government aided schools, whereas the newborns will be screened for birth defects in health facilities by service providers and during the home visits by ASHAs. District Early Intervention Centres are planned to be set up as first referral point for further investigation, treatment and management. Tertiary care centre are roped in for management of complicated cases requiring high-end medical care and treatment.

State has signed MoU with SKY Hospital and Research Centre, Imphal, Shija Hospitals and Research Institute Imphal, Sri ShankaradevaNethralaya, Guwahati, CURE International Nagaland and MiracleFeet India for surgical interventions.

30 Health Conditions for Child Health Screening and Early Intervention Services

1. Defects at Birth

1. Neural Tube Defect
2. Down's Syndrome
3. Cleft Lip & Palate / Cleft Palate alone
4. Talipes (club foot)
5. Developmental Dysplasia of the Hip
6. Congenital Cataract
7. Congenital Deafness
8. Congenital Heart Diseases
9. Retinopathy of Prematurity

2. Deficiencies

10. Anaemia especially Severe Anaemia
11. Vitamin A Deficiency (Bitot spot)
12. Vitamin D Deficiency (Rickets)
13. Severe Acute Malnutrition
14. Goitre

3. Childhood Diseases

15. Skin conditions (Scabies, Fungal Infection and Eczema)
16. Otitis Media
17. Rheumatic Heart Disease
18. Reactive Airway Disease
19. Dental Caries
20. Convulsive Disorders

4. Developmental Delays and Disabilities

21. Vision Impairment
22. Hearing Impairment
23. Neuro-Motor Impairment
24. Motor Delay
25. Cognitive Delay
26. Language Delay
27. Behaviour Disorder (Autism)
28. Learning Disorder
29. Attention Deficit Hyperactivity Disorder

30. Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia (Optional- based on epidemiological situation and availability of testing and specialized support)

Implementation Status of RBSK in the State

- 1.Targeted age group: 0-18 years
- 2.No. of Mobile Health Team (MHT): 22 Teams, consisting of Medical Officer, Nurses and pharmacist/Ophthalmic Assistant.
- 3.No. of District Early Intervention Centre (DEIC): 1 (NHAK)
- 4.No of Govt Schools: 1913 covering 181430 students within the age group of 6- 18 years of age
- 5.No. of AWC: 3980 covering 297090 children within the age group of 0-6 years of age.

Screening status during FY 2019-20

Achievement during Financial year till December 2019 highlighted in the table below:-

| Indicators | 2019-20 (April to Dec) | |
|---|------------------------|------|
| | School | AWC |
| Total No. of institutions visited by MHTs | 1344 | 2158 |
| No. of children screened | 1,51,858 | |
| No. of birth defects | 73 | |
| No. of deficiencies | 2,233 | |
| No. of childhood diseases | 13,422 | |
| No. of developmental delays | 1,040 | |
| Total Ds | 16,768 | |
| No. of children referred | 7,592 | |
| Total no. of children managed | 116 | |



Free Heart Screening camp in collaboration with SKY Hospital, Imphal held at NHAK and Child Health screening in an AWC at Peren District by Medical Officer RBSK.



Screening at a Govt School in Phek District by Medical Officer and RBSK Mobile Health Team after screening in Zunheboto.

18. Ayushman Bharat – PradhanMantri Jan ArogyaYojana (AB-PMJAY)

Introduction

PradhanMantri Jan ArogyaYojana is an initiative of Government of India which aims to accelerate India's progress towards Universal Health Coverage. PMJAY provides free hospitalization coverage up to Rs. 5 lakhs per entitled household per year through a network of public and private hospitals. The health services covered under the programme include hospitalization expenses, day care surgeries, follow-up care, pre and post hospitalization expense benefits.

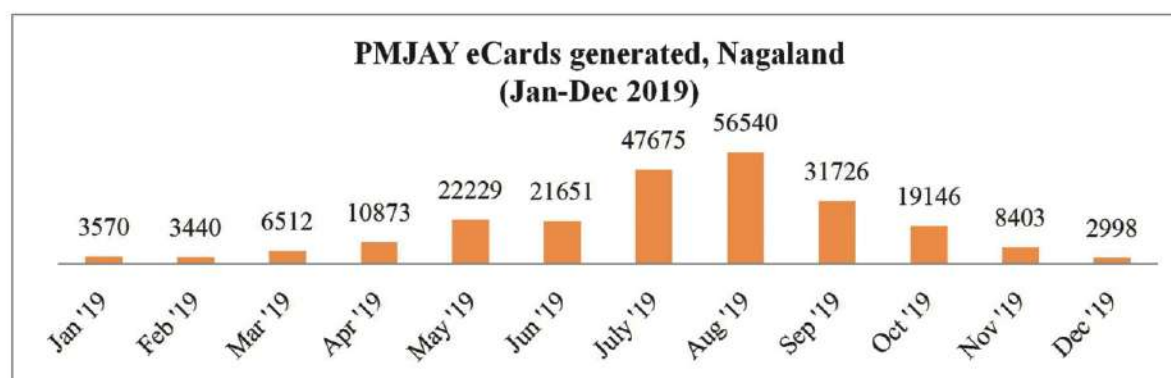
PM-JAY covers poor and vulnerable households which are identified from the Socio-Economic Caste Census (SECC) data of the year 2011. In rural areas, households that meet the deprivation criteria (D1 to D7 except D6) and 11 occupational categories in urban areas are covered. Only households whose name is on the list are entitled for the benefits of PMJAY. Additionally, any household that has an active RSBY card (issued in 2016 or 2017 in Nagaland) is covered.

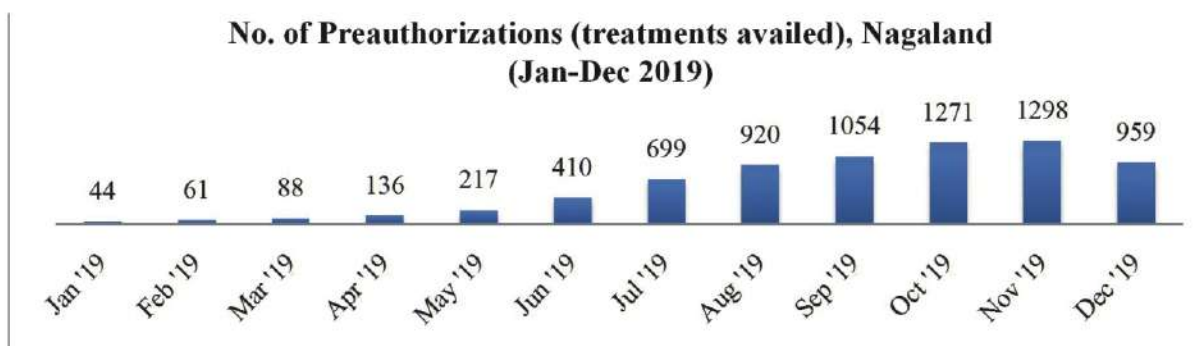
Performance

From launch on 23rd September 2018 till date (22.01.2020)

- Rs. 10.56 crore worth of free treatment has been received till date
- A total of 2.33 lakhs households are covered under PMJAY in Nagaland
- 85,960 households have been reached with at least one eCard
- 2.44 lakhs individual eCards have been issued
- 7,797 preauthorizations amounting to Rs. 10.65 crore has been raised till date. Rs. 8.88 crore claims amount has already been paid.
- There are 68 empanelled hospitals in Nagaland, including 6 private hospitals. PMJAY beneficiaries can avail free benefit from any empanelled hospital across the country.
- The Oriental Insurance Company Limited, is the Insurance partner for PMJAY implementation in Nagaland

From January to December, 2019 (month-wise)





To check eligibility status, any of the following may be contacted:

1. Self-check through 'Am I Eligible' portal (www.mera.pmjay.gov.in)
2. Download Ayushman Bharat PMJAY Mobile App (Playstore for Android phones)
3. Call the National Call Centre(14555/1800111565)
4. Visit a Common Service Centre
5. Visit an empanelled hospital
6. WhatsApp message the family members details to 9089776177(Nagaland beneficiaries)

19. FOOD SAFETY (FSSA)

Food Safety Nagaland, under Health & Family Welfare Department, is responsible for implementation of Food Safety and Standards Act 2006(FSSA), Rules & Regulations 2011 in our state. The main objective of this Act is to ensure availability of safe, hygienic, nutritious and wholesome food for human consumption. Food safety contributes to food security, human health, economic prosperity and sustainable development. Thus food safety is everyone's business.

Food safety administration in the state is headed by Principal Secretary (H&FW) as Food Safety Commissioner and Principal Director (H&FW) as Addl Food Safety Commissioner and a Joint Director as Nodal Officer assisted by a wholetime Asst. Food Safety Commissioner. At present there are only three (3) wholetime Designated Officers (Food Safety) posted at Kohima, Mokokchung & Dimapur and seven (7) Food Safety Officers in the state.

The State Public Health Laboratory, Kohima is the only food testing laboratory in the state which is headed by Food Analyst with subordinate technical personnels to analyze food samples under Food Safety & Standards Act collected by the enforcing officers as well as interested individuals.

Activities Report: 2019-2020

1. Total Existing Registered Food Business Operators is 2474.
2. Total Existing FSSAI state License holders is 496.

3. FSSAI License & Registration fees collected for Govt. Revenue is Rs. 18, 31,400/- (April- September 2019).
4. No. of surveillance samples collected & analysed at SPHL is 91 out of which 7 samples were found substandard.
5. No. of survey samples analysed by Food Safety on Wheel team is 1250, out of which 110 samples were found substandard.
6. A team of State Officials were deputed for inspecting fresh water fish farming, harvesting and packaging at Andhra Pradesh from 14th to 19th April 2019 and the findings were reported to the Govt.
7. On 14th May 2019 State Public Health Laboratory was upgraded to Level-2 Laboratory by installation of High End Instruments sponsored by FSSAI, Govt. of India.
8. Celebrated "First Ever World Food Safety Day" with the rest of the world on 7th of June 2019 under the theme "Food Safety, Everyone's Business".
9. Food Safety team led by Designated Officer, Kohima inspected and carried out spot FSSAI registration of FBO's and imparted awareness on Food Safety to school students as well as general public at aspirational district, Kiphire from 9-11 Oct 2019.
10. Nagaland Food Safety observed "World Food Day" on 16th Oct, 2019 at SPHL by preparing healthy plate of nutritious and wholesome food which is symbolized effectively by the Eat Right India Logo.
11. One day workshop on Online Food Licensing & Registration System (FLR's) for enforcement officials was conducted on 7th November, 2019 at Directorate conference hall with two resource persons from FSSAI regional office, Guwahati.
12. During Hornbill Festival 2019 from 1-10 December at Kisama, food stalls were inspected and Food safety on Wheel team demonstrated simple methods to detect common adulteration.
13. On account of the approaching festive season, enforcement personnel inspected hotels and restaurants at district headquarters and issued display boards on food safety golden rules.



State survey team with Commissioner of Fisheries, Andhra Pradesh



Inauguration of upgraded SPHL to Level-2 laboratory by Shri.I.Himato Zhimomi, Principal Secy cum Comm.Food Safety, Nagaland.



World Food Safety Day observed on 7th June 2019



NAGALAND FOOD SAFETY TEAM OBSERVING "EAT RIGHT INDIA" ON 16TH OCT.2019 SYMBOLIZING HEALTHY PLATE (WITH A CONCEPT OF NUTRITIOUS AND HEALTH FOOD FOR EVERYONE) BY CONSUMING THE RIGHT AMOUNT FROM EVERY FOOD GROUP WHICH IS SYMBOLIZED EFFECTIVELY BY THE "EAT RIGHT INDIA" LOGO

20. STATE IEC BUREAU

IEC (Information, Education & Communication) Bureau has been the backbone of the Department since its inception in disseminating Health Education, Health awareness and Behavioral Change Communication (BCC).

For some good number of years, due to budget constraint there has been no major activities initiated.

However, IEC personals has been deployed and assigned in various vertical programmes both in the State and districts viz.

- | | | | | |
|-----------|----------|--------|-------|-------|
| 1.NHM IEC | 2.NVBDCP | 3.NTCP | 4.UIP | 5.NCD |
| 6.NLEP | 7.NIDDCP | 8.NPCB | | |

Achievements 2018-2019:

1.IEC Bureau under the aegis of NUHM (NHM) successfully completed "Family Health Assessment and Disease Profiling" of Urban Areas in Mokokchung and Dimapur Districts.

21. HEALTH INTELLIGENCE BUREAU (HIB)

Functions:

The Principal functions of HIB are: -

1. Collection and processing of Health Statistics and Dissemination of information.
2. Epidemic Intelligence
 - International Quarantinable Diseases Cholera and Plague (Weekly Report)
 - Surveillance of Communicable Diseases (Monthly Report)
 - Surveillance of Non-Communicable Diseases (Monthly Report)
 - Performance and Evaluation Report (Monthly Report)
 - Health Manpower Status (Yearly Report)
 - Health Infrastructure of the State (Yearly Report)
 - Individual Program Division Report Compilation.
3. Morbidity, Mortality, Vital Statistics, Programme Statistics, Health Manpower, Health facilities and other related Data.
4. Field studies through Survey & Research of Health Indicators.

Activities of HIB Section:

1. Collection and processing of Health Statistics and dissemination of information.
2. Epidemic intelligence: -
 - Surveillance of Communicable Diseases (Monthly Report to CBHI New Delhi, through online transmission)
 - Surveillance of Non-Communicable Diseases (Monthly Report to CBHI New Delhi, through online transmission)
 - Performance & Evaluation Report of Hospitals (Monthly)
 - Health Manpower (Yearly) submitted to the Govt. of India
 - Field Studies through Survey & Research of Health Indicators.
3. Morbidity, Mortality, Vital Statistics, Programme Statistics, Health Manpower, Health facilities and other related Data.
4. Training of Health staff on Health Information Management (HIM) at Regional Centre, Central Bureau of Health Intelligence (CBHI), Patna.
5. Training of Medical Officers on Medical Certification of Cause of Death (MCCD).
6. Budget: - No Budget has been allocated for any activities under HIB Division, for that no training has been conducted since 2016.

22.NATIONAL ORAL HEALTH PROGRAMME (NOHP)

| Dental Section & NOHP | | | | | | | | | | | | | | | | |
|-------------------------------|----------------------------------|-------|--------|---------|--------|----------|--------|----------|--------|--------|--------|-------|----------|-------|----------|----------|
| Nagaland State Monthly Report | | | | | | | | | | | | | | | | |
| Year : 2019-20 | | | | | | | | | | | | | | | | |
| District : 11 District | | | | | | | | | | | | | | | | |
| SN | | <5yrs | | 5-14yrs | | 15-34yrs | | 35-59yrs | | >60yrs | | Total | | Total | | % |
| | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| 1 | Total OPD | 1446 | 1591 | 3315 | 4051 | 3615 | 4906 | 3634 | 4699 | 1960 | 2091 | 13970 | 45 | 17338 | 55 | 31308 |
| 2 | Treatment Rendered | | | | | | | | | | | | | | | 100 |
| 2.1 | Restorations(Temporary) | 233 | 242 | 483 | 534 | 316 | 476 | 301 | 400 | 143 | 128 | 1476 | 10.5655 | 1780 | 10.26647 | 3256 |
| 2.2 | Restorations(Amalgam) | | | 25 | 33 | 30 | 67 | 25 | 39 | 2 | 3 | 82 | 0.586972 | 142 | 0.81901 | 224 |
| 2.3 | Restorations (Non amalgam) | 113 | 117 | 341 | 430 | 478 | 731 | 399 | 531 | 144 | 137 | 1475 | 10.55834 | 1946 | 11.2239 | 3421 |
| 2.4 | Oral Prophylaxis | 36 | 33 | 170 | 188 | 340 | 542 | 298 | 355 | 112 | 104 | 956 | 6.843236 | 1222 | 7.048102 | 2178 |
| 2.5 | Root Canal Treatment | 20 | 21 | 153 | 191 | 386 | 503 | 350 | 375 | 65 | 62 | 974 | 6.972083 | 1152 | 6.644365 | 2126 |
| 2.6 | Extractions | 93 | 104 | 2022 | 2326 | 1594 | 2029 | 1780 | 2135 | 1165 | 1262 | 6654 | 47.63064 | 7856 | 45.31088 | 14510 |
| 2.7 | Minor surgical Procedure | 2 | 6 | 25 | 28 | 35 | 41 | 39 | 44 | 23 | 17 | 124 | 0.887616 | 136 | 0.784404 | 260 |
| 2.8 | Partial Denture | | | | | 24 | 35 | 38 | 51 | 21 | 22 | 83 | 0.59413 | 108 | 0.622909 | 191 |
| 2.9 | Complete Denture | | | | | | | | | 2 | 1 | 2 | 0.014316 | 1 | 0.005768 | 3 |
| 2.1 | Fracture Reduction | | | | | 2 | | | 1 | | | 2 | 0.014316 | 1 | 0.005768 | 3 |
| 2.11 | Pit & Fissure Sealant | 4 | 2 | | | | | | | | | 4 | 0.028633 | 2 | 0.011535 | 6 |
| 2.12 | Fluoride Application | | | | | 7 | 1 | 4 | 6 | 3 | | 14 | 0.100215 | 7 | 0.040374 | 21 |
| 2.13 | Precancerous Lesions Treated | | | 2 | | 8 | 9 | 17 | 20 | 1 | 2 | 28 | 0.200429 | 31 | 0.178798 | 59 |
| 2.14 | Oral Cancer diagnosed | | | 2 | 2 | 3 | 1 | 6 | 2 | 1 | 1 | 12 | 0.085898 | 6 | 0.034606 | 18 |
| 2.15 | Treated by only medications | 335 | 381 | 456 | 740 | 769 | 873 | 732 | 921 | 229 | 251 | 2521 | 18.04581 | 3166 | 18.26047 | 5687 |
| 3 | Cases Referred to Higher Centers | | | | | | | | | | | | | | | 18.16469 |
| 3.1 | Surgical Procedures | | | | | 1 | 5 | 4 | 4 | | | 5 | 0.035791 | 9 | 0.051909 | 14 |
| 3.2 | Prosthetic Treatment | | | 2 | | 16 | 29 | 43 | 68 | 43 | 52 | 104 | 0.744452 | 149 | 0.859384 | 253 |
| 3.3 | Orthodontic Treatment | | | 14 | 23 | 6 | 11 | 5 | 3 | 1 | | 26 | 0.186113 | 37 | 0.213404 | 63 |
| 3.4 | Precancerous & Cancer | | | | 2 | | 2 | 3 | 2 | 1 | | 4 | 0.028633 | 6 | 0.034606 | 10 |
| 3.5 | Diagnostics | 16 | 11 | 54 | 81 | 57 | 81 | 63 | 68 | 4 | 2 | 194 | 1.38869 | 243 | 1.401546 | 437 |
| 3.6 | Other* | 5 | 1 | 17 | 21 | 25 | 32 | 26 | 24 | 3 | 6 | 76 | 0.544023 | 84 | 0.484485 | 160 |
| | | | | | | | | | | | | | | | | 0.511051 |

| Dental Section & NOHP | | | | | | | | | | | | | | | | |
|--|----------------------|-------|--------|---------|--------|----------|--------|----------|--------|----------------|--------|-------|-----|--------|----------|-------|
| Nagaland State Monthly Outreach Report | | | | | | | | | | | | | | | | |
| District - 11 District | | | | | | | | | | Year : 2019-20 | | | | | | |
| SN | Oral Disease | <5yrs | | 5-14yrs | | 15-34yrs | | 35-59yrs | | >60yrs | | TOTAL | | | | |
| | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | % | Female | % | Total |
| 1 | Patients screened | 648 | 708 | 1273 | 1631 | 1526 | 1973 | 1503 | 1941 | 780 | 837 | 5730 | 45 | 7090 | 55 | 12820 |
| Diagnosis | | | | | | | | | | | | | | | | |
| 2 | Dental Caries | 442 | 707 | 965 | 1298 | 1032 | 1531 | 1185 | 1503 | 467 | 524 | 4091 | 71 | 5563 | 78.46262 | 9654 |
| 3 | Gingivitis | 44 | 66 | 275 | 483 | 454 | 800 | 503 | 748 | 176 | 228 | 1452 | 25 | 2325 | 32.79267 | 3777 |
| 4 | Periodontitis | 5 | 2 | 37 | 21 | 298 | 389 | 428 | 518 | 239 | 277 | 1007 | 25 | 1207 | 17.02398 | 2214 |
| 5 | Malocclusion | | | 7 | 13 | 12 | 19 | 4 | 6 | | | 23 | 2 | 38 | 0.535966 | 61 |
| 6 | Dental Trauma | 7 | 9 | 10 | 9 | 18 | 11 | 7 | 11 | 12 | 14 | 54 | 5 | 54 | 0.761636 | 108 |
| 7 | Edentulous-ness | 2 | 2 | | 2 | 30 | 32 | 46 | 67 | 89 | 77 | 167 | 726 | 180 | 2.538787 | 347 |
| 8 | Precancerous lesions | | | | | 5 | 8 | 24 | 26 | 7 | 10 | 36 | 67 | 44 | 0.620592 | 80 |
| 9 | Oral Cancer | | | | | | | 4 | 6 | 1 | | 5 | 3 | 6 | 0.084626 | 11 |
| 10 | Dental Fluorosis | 3 | 4 | 5 | 7 | 4 | 5 | | | | | 12 | 33 | 16 | 0.22567 | 28 |
| 11 | Other* | | | | | 10 | 5 | 1 | 1 | | | 11 | 220 | 6 | 0.084626 | 17 |

Achievement in the year 2019-20:

1. Recruited four (4) Dental Hygienist at Kohima, Dimapur, Lonleng & Kiphire.
2. Recruited two (2) Dental Assistant at Kohima & Dimapur.

23. AYUSH

1. To Strengthen AYUSH Programme;
 - 40 AYUSH Doctors as M.Os under CHCs, PHCs and DHs, 11 AYUSH Doctors as M.O SHP under School Health Programme (RBSK), 10 AYUSH Doctors as M.O AWC under AWC (RBSK) , 10 AYUSH Doctors as M.O Epidemiologist, 3 AYUSH Doctors as Programme Manager, Quality Assurance were appointed under National Health Mission on Contractual basis.
 - 7 AYUSH Doctors as M.Os, Integrated AYUSH Hospital (IAH) were appointed under National AYUSH Mission (NAM) on Contractual basis.
2. Under National AYUSH Mission,
 - Manpower provided to 10 Bedded Integrated AYUSH Hospital at Dimapur and is functioning since October 2016.
 - Manpower provided to 30 Bedded Integrated AYUSH Hospital at Noklak and is functioning since December 2018.
3. State Programme Management Unit (SPMU) under National AYUSH Mission is functional with a Consultant, Finance Manager & Data Entry Operator appointed on contractual basis.
4. Medicines were purchased and distributed to all the Co-located AYUSH centres i.e. 10 DHs, 21 CHCs, 9PHCs, 01 Homoeopathic Treatment Centre, 01 NHAK and 02 Integrated AYUSH Hospital (IAH).
5. BCC/IEC in all 11 Districts under National AYUSH Mission.
6. SPO AYUSH & Member Secretary(NSAMS) Tour to all the District AYUSH centres in the State.
7. 5th International Yoga Day was celebrated on 21st June 2019 at Indira Gandhi Stadium, Kohima.
8. Public Health Outreach activity were carried out at Tuli, Chare, Zunheboto, Viswema, Chozuba, Pughoboto, Chiepobozou & Tseipama.
9. AYUSH Gram at Longsa (Mokokchung) & Tobu (Mon) were conducted on 24th and 25th September 2019 respectively.
10. School health Programme for 11 Districts of the state was conducted in the month of September 2019.
11. Poshan Maa month (September 2019)was observed and medicines were distributed to all the 11 districts of the State

12. 2nd National Naturopathy Day was celebrated on 18th November 2019 with Principal Secretary as the Special Guest.
13. Observation of 150 birth Anniversary of Mahatma Gandhi was observed on 18th November 2019 which was graced by Principal Secretary.
14. 4th Ayurveda Day was celebrated on 25th November 2019 at the Directorate of Health & Family welfare at the Conference hall .
15. Regulatory Capacity Building training at Ghaziabad from 7th to 9th Novemeber 2019 was attended by the Drug Inspectors.
16. Infrastructure/ Renovation/ Equipments facility under National AYUSH Mission to Co-location Hospitals under progress:
 - CHCs: Tuli,Meluri, Jalukie, Dhansaripar
 - DHs: mon & Dimapur.
 - PHC: Chunglika, Nuiland.
17. Construction completed for 50 Bedded Integrated AYUSH Hospital at Razha Chedema under Kohima district .The Hospital to be made functional soon.
18. Construction of 50 Bedded Integrated AYUSH Hospital at Sapangya under mokokchung district under process.
19. 30 Bedded Integrated AYUSH Hospital at Yachem under Longleng district has been approved by the Ministry of AYUSH .
20. Total OPD Record for April –December 2019 for all the 11 district were 28,310.





BE WISE, GET YOUR CHILD FULLY IMMUNIZED

CELEBRATING FIRST EVER WORLD FOOD SAFETY DAY Food Safety Nagaland, Department of Health & Family Welfare

Theme: "Food Safety, Everyone's Business"

7th June 2019

01:00 PM

DHFW, Conference Hall

Special Guest

Shri. Pangnyu Phom

Hon'ble Minister

Health & Family Welfare
Government of Nagaland



fssai



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