



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



Flagging off of 26 BLS Ambulances, 11 Hearse Van & 6 Rapid Response Team Vehicles procured under M/DoNER, NESIDS-OTRI Project, by the **HON'BLE CHIEF MINISTER, DR. NEIPHIU RIO** in the presence of **HON'BLE MINISTER HFW, SHRI. P. PAIWANG KONYAK** and Officials of HFW on 17<sup>th</sup> September 2025

**ANNUAL  
ADMINISTRATIVE  
REPORT**  
◆ 2025 - 26 ◆



**Mr. Tomohiro Arima**, Senior Representative, JICA India  
and **Ms. Mahua Mukherjee**, Addl. Lead Director  
along with **DELEGATION FROM KAGAWA UNIVERSITY, JAPAN AND OFFICIALS OF HFW**  
Led by **Dr. Mereninla Senlem**, Principal Director  
during their visit from 29<sup>th</sup> to 30<sup>th</sup> January 2026



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## CHAPTER: A INTRODUCTION

*Healthy choices lead to a healthier life: choose to live.*

**A loving God made us with the power of choice. Our wills, the governing power deep within our nature enables us to choose the way we think, the physical habits we develop, and the spiritual decisions we make, are a powerful force in lifestyle transformation.**

We all desire to live a longer, healthier, and happier life. That is the noble goal. We all deserve to live well and be happy. Indeed, good health is a state that we all desire, but sadly, many people realize its worth and value only once they've lost it.

Without health, most other things are not that important. For this reason, we need to pay a great deal of attention to the maintenance of good health and not just becomes concerned when something threatens it. When we talk about health, we must think not only of its physical dimension, but also of its mental and spiritual facets. Our duty is to optimize all three of these aspects in our own lives and in the lives of everyone around.

Current medical research is leaning more and more in the direction that, although our genetics do play a role in determining the state of our well-being and overall health, choice is a much more influential and important factor. Our health is not simply a matter of chance. It has a great deal to do with our daily decisions.

Wholesome food strengthens healthy bodies: enjoy it. A balanced diet chosen from the best foods will provide the essential nutrients needed for growth, maintenance, and energy. We fuel our bodies from the foods we choose to eat. They provide the nutrients essential for a healthy and productive life. Whole foods should be the goal.

Obesity, which causes several diseases, need not be devastating: understand it. Many of us struggle with non-communicable diseases: heart conditions, high blood pressure, cancers, respiratory diseases, and diabetes. The problem of overweight and obesity has become so widespread that health professionals have begun calling it a pandemic.

Exercise is a choice: practice it. It is one way to start your body moving in the direction of good health. Vibrant health requires activity, movement, and exercise. People exercise to strengthen muscles, optimize the cardiovascular system, control body weight, develop athletic skills, improve physical appearance, facilitate general wellness and mental alertness. It is the single most important thing we can do to enhance our longevity. So, it is fair to say that exercise is a part of the total health package.

Love matters: invest in it. Research has shown that supportive relationships strengthen the immune system and increase our ability to fight off illness and disease. Our deepest and even most meaningful relationships, those behind closed doors of our homes, can have a powerful impact on our health and well being for life. Healthy relationship fosters a healthy life.

A positive attitude is life-giving: nurture it. The way we reason shapes our responses to life. Our thoughts govern what we do. Our behavior often follows what is in our minds. We act out the images that we project on the screen of our conscience. It is clear that all of us must expect to face emotionally charges moral dilemmas at least sometime in our lives.

In the end, good health and wellness is not just about physical health -it is about cultivating a life of vitality, joy, and connection. By making conscious choices every day, we can nourish our bodies, calm our minds, and thrive. Let us choose to prioritize our well-being, not just for ourselves, but for those around.

*Remember, you are worthy of feeling your best. Good health and wellness are within our reach-take it one step at a time , and celebrate every success. Here's to a brighter, healthier you.*

**CHAPTER: B**  
**DEPARTMENTAL ORGANIZATION SETUP AT STATE AND DISTRICT LEVEL**

**I. ADMINISTRATIVE SET-UP:**

<b>DIRECTORATE:</b>			
	<b>DESIGNATION</b>	<b>NO.</b>	
1)	Principal Director	1	
a)	Director (Health)	1	
b)	Director (Family Welfare)	1	
c)	Director (Dental)	1	
d)	Director (Medical Education & Radiation Safety)	1	
2)	Additional Director		
a)	Additional Director	4	
b)	Additional Director (Dental)	1	
c)	Additional Drugs Controller (Drugs)	1	
3)	Joint Director		
a)	Joint Directors	10	
b)	Joint Director (Dental)	1	
c)	Joint Director (Nursing)	1	
d)	Joint Director (IEC)	1	
4)	Deputy Director		
a)	Deputy Directors	12	
b)	Deputy Director (Dental)	1	
c)	Deputy Director (Nursing)	3	
d)	Deputy Drugs Controller (Drugs)	1	
e)	Deputy Director (IEC)	1	
f)	Deputy Director (Pharmacy)	1	
5)	Deputation Posts		
	• Under NHM		
a)	Mission Director (NHM)	1	
b)	State Programme Officer	1	
c)	Deputy Director	2	
	• Under NSACS		
a)	Project Director (NSACS)	1	
b)	Joint Director	1	
c)	Deputy Director	2	
	• Under NHAK		
a)	Managing Director (NHAK)	1	
<b>OTHERS ADMINISTRATIVE OFFICER IN THE DIRECTORATE:</b>			
	<b>Designation</b>	<b>No.</b>	<b>Deputed from</b>
1.	Sr. Accounts Officer	1	Treasuries & Accounts Dept.
2.	Registrar	1	
3.	Research Officer	1	
4.	Jr. Accounts officer	1	Treasuries & Accounts Dept.

5. Superintendent	6	
6. Assistant Superintendent	6	
7. Health Education Officer	1	
8. Health Education Officer (Trg)	1	
9. Statistical Officer	1	Economics & Statistics Dept.
10. Deputy Director (Pharmacy)	1	
11. Dy. Chief Pharmacist	2	
12. Executive Engineer	1	
13. Assistant Engineer	3	
14. Deputy Director (Ayush)	1	
15. SPO (Ayush)	1	
16. Sr. Entomologist (NVBDCP)	1	
17. Asst. Food Safety Commissioner	1	
18. Asst. Drugs Controller	1	

**ADMINISTRATIVE SET-UP IN THE DISTRICTS**

Districts	Designation									
	CMO	DCMO	MS DH	MS (TB&CDH)	Principal (PMTI)	MS (SMHI)	DTO	DVBO	DPO (UIP&RCH)	ZLO
Kohima	1	1	1	1	1	1	1	1	1	1
Dimapur	1	1	1	-	-	-	1	1	1	1
Mokokchung	1	1	1	1	-	-	1	1	1	1
Tuensang	1	1	1	-	-	-	1	1	1	1
Mon	1	1	1	-	-	-	1	1	1	1
Zunheboto	1	1	1	-	-	-	1	1	1	1
Phek	1	1	1	-	-	-	1	1	1	1
Wokha	1	1	1	-	-	-	1	1	1	1
Kiphire	1	1	1	-	-	-	1	1	1	1
Longleng	1	1	1	-	-	-	1	1	1	1
Peren	1	1	1	-	-	-	1	1	1	1
<b>Total</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>11</b>

**Note:** CMO: Chief Medical Officer; DCMO: Deputy Chief Medical Officer; MS: Medical Superintendent District Hospital; DTO: District Tuberculosis Officer; DVBO: District Vector Borne Officer; DPO: District Programme Officer; UIP: Universal Immunization Programme; RCH: Reproductive & Child Health; ZLO: Zonal Leprosy Officer.

**2. STATUS OF DISTRICT WISE HEALTH FACILITIES:**

Name of District	No. of Health Units under the State							Medical Institutions under the State							
	DH	CHC	PHC	UPHC	SC	Others	Total	SMHI	TB & CDH	ANM School	GNM School	College of Nursing	Paramedical Institute	Medical College	Total
Dimapur	1	-	-	2	30	-	33	-	-	-	1	1	-	-	2
Chumoukedima	-	2	10	-	41	-	53	-	-	-	-	-	-	-	-
Niuland	-	1	2	-	29	-	32	-	-	-	-	-	-	-	-
Longleng	1	3	5	-	22	-	31	-	-	-	-	-	-	-	-
Kiphire	1	2	4	-	37	-	44	-	-	-	-	-	-	-	-
Kohima	1	4	14	2	34	-	55	1	1	-	1	1	1	1	6
Tseminyu	-	1	4	-	10	-	15	-	-	-	-	-	-	-	-
Mokokchung	1	4	22	1	68	1 (BD)	97	-	1	-	1	1	-	-	3
Mon	1	8	16	-	79	-	104	-	-	-	-	-	-	1	1
Tuensang	1	1	9	1	42	1 (SHC)	55	-	-	1	-	-	-	-	1
Noklak	-	2	6	-	28	-	36	-	-	-	-	-	-	-	-
Shamator	-	1	3	-	17	-	21	-	-	-	-	-	-	-	-
Peren	1	3	8	-	28	-	40	-	-	-	-	-	-	-	-
Phek	1	3	16	-	44	-	65	-	-	-	-	-	-	-	-
Meluri	-	1	7	-	8	-	16	-	-	-	-	-	-	-	-
Wokha	1	4	16	1	54	-	76	-	-	-	-	-	-	-	-
Zunheboto	1	5	19	-	75	-	100	-	-	-	-	-	-	-	-
<b>State Total</b>	<b>11</b>	<b>45</b>	<b>161</b>	<b>7</b>	<b>646</b>	<b>2</b>	<b>873</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>13</b>

**NB:**

DH: District Hospital; SMHI: State Mental Health Institute; TB&CDH: Tuberculosis & Chest Disease Hospital; CHC: Community Health Centre; UPHC: Urban Primary Health Centre; PHC: Primary Health Centre; SHC: Subsidiary Health Centre; BD: Big Dispensary; SC: Sub-Centre; ANM: Auxiliary Nurse Midwifery; GNM: General Nursing and Midwifery

## CHAPTER: C PROGRAMMES UNDER HEALTH & FAMILY WELFARE DEPARTMENT

### I. NATIONAL HEALTH MISSION (NHM):

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the newly launched National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas- Reproductive-Maternal- Neonatal-Child, Adolescent Health and Nutrition (RMNCHA+N), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

#### Few major performance indicators at a glance:

Indicators	Current Status	Source
Infant Mortality Rate/IMR	9	SRS June 2025
U-5 Mortality Rate	33	NFHS-5 (2019-20)
Neo Natal Mortality Rate /NNMR	10.2	NFHS- 5 (2019-20)
Maternal Mortality Ratio/MMR	75	SRS: September 2025 estimate for smaller State ( No specific data for Nagaland)
Total Fertility Rate/TFR	1.7	NFHS-5 (2019-20)
Crude Birth Rate/BR	14.1	SRS June 2025
Crude Death Rate/DR	5.4	SRS June 2025

#### Some of the main achievements are:

##### Service Delivery (Source HMIS)

Indicators	Estimates	2024-25	2025-26(Apr-Dec)
		Achievement	Achievement
ANC Registration	23569	22790	18441
Early Registration		8988	6855
4 or more ANC		9035	7890
Institutional Delivery	21520	16035	12368
Home Delivery		3240	2313
C-section	1076	3842	3048
Male Sterilisation	20	2	0
Female sterilisation	1597	1326	852
IUD insertion	5630	3438	2255
Full Immunisation (9-11 Months)	21399	17395	12577
VHND conducted	16536	16226	12514

Indicators	Performance 2024-25	Performance 2025-26 (April-Dec)
Allopathic Out-patient	1539081	1227397
In-patient	83295	67410
Major Operation	12405	9755
Minor Operation	39101	32665
AYUSH out patient	65968	49655

**I. Swasth Naari Shashkat Parivaar Abiyaan (SNSPA), Nagaland**  
**17<sup>th</sup> September to 2<sup>nd</sup> October 2025 Venue: Capital Convention Center, Kohima**



*Virtual launching of SNSPA by P.M of India*



*C.M. Nagaland addressing the gathering after the launching of SNSPA*

Swasth Nari, Sashakt Parivar Abhiyaan (SNSPA) is a nationwide health initiative inaugurated by the Hon'ble Prime Minister of India, Shri Narendra Modi on the 17th of September 2025 at Dhar Madhya Pradesh which was virtually joined by all the state across the Country. It is focused on improving the health and nutrition of women and children across India. It is a landmark initiative by the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Child Development (MoWCD), aimed at strengthening healthcare services for women and children across India, with a focus on improving access, quality care, and awareness. The campaign which started from 17th of September and culminating on the 2nd of October 2025 witnessed a host of health camps and health related activities at the Districts Hospitals, Community Health Centers, Primary Health Centers, Urban Primary Health Centers and Health & Wellness Centers-Sub Centers across the State of Nagaland benefiting more than 40,000 beneficiaries across the State.



*Audiences during the inaugural program*



On the 17th of September the National level virtual launch by the Hon'ble Prime Minister of India Shri Narendra Modi, was followed by the State launch by the Hon'ble Chief Minister of Nagaland Shri Neiphiu Rio in the presence of Shri P.Paiwang Konyak, Hon'ble Minister of Health Govt. of Nagaland, host of cabinet Ministers, Community based organizations, healthcare professionals etc at the Capital Convention Center, Kohima. Shri Neiphiu Rio while addressing

the Officials from Medical Department, Allied Departments, Cabinet Ministers, CBOs and Students present, stated that, the campaign is a significant initiative by the Government of India with special focus on the maternal and child health. He called upon the citizens to renew their commitment towards realizing the vision of Viksit Bharat 2047, which seeks to transform India into a developed nation by the centenary of independence. He mentioned that, women's health and empowerment is central to the progress of families, communities and the nation at large stating that, **"When Women are healthy, educated and empowered, the entire society benefits"**. On the special day, the Chief Minister also virtually inaugurated Integrated Public Health Laboratory (IPHL) for the District Hospital of Dimapur and Mon. Apart from that, along with the Medical Minister Shri P.Paiwang, Shri Neiphiu Rio also flagged off 28 Ambulances, 11 hearse and 6 Rapid Response Team Vehicle for the State of Nagaland. The Department of Health & Family Welfare at the inaugural venue also set up health services booth along with the allied Department of Social Welfare.



*Health Stalls at the State launching venue*

Nagaland was privileged to have Shri Rajender Singh, Joint Secretary, MoHFW as the State Nodal Officer to oversee the preparedness of SNSPA. He also visited Naga Hospital Authority Kohima (NHAK) prior to the launching of the campaign.



*Shri .Rajender Singh Jt. Secy, MoHFW along with the Health Minister Shri P.Paiwang Konyak, Commr. & Secy. H&FW Shri Anoop Khinchī, Dr.Kevedhyi Mission Director NHM and other officials*



*Shri Rajender visiting one of the Stall set up at the venue*

The health packages which were provided across the state during the Swasth Nari, Sashakt Parivaar Abhiyaan (Health Women, Empowered Family Campaign) from the 17th September to 2nd of October during the health camps comprises of -

- Non Communicable Disease Screening - Blood Pressure, Sugar, Cancer Screening
- Reproductive & Child Health Services - ANC/PNC, Immunization, MCP cards, Anemia, Counseling
- Anemia & Hygiene - Hemoglobin Test, IFA/Calcium, Nutrition tips, Menstrual Hygiene
- Tuberculosis (TB)- Screening, Sputum collection, Referral, Counseling, enrollment of Nikshay Mitra
- Mental Health - Awareness & Counselling.
- Nutrition & Poshan -Healthy Recipes & Diet Counseling.
- Ayushman Bharat - ABHA ID registration.
- Family Planning - OCPs, Condoms, Counseling.
- Special Care - Eye, ENT, Dental & Geriatric screening.
- HIV testing & Counselling
- Eat Right Campaign
- Vector Borne Diseases - Malaria, Dengue, JE
- PMJAY and CMHIS Registration
- One Health - Awareness & services
- Blood donation & Organ Donation Drive
- Mobile Medical Unit (MMU) : on site services
- Viral Hepatitis -Screening/ Testing & Counseling
- Mental Health- Awareness & counseling
- AYUSH - Yoga, Health Consultation, and Lifestyle tips.
- Nutrition & Poshan

## REPORTS ON HEALTH CAMPS AND SERVICES PROVIDED DURING THE SNSPA CAMPAIGN PERIOD

### a. Services Provided

Date	Screening Hypertension	Screening Diabetes	Screening Cancer	TB Screening	Sickle cell Screening	ANC Checkups	Immunization	HB_screening	Blood_Donation_Services	abdm_pmjay_services	minor_surgery	counselling_Services	Other_Services	Female	Male	Other
25/7	528	445	175	181	0	27	123	0	0	40	0	290	249	584	358	1
26/7	1415	1209	284	490	0	120	233	0	2	23	19	473	741	1416	733	2
27/7	581	434	162	147	0	29	75	0	0	7	1	353	174	496	242	1
28/7	371	321	107	107	0	66	80	0	0	50	3	404	80	393	175	0
29/7	764	660	334	195	0	37	86	0	1	42	10	499	296	723	343	0
30/7	439	377	103	169	0	10	24	0	0	54	4	203	163	397	246	0
1/8	418	373	130	130	0	14	6	0	0	0	2	198	65	321	197	0
2/8	491	390	176	314	0	37	68	0	1	10	1	282	111	500	247	0
3/8	6	5	5	5	0	0	0	0	0	0	0	26	12	13	13	0
<b>Total</b>	<b>5013</b>	<b>4214</b>	<b>1476</b>	<b>1738</b>	<b>0</b>	<b>340</b>	<b>695</b>	<b>0</b>	<b>4</b>	<b>226</b>	<b>40</b>	<b>2728</b>	<b>1891</b>	<b>4843</b>	<b>2554</b>	<b>4</b>

(The SNSPA started from 17<sup>th</sup> October 2025 & the instruction from the Ministry was to capture the screening by using only the Mobile App. The App had some issues and MoHFW has started sharing the data through email only from 25<sup>th</sup> October 2025 after every 2 Hours (10:00 AM, 12:00 Noon, 2:00 PM, 4:00 PM & 6:00 PM)

### b. Health Camps organized during the Campaign period 17<sup>th</sup> September to 2<sup>nd</sup> October 2025 this is as per State reporting format

Sl No	Name of District	No of Camp conducted	No of Specialist Camp	Total No of Beneficiaries	Total No of Beneficiaries from Specialties Camp
1	Dimapur	62	6	3013	894
2	Kiphire	34	2	1031	42

3	Kohima	630	18	6074	1015
4	Longleng	15	6	486	717
5	Mokokchung	65	22	3661	2335
6	Mon	169	18	5733	2063
7	Noklak	84	0	1000	0
8	Peren	36	13	1546	762
9	Phek	189	27	3433	1150
10	Tuensang	107	4	1213	390
11	Wokha	446	14	3278	630
12	Zunheboto	47	14	1739	678
	<b>Total</b>	<b>1884</b>	<b>144</b>	<b>32207</b>	<b>10676</b>

## 2. 17<sup>th</sup> Common Review Mission (CRM)

The 17th Common Review Mission team visited the State of Nagaland from 1st to 7th November 2025. The team visited the District of Zunheboto and Mon where Dr. Sushil Vimal (DC, NUHM) was the Team Lead for Zunheboto and he was accompanied by Dr. Rashmi Kundapur, Shri Sharad Kumar Singh, Shri Satyajit shahoo and Dr Khushbu Kumari. The team for Mon District was led by Dr. Raj Prabha Moktan (Director RRC-NE) who was accompanied by Ms Neelam Singh, Shri Avik Kumar Ghosh, Dr. Hemant Kumar Mishra and Shri Nikhil Krishna. Facilitie visited by them in both the districts are-



*Dr. Sushil Vimal (DC, NUHM), MoHFW during the de-briefing.*

ZUNHEBOTO DISTRICT	MON DISTRICT
1. District Hospital Hezukhu Memorial District Hospital Zunheboto	1. District Hospital-Mon
2. CHC Aghunato	2. CHC Aboi
3. PHC-HWC Suruhuto	3. PHC -HWC Phomching
4. PHC-HWC Atoizu	4. PHC -HWC Tizit
5. SC-HWC Lizutomi	5. UPHC Mon
6. SC-HWC Lokobomi	6. HWC-Longwa
7. SC-HWC Rotomi	7. HWC Lapa
8. SC-HWC Akuhaito	8. AHWC, Mon (Ayush Mission Center)
9. District Vaccine Store	9. HWC Chinglong
10. District Drug Store	10. HWC Aopao
11. District TB Unit	11. Govt. Primary School, Phomching
12. District Programme Management Unit	12. VHSND - Hangphoi of Tizit Block VHSND - PHC Tizit

**3. Maj. General (Prof). Atul Kotwal, Executive Director, National Health System Resource Center (NHSRC) Health System Assessment in Nagaland**

Date: 20th - 21st May 2025

Visiting Sites/ Health Units-

Kohima - Khonoma PHC, Rusoma HWC-SC, NIMSR & DoHFW

Dimapur - Duncan UPHC & District Hospital



*With the community, State & District Officials*



*Meeting at Rusoma HWC*

The Executive Director of National Health System Resource Center (NHSRC), New Delhi Maj. General (Prof). Atul Kotwal, visited health units and villages in Kohima on the 20th of May 2025. He was accompanied by Dr. Devajit Bora, Sr.Consultant CP-CPHC, Dr. Ajay Kumar Arya, Consultant, QPS and Mr. Bhaswat Das, Sr. Consultant, HCT of Regional Resource Center- NE, Guwahati. The Executive Director, his team and Officials of DoHFW comprising of Dr. Vezokholu Theyo, Addl. Director, Dr. Arenla Walling, Addl. Director (Dental) Dr.Alemwapang. Joint Director, Dr. Manyau Phom, DeputyDirector (NHM), Dr.Ruokuohelie Rutsa, Deputy Director and District Officials led by CMO Kohima visited Khonoma Village, Rusoma HWC and NIMSR in order to witness and understand the process of communitisation, visited Tobacco Free Village and NQAS certified Health Units in Kohima and Dimapur. He and his team also visited UPHC Duncan and District Hospital Dimapur. The team appreciated the positive community engagement in the health sector and also the IMR figure of the State and Anemia, especially in pregnant women.

**4. Launching of Kilkari & Mobile Academy for the State of Nagaland**



*(2<sup>nd</sup> from left) Shri Anoop Kinchi, IAS, Commr. & Secy., DoHFW & Officials of DoHFW along with the Kilkari Kit after launching*

Shri Anoop Kinchi, IAS, Commissioner & Secretary, Department of Health & Family Welfare, Govt. of Nagaland launched Kilkari and Mobile Academy at the Directorate of Health & Family Welfare on the 9th of May 2025 during a State Review meeting with the District Health Authority comprising of Chief Medical Officers (CMOs), Medical Superintendent (MS), District and State Officials. In his key note address Shri Anoop Kinchi stated that, our work should be the motivating factor for us wherever we are. He requested them to ensure that the health personnel are in their place of posting, as our ultimate aim is to provide health care service to the people. Shri Anoop also encouraged them to update themselves in the field of technology as things are becoming more digitilised and this would make our work more easy and at the same time facilitate the beneficiaries.

Shri Shanpanthung Ezung, State Program Consultant, ARMMAN/ MoHFW made a presentation on Kilkari & Mobile Academy a mobile-based voice messaging service launched by the Government of India through the Ministry of Health and Family Welfare. It is designed to deliver timely, free, and culturally appropriate audio messages to pregnant women and mothers of young children (up to one year of age), especially in rural and underserved areas. Its main goal is to increase awareness and promote positive health behaviors, thereby improving maternal and child health outcomes. Kilkari is a free, mobile-based service that delivers weekly, time-appropriate audio messages to pregnant women and mothers with children less than one year. These programs aim to enhance maternal and child health outcomes by leveraging mobile technology to deliver timely information and training.

#### 5. MoU signed between Apollo Children Hospital Chennai and RBSK, Nagaland



*(center) Mission Director, NHM with Officials from ACH, Chennai and NHM*

A memorandum of understanding was signed between the Apollo Children's Hospital (ACH), Chennai and Rashtriya Bal Swasthya Karyakram (RBSK) Program under National Health Mission (NHM), Nagaland on the 24th of July 2025 at the Office chamber of the Mission Director, NHM. The MoU was signed for screening and treatment of Congenital Heart Diseases for Children 0 to 18 years of Age. As per the MoU NHM will organize screening camps in collaboration with Apollo Children's Hospital, Chennai in Nagaland and those children requiring further treatment will be referred to Apollo Children's Hospital, Chennai for which the expense will be covered by NHM as per RBSK model

costing and the excess expenditure over and above the RBSK norms will be taken care of by the Apollo Hospital Charitable Trust. ACH will also provide free accommodation to the patient parties at a maximum of one attendant per patient during their child treatment at the hospital. They will also provide training to Government doctors in paediatric cardiac surgery/interventions and will also be committed to training the support staff which is also part of the MoU. The Mission Director during the interaction expressed her appreciation to ACH for their initiative and hoped that this collaboration will benefit the people of Nagaland by improving access to specialized medical care and support services. Ms. Niranjani.S, the unit head of Apollo Children's Hospital and Women's Hospital also shared their positive experience in Meghalaya, Tripura and Arunachal and mentioned that the Hospital will also introduce Tele Consultation in the State as well as create opportunities to nurses from the State in the coming years.

The MoU was signed by Dr. Avile Zao, Mission Director, NHM for RBSK, NHM, Nagaland and for Apollo Children's Hospital by Ms. Niranjani.S, the unit head of Apollo Children's and Women's Hospital who was accompanied by Mr. D. Rajkumar, Senior Manager, Health Care Services, Apollo Children's Hospital in the presence of the State Program Officer, (NHM) Dr. Keveduyi Theyo and Officers from NHM.

NHM has also signed MoU with SKY Hospital and SHIJA Hospitals & Research Institute, Imphal, Manipur in 2018 and Health City Hospital, Guwahati, Assam in 2025 in this regard and has been rendering services in Hearth Screening and Treatment since then.

## 6. Trainings

### a. Community Health Officers (CHOs) Induction Training



*8th Batch CHOs with Dr. Avile Zao, MD  
NHM and officers of DoHFW*



*Technical Session in progress*

A five day orientation training for the 8th batch of Community Health Officers (CHOs) under the National Health Mission (NHM), Nagaland started on 21st July 2025 at the SPMU Hall, Directorate of Health & Family Welfare, Kohima. A total of nineteen (19) CHOs were inducted. During a short inaugural programme, Dr. Avile Zao, Mission Director, NHM, emphasized the Government of India's vision to transform all Primary Health Centres (PHCs) and Sub Centres (SCs) into Health & Wellness Centres (HWCs) under the Ayushman Arogya Mandir (AAM) initiative. With this up gradation, she

noted that with the intervention of CHOs, we see a significant jump in the performance of healthcare delivery across Nagaland. She remarked that CHOs now serve as the primary point of contact at health facilities, taking on expanded roles and greater responsibilities, particularly in the absence of Medical Officers. The CHOs were applauded for their dedication and were encouraged to continue putting their best foot forward.

Dr Keveduyi Theyo, SPO-NHM, lauded the commitment and rigorous training of the new CHOs, emphasizing their critical role as the first point of contact in delivering healthcare at the grassroots. He emphasized that CHOs play a foundational role in the state's primary healthcare system by effectively bridging the gap between communities & essential health services. Highlighting the importance of integrity, compassion, and continuous learning, the department assured full support to them. They were also reminded of the importance of cordial relationships, proper documentation, and effective community engagement. He noted that the induction marks not only the beginning of their service but also a commitment to strengthening healthcare delivery across Nagaland.

With the induction of the 8Th Batch of CHOs, Nagaland will have upgraded 336 Sub-Centres (SCs) to Health & Wellness Centres (HWCs). This training will equip newly inducted Community Health Officers (CHOs) with critical knowledge and practical skills to serve as the first point of contact in Health & Wellness Centres (HWCs). The comprehensive training covers a wide range of topics including maternal and child health, non-communicable disease screening, communicable disease control, adolescent and elderly care, palliative support, ENT issues, government health schemes, and digital tools for health service delivery.

**b. One Day Training (Two Batches) on Free Diagnostic Services for Laboratory Technician**



*The participants and Officers with the Director, RRC-NE, P.D (DoHFW) & M.D(NHM)*



*Dr. Raj Prabha Moktan, Director RRC-NE, Guwahati*

One day training in two batches, of Lab Technicians on Free Diagnostic Service from the Districts under the State started on the 3rd of July 2025 at the Conference Hall of Directorate of Health & Family Welfare, Kohima. The training is organized in collaboration with the Regional Resource Center- North East, Guwahati (RRC-NE). During a short program prior to the technical session Dr.Raj Prabha Moktan, Director, RRC-NE, Guwahati stated that, Lab Services is very crucial when it comes to health, as it is important not only for clinical health service but also for preventive public health, as it is linked

with every health services provided. So we need to be very focused on improving the lab services from now onwards and which is why RRC-NE decided to help with the capacity building. She mentioned that, with the next phase of National Health Mission (2025-2030) there will be more focus on Artificial Intelligence (AI) in health care and e-Health and so even the Lab Services have to improve on what we were doing. Dr. Raj Prabha encourage the State to increase the lab services provided at different levels of Health structure as per the Indian Public Health Standard (IPHS). She also appreciated the State's low infant mortality rate, which stands at 7 as per SRS 2022 and also the low number of anemia cases among pregnant women as compared to the National figure. She also mentioned the functional Health & Wellness Center (HWC) in the State which is, 78% out of the target and out of that 83% are providing all the required services. Dr. Raj also commented on the remarkable community engagement in all sectors especially in Health in the State and the significant lead in the certification of Health Units on National Quality Assurance Standard (NQAS) and that if we keep on working hard we will be able to certify 50% of the Health Units by 2025 and 100% by December 2026 as targeted. She also appreciated the State's rational transfer and posting policy.

The participants were trained in two batches where, on the 3rd of July, Lab. Technicians from the Districts of Mon, Noklak, Peren, Phek, Tuensang, Wokha, Zunheboto and Longleng will be trained and the rest of the Districts of Kohima, Dimapur, Mokokchung and Kiphire on the 4th of July 2025. They will be trained on Free Diagnostic Service Initiative (FDSI), Internal Quality Control, EQAS and hands on training . The Resource person for the training are Mr. Bhaswat Kumar Das, Senior Consultant, RRC-NE, Ms. Pumani Kalita, Consultant, CP-CPHC (RRC-NE), personnel from Trimed with which NHM has a MoU for maintenance of Medical Equipments across the State and OEM on Equipment.

**c. Training on RCH 2.0 Portal- 26<sup>th</sup> and 27<sup>th</sup> August 2025**



Training on the RCH 2.0 Portal was held on the 26th and 27th of August 2025 at the Conference Hall, DoHFW, Kohima. The participants comprising of the District Program Managers, Block Program Managers and Data Entry Operators from the 12 Districts were trained in 2 batches viz. Kohima, Peren, Mon, Tuensang Noklak and Dimapur on 27th and those from Mokokchung, Wokha, Zunheboto, Kiphire , Longleng and Phek on the 28th. Apart from the introduction of RCH 2.0 System from the older version of RCH 1.0 the participants were briefed on the Progress so far, status of Health Facility Registry (HFR), Healthcare Professionals Registry (HPR), Overview of Common Master, New

beneficiary registration Maternal Health Component, Child health etc by the State team resource persons. The Stage was privileged with the presence Ms.Prachi Singh, Senior Consultant- IT, MMP Cell , MoHFW who was there for supervision and hand holding support.

RCH 2.0 is the updated Reproductive and Child Health (RCH) Portal launched by the Indian Ministry of Health & Family Welfare to integrate and digitize data for Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services across India. The new portal aims to improve the delivery of comprehensive RMNCAH services, ensure data-driven decision-making, and meet national health goals by providing a comprehensive, end-to-end digital platform for tracking beneficiaries and managing health information.

#### 4. Viral Hepatitis Day -28th July 2025

##### Conference Hall, DoHFW



*Principal Director with Officers & Staffs of DoHFW*



*Principal Director, Dr.Mereninla Senlem addressing the staffs and media present*

Along with the rest of the country, Nagaland observed World Hepatitis Day across the state on the 28th of July 2025. At the State level the day was mark by organising a short program with the Principal Director, and Programs Officers and Staffs of the Directorate of Health & Family Welfare. Addressing the Staffs and media personnel present Dr.Mereninla Senlem, Principal Director, DoHFW said that, the commemoration of the day is an opportunity to step up efforts on hepatitis while encouraging action and engagements by individuals, partners and the public, and also highlight the need for greater response towards the cause. She also added that, since launch of the Viral Hepatitis program in the State in 2019 the program Officers have worked relentlessly towards achieving the Sustainable Goal of eliminating Viral Hepatitis by 2030. Therefore, this campaign has to be more robust and expand the services towards eliminating Viral Hepatitis by the stipulated year. Dr.Avile Zao, Mission Director; National Health Mission shared a brief on the different types of Hepatitis, their causes, symptoms, prevention, treatment etc. Highlighting on the state's scenario she state that, in 2024-25 hep-B infection was 2.4% and heo-c infection was 4.01%, pregnant women with hep-B infection was 0.8%. She also mentioned that, Dimapur has the highest prevalence rate of Hep-D & C as well as hep-B among pregnant women. She also added that the State provide free screening of Hep. B and C in all Government hospitals upto the Health & Wellness Centers. The Program also provides free viral load

testing of Hep. B & C in all District Hospitals along with free treatment for Hep. B & C. and also Hep.B Immunoglobulin for infants born to Hep. B positive mother and Hep.B vaccine to all infants during routine immunization. She stressed that, the fight against hepatitis infection is global but action initiated should be local and appealed all present to join hands in the fight against Hepatitis. Chairing the program Dr.Nukshisangla, Nodal Officer NVHCP, Nagaland also mentioned that, even though Hep.C is curable 5% of the infection attributes to liver cancer and the same goes with Hep. B even though treatment is availed. She requested all present to create awareness on the issue and especially on the need to know ones status and the free services available in the State so that high risk groups benefits out of it and at the same time reduce out- of-pocket expenses. She appealed that no lives should be lost due to none availing of services which is already in place free of cost. After the program free vaccination of Hepatitis B was provided to the health care workers.

### 5. Mobile Medical Unit and Referral Transport:

For easier access to Health Care by the people at the grass roots 11 MMU and 93 Ambulance has been provided in the State.

Figure as on April to December 2024.

Service	Total Camps	OPD	ANC	Lab test
MMU	1188	14849	5903	8946

Service	Pop. Covered	No of trips	No of cases transported	Other medical emergencies
Referral transport	1978502 (census 2011)	6076	4626	2013

6. Ayushman Arogya Shivar- Health & Wellness Center (HWC) - Ayushman Arogya Shivar- a monthly Health Mela is being conducted at HWC- Sub Centre, HWC- PHC and CHC since the year 2024. Given below is the report from April to December 2025

PARTICULARS	TOTAL NO
NO OF HUS REPORTED	258
NO OF HEALTH CAMPS CONDUCTED	979
FOOTFALLS COVERED	23320
NO OF PW REGISTERED FOR 1 <sup>ST</sup> TRIMESTER	651
HYPERTENSION SCREENING	15653
DIABETES SCREENING	12451
SCREENED FOR ORAL CANCER	9336
SCREENED FOR BREAST CANCER	4615
NO. SCREENED FOR CERVICAL CANCER	1009
SCREENED FOR CATARACT	1876
SEVERE ACUTE MALNUTRITION	28
CHILDREN IMMUNISED	3549

<b>PREGNANT WOMEN IMMUNISED</b>	833
<b>FAMILY PLANNING SERVICES PROVIDED</b>	1877
<b>CONSULTATION THROUGH E SANJEEVANI</b>	432
<b>FREE MEDICINE (INDIVIDUAL)</b>	16415
<b>FREE DIAGNOSTICS</b>	14151
<b>MINOR SURGERY</b>	194
<b>AYUSH CONSULTATION</b>	760

**7. 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 Financial Year 2006-07 till 2025 (December)

<b>Activity</b>	<b>Total No. of Work Sanctioned</b>	<b>Completed</b>	<b>Under Progress</b>
Sub Centre	215	196	19
CHC	11	9	2
PHC	28	25	3
PHC(Day Care Centre)	15	15	0
DH Upgradation	14	11	3
Drug warehouse	9	9	0
DEIC	5	5	0
Staff & MO Quarters	195	171	24

**8. MAN POWER**

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

<b>Name of Posts</b>	<b>No. of HR In Place as of 30th January 2026</b>
ANMs	303
Staff Nurses	266
Psychiatric Nurse	11
Community Nurse	11
Lab technician	83

<b>Name of Posts</b>	<b>No. of HR In Place as of 30th January 2026</b>
Sr. Lab Technician (Graduate/ Post graduate in Biotech/ Microbiology/ Any science graduate (B.Sc.) with DMLT	3
CT Technician	2

Dialysis Technician	8
Pharmacist	3
Radiographer/ X-ray technician	10
Physiotherapist	12
Dietician/ Nutritionist/ feeding demonstrator	3
Obstetricians and Gynaecologists	1
Paediatricians	1
Anaesthetists	2
Surgeons	2
Radiologists	1
Pathologists/ Haematologists	2
Physician/Consultant Medicine	1
Psychiatrists	1
Orthopaedics	1
Ophthalmologists	0
Dermatologists	1
Cardiologist	0
Dental Surgeons	17
Dental Hygienist	4
Dental Assistants	3
MO-MBBS	37
AYUSH MOs	30
MOs- AYUSH	24
Staff Nurse	24
Pharmacists	2
Paediatrician	0
MO-MBBS	1
MO, Dental	1
Staff Nurse	1
Physiotherapist	1
Audiologist & speech therapist	1
Psychologist	1
Optometrist	1
Dental technician	1
Medical Officers (NRC)	1
Staff Nurse (NRC)	4
Medical Officers (SNCU)	5
Staff Nurse (SNCU)	39
Medical Officers	6

ANMs/ Staff Nurse	11
Lab technician	11
Counsellor	23
Psychologist	18
Microbiologists (MSc)	4
Audiometrician/ Audiologist	3
Social Worker	17
TBHV	7
Lab Attendant/Assistant	1
Ophthalmic Assistant/ Refractionist	17
Audiometric Assistant	3
Medical Equipment Technician	4
Medical Records Asstt./ Case Registry Asstt.	11
Nursing tutor	8
State Bio Medical Engineer	1
District Medical Biomedical Engineer	2
State Epidemiologist	1
State Public Health Consultant	1
Entomologists	1
State Microbiologist	1
Epidemiologists	1
District Epidemiologists	12
State Veterinary Consultant	1
Refrigerator mechanics-UIP	4
STS	22
ECHO Assistant/Technician	1
Driver	22
cook cum care taker (NRC)	1
Attendants (NRC)	2
Store Keeper/ Store Asstt	1
RBSK DRIVER	11
Driver	17
Support Staff for Health Facilities on outsourcing basis	3
Statistical Asstt.	2
call centre operator	4
Statistical Asstt.	1
Legal Advisor	1
MD	1

SPO	0
DY directors	2
ASHA Programme Manager	1
Consultant	7
Assistant Engineer	2
CPHC Consultant	1
Consultants MH	1
Consultants(CH, FP, AH, RKSK)	4
Programme Coordinators -MCTS	1
State consultant QA	1
Consultant HWC (AAM)	1
Statistical Officer	1
LDC Typist	1
Programme Coordinators - Technical Officer	1
Programme Coordinators -PTC	1
Assistant Programme Manager- HR	1
Assistant Programme Manager - Procurement	1
State ASHA Coordinator(APM-CP)	1
Assistant Programme Manager- HWC	5
Accounts Staff	3
Sr. Project Officer	1
Project Officer - IT	1
VCCM	11
Regional Project Officer - PO- CB&ME-eVIN	2
Technical Officer - proc & log.	1
Assistant PO (MBBS)	1
State Leprosy Consultant	0
State PPM/ ACSM Coordinator	1
State ACSM Coordinator	1
Consultant Training- IDSP	1
Consultant M& E	1
Consultant Finance & Accts.	1
Consultant Proc.& Supply Chain	1
Consultant IEC - BCC	1
Admn. Asst.	1

Consultant - Finance/ Procurement	1
State Data Manager	1
BFO cum Admn. Officer	1
State Coordinator-Viral Hepatitis	1
Statistical cum Account Assistant	1
Accounts Officer/ State Accountant	1
Secretarial Assistant	1
Asst Accountant	1
Finance cum logistic Consultant	1
Assistant Programme Manager- NPCDCS	1
Budget and Accounts Officer	1
Administrative Assistant	1
DPM	12
District Hospital Managers-QA	11
District RBSK Coordinators	11
DEIC Managers	1
District Media Officers	11
District Community Mobilizers	12
Medical Equipment Technician- BMMP	0
District Accounts Manager	12
DVBD Consultant	11
District Data Manager	12
District PPM/ ACSM Coordinator	2
Sr PMDT TB HIV Coordinator	11
STLS	13
Accountant - full time	2
District Consultant	4
Monitoring officer	2
Block Programme Manager	56
Block ASHA Coordinators	72
Block Accounts Manager	28
MTS	74
IEC Manager, NLEP	0
DEOs	11
Computer Assistant - UIP	1
Secretarial Assistant cum DEO	2
Computer assistant	11

DEO	11
District DEO	22
DEO(NIKSHAY Operator)	11
Data Entry Operator (DEO)	2
Data Entry Operators	16
DEO/State DEO	2
DEO (State TB cell)	1
DEO	1

DEO	2
Multi tasking Staff	1
Driver	2
Driver	6
Peon	4
Sweeper	3
Office Assistant	9
CHOs	317

### NUHM NATIONAL URBAN HEALTH MISSION

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, Porter lane/Dzüvürü ward (Inaugurated on 30th Sept'19)
- UPHC Wokha (Wokha Town) :- Rented Building, Likya/Orchid ward (Inaugurated on 10th Spetember'19) shifted to new UPHC Building on 20th of September 2024 Opposite CMO building Wokha.
- UPHC Mon (Mon Town) :- Functioning in rented building at Zaklom ward no. 3 from 27th Jan. 2025. New Construction on going at Wagiem ward no. 5. (Shifted to new building on 28th Oct.2025)

### Numbers of Sub Centers under Urban areas are:-

No.	District	UPHC Name	Sub-Center Name
1	Kohima	Seikhazou & Porter lane UPHC's	Bayavu
			Kitsubozou
			Daklane
			Nagabazar
			Agri-Forest
			Lerie
			Chandmari
			A.G

2	Dimapur	Burma Camp & Duncan UPHC's	Town/Midlane
			Sematila
			Xuvihe
			Lengrijan
3	Mokokchung	UPHC Yimyu	Sungkomen/Worksop
			Alempang
			Kumlong
			Merepkong
			Town
4	Tuensang	UPHC Tuensang	Aongza
			3rd NAP
5	Wokha	UPHC Wokha	Urban Sub Center
6	Mon	UPHC Mon	Town Sub Center
			Nil

**Human Resource approval & status as on September 2025 under NUHM**

Sl.No.	SPMU-DoHFW	State Consultant		Accountant		Office Assistant			
1	State Team	1		1		1			
Sl.No.	Human Resource in Position	Burma Camp	Duncan	Mon	Porter lane	Seikhazou	Tuensang	Wokha	Yimyu
1	General Duty Medical Officer (GDMO) (MBBS)	2	2	0	2	2	1	1	0
2	Dental Surgeon	1	1	1	1	1	1	1	1
3	GNM	2	2	2	2	2	2	2	2
4	ANM	5	5	3	5	5	3	3	3
5	Pharmacist	1	1	1	1	1	1	1	1
6	Lab Techician	1	1	1	1	1	1	1	1
7	D.E.O	1	1	0	1	1	1	1	1

Sl.No.	CMO office/District Hospital	Dimapur	Kohima	Mokokchung	Mon	Tuensang	Wokha
1	District Consultant	1	1	1	0	1	1
2	ASHA Help Desk	1	0	0	0	0	0

**Monthly Activities carried out under NUHM are:**

- Urban Health Nutrition Day (UHND):- it is carried out by ANMs (Auxiliary Nursing Midwives).  
1 ANM \* 4 UHNDs per month.

**Objectives of UHND:**

- To provide health and nutrition services to the target community from an identified point through convergent mechanism.
- To create awareness among the target population about preventive and promotive aspects of health care.

**To improve the health seeking behaviour of the target population.**

Sl. No	UPHC name	Activity name	1 <sup>st</sup> April 2025 – 31 <sup>st</sup> December 2025	Patients
1	UPHC Burma Camp, Dimapur	Urban Health Nutrition Day (UHNDs)	108	999
2	UPHC Duncan, Dimapur		108	811
3	UPHC Mon, Mon		99	5691
4	UPHC Porter lane, Kohima		113	1937
5	UPHC Seikhazou, Kohima		108	1920
6	UPHC Tuensang, Tuensang		108	1605
7	UPHC Wokha, Wokha		108	2341
8	UPHC Yimyu, Mokokchung		108	2477
	<b>Total</b>		<b>860</b>	<b>17781</b>

Sl. No.	UPHC name	Activity name	1 <sup>st</sup> April 2025 – 31 <sup>st</sup> December 2025	Patients
1	UPHC Burma Camp, Dimapur	Special Outreach Camps	12	653
2	UPHC Duncan, Dimapur		11	484
3	UPHC Mon, Mon		15	1203
4	UPHC Porter lane, Kohima		21	1282
5	UPHC Seikhazou, Kohima		15	1131
6	UPHC Tuensang, Tuensang		18	621
7	UPHC Wokha, Wokha		12	424
8	UPHC Yimyu, Mokokchung		21	1580
	<b>Total</b>		<b>125</b>	<b>7378</b>

## 2. REPRODUCTIVE CHILD HEALTH (RCH):

### Maternal health Division under RMNCAH+N

- State 1st trimester PW registration for ANC increased from 28 % (FY 2021-22) to 40 % (FY 2024-25) along with 4 ANC registration from 19% to 37% and Institutional delivery from 37% to 69%. (Source : HMIS)
  - State had also launched the importance of first 1000 days with State Health Minister as the Chief guest during to improve ANC . Capacity building of all health units through OBG during this program for quality ANC services.
  - % of PW given 180 Iron Folic Acid (IFA) tablets against ANC registration has increased to 81%. (Source : HMIS) Nagaland and Pondicherry remain the only two states who have achieved desired Anemia levels for pregnant women ( NITI Aayog) .
  - Along with implementation of PMSMA in 58 facilities, detection of High risk pregnancy (HRP) has improved. State HRP format is also developed where all the districts are reporting on monthly basis. HRP Incentive for health workers is also in place. Under PMSMA program, mobility support is given to the OBG from district hospitals to visit PMSMA sites. State has also started BeMoNe training for MOs with trainers from NHAK to strengthen PMSMA . Portable ultra sound is also procured for the trained doctors to utilise during PMSMA .
  - Under newer state initiative approval in ROP, training of SUMAN VOLUNTEERS for identification of High-Risk Pregnancy, Birthing Plan and appropriate referral in villages with high home deliveries (focused on areas with no nearby health units / HRA) was also conducted in Peren (High home delivery district).
  - To improve service delivery in the labour room , total of 936 health workers (165 MOs, 638 Nurses & 133 CHOs) trained in DAKSHATA . LaQshya program is also implemented in all district hospitals. 3 State certified & 2 national certifications expected in 2025 subject to fire safety certification.
  - Implementation of C section audit in all district hospitals.
  - Skills lab is also established at CIHSR , Chumoukedima. 3 batches of Daksh Skills lab training (6 days training) for nurses (16 nurses in 1 batch) from FRU & Laqshya facilities have been trained in collaboration with trainers (Nursing tutors) from CIHSR training college.
  - High Dependency Unit (HDU) is also set up at Dimapur DH which will be functional by end of FY 2025-26.
  - In order to strengthen VHSND, a joint advisory on nutrition in convergence with RD, Social welfare department is also implemented through VHSND platform. VHSND format is also developed to track service delivery along with mobility support to health team & separate mobility support to Medical officers for conducting VHSND.
- Under MH flagship programs, timely releases of JSY incentives for pregnant women & ASHA to districts , timely releases of JSSK incentives (Diet & Referral transport) and JSSK kit for normal & c section is also developed and procured under JSSK drugs & consumables, State has notified 214 facilities as SUMAN facility since the implementation.

- Birth Waiting Homes (BWH) is implemented in 3 districts (Mon- 6 facilities, Kiphire-3 facilities, peren-2 facilities) as approved in ROP FY 2024-26 . 134 beneficiaries during FY 2025-26 (April-December)
- MPCDSR is also implemented to track all maternal deaths and upload the details of the reviewed report in the portal along with meeting minutes . Revised MDSR Committee (State & district level) along with State task force Committee at state level is formed and in place. 18 maternal deaths reviewed & reported from April 2025 – January 2026 (FY 2025-26)

### 3. UNIVERSAL IMMUNIZATION PROGRAMME (UIP):

#### Achievement report during the FY period from April 2025 to December 2025:

- 1) Full Immunization April 2025 to December 2025 with the (Infant) target of 16049 and achieved 12577 percentage (78%) (HMIS).
- 2) Tetanus Diphtheria (TD) at 10 yrs, April 2025 to December 2025 Target 18702 achieve 6694 (36%) (HMIS).
- 3) Tetanus Diphtheria (TD) at 16 yrs, April 2025 to December 2025 Target 17861 Coverage 3306 (19%) (HMIS).

To immunize all children with 11 vaccines against 12 preventable diseases:-

The aim of UIP is that eligible beneficiaries should get all UIP vaccines in India, so that they may be protected from life threatening vaccine preventable diseases against which vaccines are provided under UIP in India.

- ❖ The aims of UIP is all eligible beneficiaries should get all UIP vaccines in India.
- ❖ Birth dose (OPV) Oral Polio Vaccine, within 15 days (BCG) Bacillus Calmette-Guerin at birth or till 1 year of age and (Hep-B) doses hepatitis B virus within 24 hrs.
- ❖ 3 doses of Pentavalent at 6, 10 & 14 weeks, Oral Polio Vaccine (OPV) at 6, 10 & 14 weeks Pneumococcal Conjugate Vaccine (PCV) at 6, 14 weeks & 9 months, (fIPV) fractional dose inactivated polio vaccine at 6, 14 weeks & 9 months, Rotavirus (RVV) at 6 , 10 & 14 weeks.
- ❖ 2 doses of Measles Rubella (MR) at 9-12 months & 16-24 Months
- ❖ All pregnant women with two doses of (Td) Tetanus & Diphtheria or one Td booster if pregnant with 3 yrs of last pregnancy.
- ❖ 2 doses of (JE) Japanese encephalitis vaccines at 9-11 months and 16-24 Months in selected districts,( non JE districts are Kiphire, Peren, Phek & Mon.
- ❖ Supplementary Vitamin 'A' solution to children at 9 months , ½ Yrs and every 6 months upto 5 yrs.
- ❖ (DPT) booster 1st & 2, (Diphtheria, Pertusis, Tetanus) at 16 -12 Months & at 5 Yrs respectively.
- ❖ TD Tetanus Diphtheria at 10 yrs and 16 yrs.

**Objectives:**

- ❖ To attain more than 90% full immunization coverage on a year-to-year basis and sustain the gains.
- ❖ To achieve MR elimination by 2026.
- ❖ To maintain and sustain Polio free status and Maternal & Neonatal Tetanus elimination.
- ❖ To sustain robust VPD and AEFI surveillance.
- ❖ To ensure efficient supply chain, cold chain and logistic system for UIP.
- ❖ To provide regular supportive supervision to UIP.
- ❖ To ensure accountability framework through regular task force meetings.
- ❖ To expand digitization in UIP.
- ❖ To introduce need based new vaccines.

**Full Immunization Coverage (FIC).**

A child who has received 1 dose of BCG, 3 doses of OPV, 3 doses of Penta & 1 dose of MR by 1 year of age.

**Complete Immunization (CI).**

A fully Immunized child who has received MR-2, OPV booster1, DPT booster1 and JE 2 (in selected districts) by 2 years of age.

**Zero Dose:**

A child who has not received Penta-1 by the end of their 1st year of life.

**4. INTEGRATED DISEASES SURVEILLANCE PROJECT (IDSP):**

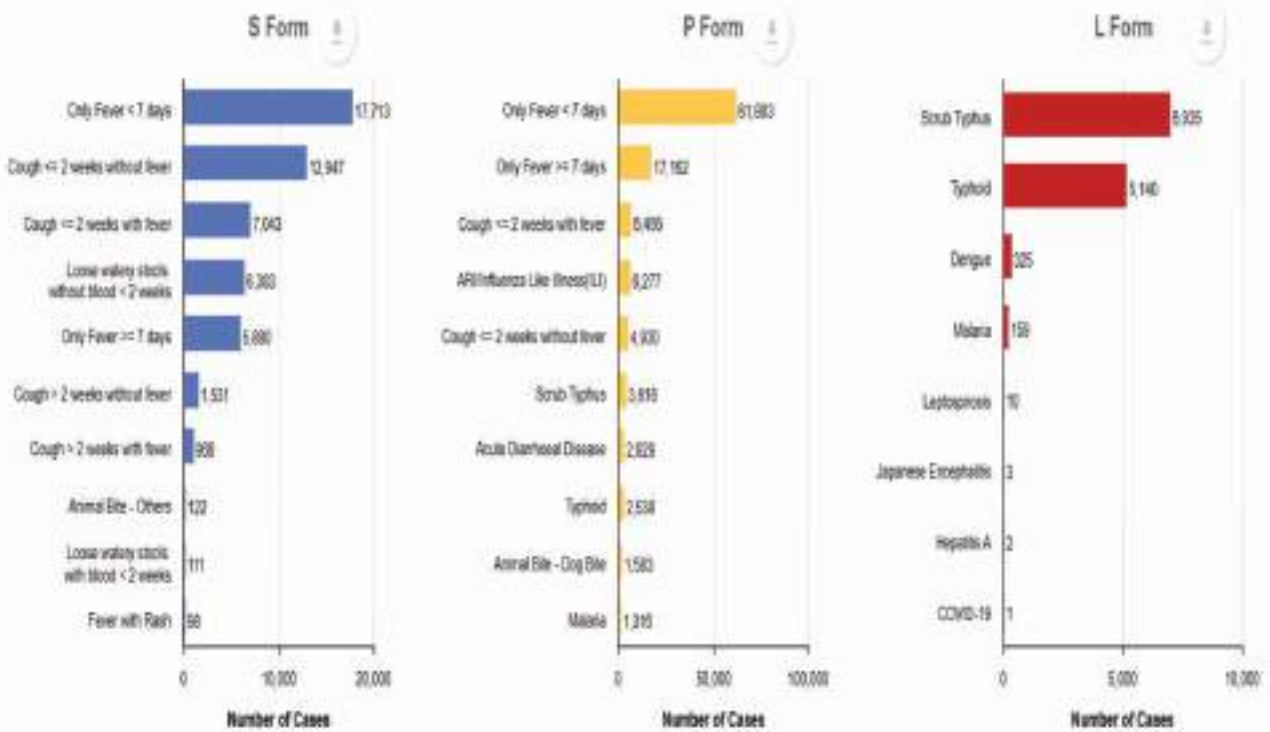
- IDSP-IHIP is a comprehensive web-enabled near-real-time electronic information system to monitor emerging public health threats. This platform is expected to bring about positive changes in disease surveillance and management of outbreaks such as immediately detect disease, stop diseases before it spreads, understand disease epidemiology and improve our preventive control measures.
- 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



### Top Ten Disease / Conditions reported, Nagaland



Total Score



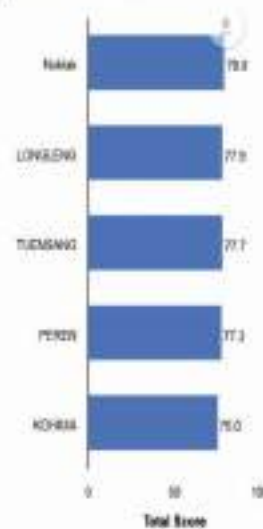
Reporting Score



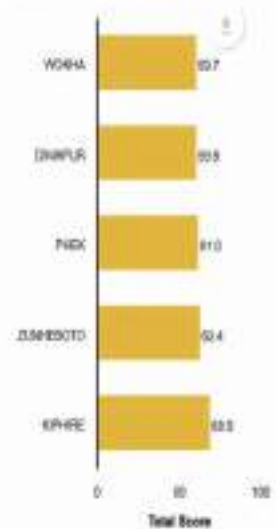
### District Performance Status from January to December 2025

District	S Form Score	P Form Score	L Form Score	Total Score
NOKLAK	17.5	19.22	19.87	78.82
LONGLENG	17.99	19.46	19.46	77.93
TUENSANG	19.88	19.79	19.84	77.72
PEREN	18.85	18.91	19.23	77.32
KOHIMA	19.79	17.5	16.69	74.98
MON	15.75	16	17.76	74.31
MOKOKCHUNG	17	18.21	18.35	70.89
KIPHIRE	19.88	19.84	19.83	67.97
ZUNHEBOTO	16.94	18.28	18.97	62.36
PHEK	16.62	17.86	18.57	60.98
DIMAPUR	13.61	11.95	12.16	59.9
WOKHA	15.83	18.2	19.67	59.74

Top Five Districts



Bottom Five Districts



### State outbreak summary for the period of January to December 2025.

District	Total Outbreaks	Diseases
Dimapur	23	Japanese Encephalitis, Acute Encephalitic Syndrome, Dengue, Malaria, Animal Bite - Dog Bite, Human Rabies
Kohima	1	Chickenpox
Longleng	12	Fever with Rash, Acute Flaccid Paralysis, Malaria, Fever with Rash, Acute Diarrhoeal Disease
Mokokchung	6	Malaria, Leptospirosis,
Mon	2	Malaria, Dengue
Noklak	3	Malaria
Peren	2	Malaria
Tuensang	1	Malaria
<b>Total</b>	<b>50</b>	

## 5. NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP):

The National TB Elimination Programme (NTEP) aims to achieve a TB-free India through early diagnosis, quality treatment and comprehensive strategies. In the State, the National Strategic Plan for ending TB is mainly driven by four approaches as given in the figure below-

**Detect:** Find all TB cases with an emphasis on reaching every TB patient in the public and private sector and to reach the missing cases.

**Treat:** Treat all TB cases with appropriate regimen and high-quality anti TB drugs with patient friendly treatment adherence system.

**Prevent:** Prevent the emergence of TB in susceptible populations.

**Build:** Build and strengthen supportive systems including enabling policies, empowered institutions and human resources with enhanced capacities.

Some of the notable activities implemented in 2025 are:

### 1. Pradhan Mantri TB Mukh Bharat Abhiyan (PMTBMBA) to register as Ni-Kshay Mitras:

A drive to enrol more Ni-kshay Mitras among the Legislatures/ AHODs/HODs was initiated on 6th-8th March 2025 during Nagaland Legislative Assembly Session. Nagaland Rural Bank also registered as Ni-Kshay Mitras and adopted 40 TB patients. So far 10497 Nutritional food baskets have been distributed till date.

### 2. TB Mukh Panchayat:

In coordination with Rural Development Department this Certification process was conducted and 166 Villages have been declared TB Free on World TB Day i.e. 24th March 2025. This activities will continue every year.

### 3. BPALM Regimen:

A new shorter oral Regimen for MDRTB patients has been introduced in 2024 and the State has initiated patients to this Drug this year 2025.

### 4. TB Mukh Bharat Abhiyaan/campaign:

An Intensified TB Elimination campaign/TB Mukh Bharat Abhiyaan has been expanded to all the districts. This initiative is necessary to improve public health in the community through significant reduction in incidence and mortality rates thus ultimately achieving the aim of making India TB Free. In this regard, Handheld X-ray machines are used as an effective tool for enhancing outreach in hard-to-reach and unserved areas. Also, Cough against TB AI-powered screening tool that enables early detection of presumptive tuberculosis (TB) cases, including those that are asymptomatic. During the period of this campaign, a comprehensive strategy will be required to mobilize resources, create awareness and intensify actions against TB.

### NTEP Achievements

Year	Presumptive Examination rate	Total no of TB Patients Notified	Success rate	Proportion of NAAT Testing	Nishan Poshan Yojana (NPY) all Benefits paid
2025	1488/Lakh Population	4063	90%	57%	36%

### 6. NATIONAL VECTOR BORNE DISEASES CONTROL PROGRAMME (NVBDCP):

The National Vector Borne Disease Control Program (NVBDCP) covers 6 (six) Vector Borne Diseases namely, Malaria, Japanese Encephalitis, Dengue, Kala-azar, Chikungunya & Filariasis. Malaria is found in all the districts whereas Japanese Encephalitis & Dengue are found in some parts of districts. No Malaria deaths have reported for the past 9 (nine) years. Sustained efforts by the programme/department and continued use of correct interventions in the right time will help make this goal achievable.

#### Overview of Vector Borne Disease Prevalence in the State.

Year	Malaria cases	Malaria Deaths	Dengue cases	Dengue deaths	Chikungunya cases	AES/ JE cases	AES/ JE deaths	Kala-azar cases	Kala-azar deaths	Microfil aria rate (%)
2021	8	0	24	0	0	0	0	0	0	0
2022	5	0	154	0	0	12	0	0	0	0
2023	4	0	4943	2	1	19	1	0	0	0
2024	12	0	43	0	1	14	1 death & 1 co-morbidity )	0	0	0
2025	207	0	97	0	0	19	2 deaths & 1 co-morbidity	0	0	0

#### Achievements

The key targets and achievements Malaria are given below: The State has achieved progress in control of Malaria in the past decade and achieved the National goals and objectives:

Sl.	Indicator	National Target	State Achievement in 2023	State Achievement in 2024	State Achievement in 2025	State Target for 2026
1	Annual Blood Examination Rate (ABER) (Total blood examined/Total population x 100)	>10 %	10.12%	11.26%	11.26%	>10 %
2	Annual Parasite Incidence (API) (Total positive/Total population x 1000)	<1	0.002'	0.003	0.082	<1

### IEC ( BCC)

One of the major components 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, School activity and Focus Group Discussions on VBDs with the community are often conducted as part of behavioral change communication.

### Entomological Units:

The state has 3 functional entomological zones (Kohima zone, Dimapur zone and Mokokchung zone). The entomological division carries out surveillance activities at regular intervals throughout the year, taking into consideration the presence of all the vectors of Malaria, Japanese Encephalitis , Dengue , Filariasis, Zika etc. Parameters like monitoring of vector density, study of vector susceptibility test, larvae collection, etc .are some activities under the entomological zone.

### 7. NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP):

During the period 2025-26, the leprosy programme achieved a major milestone with the Government of Nagaland declaring leprosy a notifiable disease on 19th August, 2025. This step marks a significant advancement in the State's commitment to eliminating leprosy and aligns with the National Strategic Plan and Roadmap for leprosy 2023-2027, which aims to interrupt transmission and achieve zero indigenous cases of leprosy by 2027.

The leprosy programme also observed Anti-Leprosy Day on 30th January, 2026 across the State. Furthermore, the Sparsh Leprosy Awareness Campaign was continued as a yearlong activity with the objectives of reducing Stigma and promoting early Case detection. The State remains committed to effective implementation of the leprosy programme in coordination with National guidelines, with the goal of achieving a leprosy-free Nagaland.

**Status of Leprosy Cases in Nagaland till January, 2026**

SL. No	District	PB	MB	Total	Total Prevalence Rate/10,000 population	Remarks
1	Dimapur	1	17	18	0.42	SC-15 ST-3
2	Mon	0	2	2	0.07	ST-2
3	Tuensang	0	1	1	0.04	ST-2
<b>Grand Total</b>				<b>21</b>	<b>0.11</b>	

- Out of 17 Districts of Nagaland, only the above mentioned 3 Districts have leprosy cases. Dimapur being the Commercial hub of Nagaland has the highest number of migrant cases.

**8. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCB)**

National Programme for Control of Blindness was launched in the year 1976 with the goal of reducing the prevalence of Blindness to 0.3% by the year 2020. In the beginning, NPCB was 100% centrally sponsored Programme (now from 12th FYP it is 60:40 in all States/UTs and 90:10 in hilly states and all NE states). Nomenclature of the programme was changed from National Programme for Control of Blindness to National Programme for Control of Blindness & Visual Impairment (NPCBVI) in 2017. The National Blindness Survey (2015-19) has shown reduction in the prevalence of Blindness from 1% to 0.36% (2019). Under the National Health Policy (NHP) the target is to reduce the prevalence of Blindness to 0.25% by 2025.

National Programme for Control of Blindness and Visual Impairment covers remote and far flung areas in all the Districts of Nagaland where Eye Surgeon/Ophthalmic Assistants are posted.

**Main Activities: -**

- Examination and treatment of eye patients in District Hospitals, CHC/PHC and in Eye camp.
- Conducting cataract surgery camps in far flung and unreached areas.
- School Eye screening in different Districts by Eye Surgeons and Ophthalmic Assistants.
- Observance of Eye Donation Fortnight, World Sight Day, Glaucoma, Blindness Week with IEC activities
- Screening of NCD like Diabetic Retinopathy, Glaucoma, Squint and Amblyopia.
- Refresher course for Para Medical Ophthalmic Assistants.

**Achievements from (April 2025 till Jan 2026).**

1. Total no. of Cataract Surgery done	-	2205
2. Total no. of IOL done	-	2205
3. Total no. of Children examined	-	9406
4. Total no. of School Children with refractive error	-	3413
5. Total no. of spectacles provided to school children	-	1666
6. Total no. of spectacles provided to old person	-	4285
7. Other Eye disease		
i. Diabetic. Retinopathy	}	- 92
ii. Glaucoma		- 99
iii. Squint		- 86
<b>Total</b>	<b>=</b>	<b>277</b>

**Activities Held under NPCB&VI during 2025-2026.**

**9. NATIONAL IODINE DEFICIENCY DISEASES CONTROL PROGRAMME (NIDDCP):**

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 goitre prevalence was recorded.

Nagaland IDD Cell was established in 1987, since then, control and preventive measures were adopted through the programme division.

Nagaland has the lowest goitre/thyroid disorder among 1,00,000 women in the country 505/1,00,000 (NFHS-4)

The state ranks 6th in the country in total household consumption of iodized salt at 99% (According to NFHS-5 2019-20)

99.3%: Urban

98.8%: Rural (NFHS-5)

**SOME OF THE PHYSICAL ACHIEVEMENTS DURING 2025-26 ARE MENTIONED AS UNDER: (Status as on 31<sup>st</sup> Dec. 2025)**

1. Number of salt samples tested using Salt Testing Kits (Qualitative testing) by ASHA in identified District. = **7,01,324**
2. Number of salt samples tested (Quantitative) in Lab (Volumetric method) for estimation of iodine content. = **1,469**
3. Number of urine samples tested for Urinary iodine estimation. = **1,782**

**OTHER ACHIEVEMENTS :**

1. "Global Iodine Deficiency Disorder Prevention Day 2025" was observed successfully on 21st October 2025 in the State and all the 11 districts.
2. IEC materials – Posters, leaflets, danglers etc. depicting the various facts of IDD manifestation have also been distributed to all the districts
3. For ensuring quality control of iodated salt, Salt Testing Kit (STK) and Uricane for collection of Urine samples have been distributed to all the District Health Officers.

**10. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (NP-NCD)**

In the state of Nagaland as per the latest NFHS-5 survey (2019-20) the prevalence rate of Diabetes among male is 12.4% and among female is 9.3 %. Similarly, Hypertension among male is 28.7% and among female is 22.4%. As per National Cancer Registry Factsheet, cancer is the 5th leading cause of death (Nagaland- 28 per 1 lakh population).

**Standard of care for NCDs**

NCD services are provided in the NCD clinics in all the District Hospitals and CHCs, PHCs, and sub center level. Services like screening, referrals and early detection is done at the sub center level/ Health and Wellness Centres and secondary care is provided in all the district hospitals.

NCD Clinics are renamed as Geriatric and NCD Clinic in all the districts hospitals and CHCs. There is 100% saturation of NCD services in all the districts.

**Opportunistic screening (District NCD clinics OPD data from 11 districts).**

	<b>Indicator</b>	<b>April - Dec 2025</b>
1.	No. of patients attended NCD clinic	105864
2.	Patients diagnosed with	
	Diabetes	6871
	Hypertension	11206
	CVDs	941
	Stroke	520
3	Cancers	
	Oral	57
	Breast	41
	Cervical	28
4	Counseling for health promotion and prevention of NCDs	17706

Population based NCD screening where all individuals above 30 years of age enrolled for NCD screening is saturated in all the districts.

**NCD portal report as December 2025**

Cumulative Number	Enrolled 30+	Total Screened	Hypertension screened	HTN Treatment	Diabetes screened	Diabetes Treatment
Nagaland	395149	202578	193680	39977	178763	12779
Current FY (2025-26)	Enrolled 30+	Total Screened	Hypertension screened	HTN Treatment	Diabetes screened	Diabetes Treatment
Nagaland	87198	77701	69418	14861	68393	5310
<b>FY 2025-26 Contribution as %</b>	<b>22.07</b>	<b>38.36</b>	<b>35.84</b>	<b>37.17</b>	<b>38.26</b>	<b>41.55</b>

**Access to Care: Nagaland Wellness initiative**

The "Access to Care Nagaland: A Wellness Initiative" is a Corporate Social Responsibility (CSR) project implemented by Doctors For You (DFY) with support from Siemens Healthineers, in collaboration with the Department of Health & Family Welfare (DoHFW) Nagaland, the State NP-NCD Cell, and the CMO Office Kohima. The project covers the Districts of Kohima & Tseminyu. The initiative has significantly enhanced the reach of Non-Communicable Disease (NCD) screening services through a three-pronged approach: Capacity building of health workers, distribution of screening logistics to 64 health facilities, and deployment of a dedicated Mobile Unit.

**Impact Assessment: Screening & Detection Data**

The following data illustrates the progress achieved through the project intervention. The "Before Intervention" figures represent the baseline screening numbers up to June 2024. The "After Intervention" figures represent the additional screenings and diagnoses made possible by the project from July 2024 to January 2026. The CSR Project has given us the impression that further collaboration would bring much changes and improvement to our current health scenario in the state of Nagaland.

**Screening and Diagnosis Comparison in the District of Kohima and Tseminyu**

**Before Intervention (Till June, 2024) and After Intervention (July,2024 - Jan,2026) a Comparison**

DISEASE	Screened Status Prior to June 2024	Screened Status on Intervention	Percent contributed on Intervention of Screened No	Diagnosed Status Prior to June 2024	Diagnosed status on Intervention	Percent contributed on Intervention of Diagnosed No
Hypertension	8470	21653	71.88	4405	6152	58.27
Diabetes Mellitus	8024	21761	73.06	1669	1586	48.73
Oral Cancer	7690	18770	70.94	1	6	85.71
Breast Cancer	4060	9260	69.52	0	37	100.00
Cervical Cancer	870	1970	69.37	0	21	100.00

**Health awareness program on NCD in Medzhiphema block under Chümoukedima in partnership with CIHSR and NSRLM**

The selected area for the Health Awareness Program on Non-Communicable Diseases is Medzhiphema block in Chümoukedima block, Nagaland with 24 villages with 24,149 population.

**Program Highlights**

**1<sup>st</sup> phase**

- Health Seminars and screening camps conducted in 23 villages in Medzhiphema block.
- 934 community members attended health seminar.
- 852 individuals screened.

**2<sup>nd</sup> phase**

- Training of ASHAs, NSRLM village facilitators, staff nurses and medical officers.
- 331 community members attended health seminar
- 451 individuals screened, which 10.1% were suspicious of Diabetes and 33.4% as hypertensive.
- Health seminars and screening camps was conducted in 21 villages.
- In 2nd phase Dermatology camp was conducted besides NCD screening with free medicine distribution.

The awareness, training and screening camp in the block has shown a good example of collaboration efforts which was noticeable among the medical personnels of their approach to patients in need of care and services rendered to the communities. All partners contribution in terms of resources, manpower, time and capacity is a good example for community-based programs such as non-communicable diseases which is a silent epidemic in our present health scenario.

**II. NATIONAL TOBACCO CONTROL PROGRAMME (NTCP):**

Sl. No.	Name of Major Activities	Phy-Progress FY 2024-25 (Apr- Dec 2024) 3 <sup>rd</sup> Quarter
		Achievement
1	No of challans issued for violation of COTPA 2003 Sec 4	11
2	No of challans issued for violation of COTPA 2003 Sec 6a	9
3	No of challans issued for violation of COTPA 2003 Sec 6b	423
4	No of advocacy campaigns/ workshop/ sessions/ trainings conducted	39
5	No of IEC campaigns conducted	366

7	Number of Schools/Colleges/Educational Institutions (EI) declared tobacco free	89
8	Number of persons who received counselling	1338
9	Number of persons who received counselling and pharmacotherapy (Nicotine replacement therapy- 2mg & 4mg nicotine gum)	411
10	No of State innovations undertaken	1

### Tobacco Free Youth Campaign 3.0

Ministry of Health and Family Welfare launched the third edition of 60-day Tobacco Free Youth Campaign on 9th October 2025 by the Honorable Union Minister of Health and Family Welfare. The campaign was executed for 60 days (9th October till 9th December 2025). The key strategies under which the campaign was implemented are given below:

1. Public Awareness Activities (National Level)
2. ToFEI Compliance Activities (State and District Level)
3. Enhanced Enforcement of COTPA and PECA
4. Tobacco Free Villages (State and District Level)
5. Amplification of Social Media Engagement
6. Sustained Capacity Building

Simultaneously the campaign was also launched by Shri. Anoop Khinchi, IAS Commissioner & Secretary H&FW and carried out in 11 NTCP districts. The daily reporting on the activities were uploaded on NTCP MIS portal which were reviewed by the Ministry on daily basis.

### 12. 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 the impact of HIV & AIDS in the country.

National AIDS Control Programme is in the continuation with its Phase-V aims to reduce annual new HIV infections and AIDS-related mortalities by 80% by 2025-26 from the baseline value of 2010. The NACP Phase-V also aims to attain dual elimination of vertical transmission, elimination of HIV/AIDS related stigma while promoting universal access to quality STI/RTI services to at-risk and vulnerable populations.

#### Goal:

1. Reduce annual new HIV infections by 80%
2. Reduce AIDS-related mortalities by 80%
3. Eliminate vertical transmission of HIV and Syphilis
4. Promote universal access to quality STI/RTI services to at-risk and vulnerable populations
5. Eliminate HIV/AIDS related stigma and discrimination

**Objective 1:**

**HIV/AIDS prevention and control**

- i. 95% of people who are most at risk of acquiring HIV infection use comprehensive prevention
- ii. 95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load
- iii. 95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
- iv. Less than 10% of people living with HIV and key populations experience stigma and discrimination

**b. STI/RTI prevention and control**

- i. Universal access to quality STI/RTI services to at-risk and vulnerable populations
- ii. Attainment of elimination of vertical transmission of syphilis

**The main Components/Programme of the Project in the State:**

- 1. Information Education and Communication (IEC)
- 2. Integrated Counseling and Testing Centers (ICTC)
- 3. Care Support and Treatment (CST)/ Anti-Retroviral Therapy
- 4. Prevention (Targeted Intervention, Opioid Substitution Therapy & Link Workers Scheme)
- 5. Sexually Transmitted Infection (STI)
- 6. Strategic Information Management Unit (SIMU)

**Human Resource (Manpower) across the State/District/Facilities**

No	Position	Existing	Regular	Contractual
1	Project Director	1	1	
2	Joint Director	6	3	3
3	Deputy Director	8		8
4	Assistant Director	11		11
5	Quality Manager	1		1
6	Administrative Officer	1		1
7	Assistants/Accountants	23		23
8	Grade-IV	3		3
9	District Programme Officer	10		10
10	Sr. MO/MO	20		20
11	Prg. Asstt (District)	30		30
12	District ICTC Supervisor	11		11
13	Technical Officer	2		2
14	Nurse GNM/ANM	73		73
15	Counsellor	153		153
16	Lab. Technician/Lab. Attendant	91		90
17	Data Entry Operator/Data Manager	37		37
18	Grade – IV (District)	26		26
19	Pharmacist	7		7
20	Care Co-Ordinator	7		7
21	Cluster Prevention officer	5		5

**Facilities available in the State**

No	District	IC TC	F-ICT C	CB S	PP P	DS RC	TI	TI-OS T	Sate llite OS T	L WS	AR T	LA C	CD 4	SR L	Total
1	Dimapur	6	4	7	1	1	7	3		1	1	1	1	1	34
2	Chumoukima	2	8	5	2	1	5	2	3		2		1		30
3	Niuland	1	1	1			1	1	1	1					7
4	Kohima	6	14	4	7	1	4	3	3	1	1	1	1	1	47
5	Tseminyu	1	2	1			1	1	1			1			8
6	Mokokchung	9	12	7	1	1	7	4	3	1	1	1	1		48
7	Mon	7	12	5		1	5	2	5	1	1	1	1		41
8	Tuensang	5	8	4	4	1	4	3	3	1	1	1	1		36
9	Noklak	3	1	2			2	1	3	1	1		1		15
10	Shamator	1	1	1			1		2			1			7
11	Peren	5	11	2		1	2	2	3	1	1	3	1		32
12	Zunheboto	7	12	4		1	4	2	3	1	1		1		36
13	Wokha	7	12	3	3	1	3	2	4	1	1		1		38
14	Phek	6	21	2		1	2	3	2	1	1	2	1		42
15	Kiphire	3	4	2		1	2	1	1	1	1		1		17
16	Longleng	3	3	1		1	1	2	2			1			14
<b>TOTAL</b>		<b>72</b>	<b>126</b>	<b>51</b>	<b>18</b>	<b>12</b>	<b>51</b>	<b>32</b>	<b>37</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>12</b>	<b>2</b>	<b>452</b>

**Reporting**

Sl.No	Activity/Programme	Reporting Units	Timeline
<b>1</b>	<b>Basic Services &amp; Blood Safety</b>		
	Stand Alone ICTC	56	Monthly
	Stand Alone PPTCT	4	Monthly
	Mobile ICTC	10	Monthly

	PPP ICT C	2	Monthly
	NACO Supported Blood Bank	3	Monthly
<b>2</b>	<b>STI</b>		
	DSRC/PPP	12 + 1	Monthly
	NGO STI Clinic	51	Monthly
<b>3</b>	<b>NGO TIs</b>		
	FSW	2	Monthly
	MSM	2	Monthly
	IDU	28	Monthly
	Core Composite	17	Monthly
	Trucker	1	Monthly
	Migrant	1	Monthly
<b>4</b>	<b>IEC</b>		
	Information Education and Communication(IEC)	1	Monthly
	Adolescence Education Programme (AEP)	1	Monthly
	RRC	1	Quarterly
<b>5</b>	<b>District AIDS Prevention &amp; Control UNIT (DAPCU)</b>		
	Quantitative	10	Monthly
	Qualitative	10	Monthly
<b>6</b>	<b>Care Support &amp; Treatment</b>		
	ART Plus Center	3	Monthly
	ART Center	4	Monthly
	FI-ART Center	4	Monthly
	Link ART Center	14	Monthly
	Model ART PLUS Center	1	Monthly
	PPP	1	Monthly

**HIV Prevalence Rate:**

Adult (15 to 49 yrs) HIV Prevalence rate: 1.37% (Source: NACO HIV ESTIMATION 2023) SAICTC+ FICTC+ PPP+CBS)

General Population Prevalence rate: 0.51 % (Source: NACO HSS TECHNICAL REPORT 2023)

(Enclosed HIV & AIDS Scenario/Prevalence at)

**Status of ART till January 2026**

**No. of ART Centers:-**

1. ART Plus Centre, NHAK, Kohima.
2. Model ART Plus Centre, District Hospital, Dimapur

3. ART Plus Centre, District Hospital Mokokchung (IMDH)
4. ART Plus Centre, District Hospital, Tuensang
5. ART Centre, District Hospital, Zunheboto
6. ART Centre, District Hospital Kiphire
7. ART Centre, Assam Rifles Composite Hospital, Shokhuvi
8. FI-ART Centre, District Hospital, Phek
9. FI-ART Centre, CHC, Jalukie (Peren)
10. FI-ART Centre, DH, Mon
11. HR-LITE ART Centre, CHC, Noklak
12. FI-ART Centre, DH, Wokha

Sl. No.	Particulars	Male	Female	TS/TG	Children		Total
					M	F	
1	Cumulative number of PLHAs <b>registered</b> for HIV Care	15075	13981	23	781	780	30640
2	Cumulative number of patients on "Active Care"	7659	7640	12	431	448	16190
3	Cumulative number of patients <b>ever started on ART</b>	12524	11586	19	591	576	25296
4	Cumulative number of patients who <b>died</b> since the beginning of the programme	2199	1598	6	81	63	3947
5	Number of PLHIV whose treatment status is " <b>stopped treatment</b> till the end of this month (it is a dynamic figure)	26	32	0	5	2	65
6	Number of PLHIV on ART who have <b>opted out</b> of the program till the end of this month (it is a dynamic figure)	297	314	0	11	12	634
7	No of PLHIV on ART " <b>transferred out</b> " during this month	18	13	0	1	0	32
8	Number of PLHIV whose status is " <b>Lost to Follow Up</b> " till the end of this month (it is a dynamic figure)	1546	1269	1	51	34	2901
9	Number of PLHIV who treatment status is <b>Missed treatment</b> during this month (dynamic figure)	459	348	0	32	23	862
10	Total number of patients <b>alive and on ART</b> at the end of this month	7634	7634	12	426	446	16132

<i>April-Dec. 2025 Basic Service Division Achievement Report</i>			
Indicators	Target	Achievement	%
General & At Risk Clients Testing for HIV	145332	160677	110%
Positive	1008	1480	146%
Pregnant Women Testing for HIV	30250	19145	63.2%
Positive PW	288	235	81.35%
Percentage of Pregnant WLHIV tested for Viral Load at 32-36 weeks pregnancy	157	154	98%
Percentage of Pregnant WLHIV with suppressed viral load(<1000 copies)	154	125	81.1%

*April-Dec.2025 OPD Screening for HIV & Syphilis at Dimapur, Kohima, Noklak, Tuensang, Peren, Phek, Woha, Kiphire, Mokokchung*

Indicators	Achievement (%)
HIV Testing	9761
Positive detected	127(1.3%)
HIV Confirmed & Started Treatment	126(99.2%)
Syphilis Testing	9761
Syphilis reactive	40(0.4%)
Syphilis treatment given	40(100%)

**District Integrated strategy for HIV / AIDS (DISHA) – District Level**

Sl.No	District	Area of Operation
1	Kohima	Kohima & Tseminyu
2	Dimapur	Dimapur, Chumoukedima & Niuland
3	Mokokchung	Mokokchung & Longleng
4	Tuensang	Tuensang, Shamator & Noklak
5	Phek	Phek & Meluri

6	Peren	Peren
7	Wokha	Wokha
8	Zunheboto	Zunheboto
9	Kiphire	Kiphire
10	Mon	Mon

### Roles and Responsibilities

- Conducting Quarterly DAPCC meeting under the chairmanship of DC
- Conducting Monthly co-ordination meeting with all HIV AIDS facilities
- Conducting quarterly HIV/TB Coordination meetings, ART-CST, Meeting with NHM, Meeting with line departments and monthly ICTC Counsellors meeting
- Organizing events like International AIDS Candle light memorial Service, Youth Day, World Blood Donors Day and World AIDS Day, etc.
- Involved in conducting sensitization workshops for various stake holders like Anganwadi workers, college students, police, jail inmates, FBOs, etc.
- Monitor the referrals and linkages through regular supervisory visits to HIV facilities (ICTC, STI, Blood Bank, ARTC, TI-NGO and FI-ICTC) and conducting monthly review meetings, addresses supply chain management issues in the district level

### 13. NAGALAND HEALTH PROTECTION SOCIETY (NHPS):

#### 1. Chief Minister Health Insurance Scheme (CMHIS)

Launched in October 2022, the CMHIS aims to provide health insurance coverage for cashless treatment. In convergence with AB PM-JAY, the scheme is referred to as the "Ayushman Bharat Pradhan Mantri Jan Arogya Yojana - Chief Minister Health Insurance Scheme (AB PM-JAY CMHIS)" and offers comprehensive health insurance benefits across two categories:

#### 1. CMHIS Employee & Pensioner (EP)

- Coverage: Rs.20 lakhs per year per family.

#### 2. CMHIS General Category (GEN)

- Coverage: Rs.5 lakhs per year per family.

Under the CMHIS (EP) scheme, significant progress has been made, with 71 hospitals empanelled outside Nagaland and 60 within the state, ensuring broad and accessible healthcare coverage.

**ACHIEVEMENTS-**

**Beneficiary Statistics for CMHIS (EP):**

Since its inception, a total of 1,96,603 EP cards has been issued, with 18,053 cards issued in the current FY. Of these 9,158 beneficiaries have actively utilized the Scheme, resulting in a total claim payout of ₹ 53.84 crore during FY 2025-2026.

**Beneficiary Statistics for CMHIS (GEN):**

Since its inception, a total of 22,102 CMHIS(GEN) cards has been issued, with 4,747 cards issued in the current FY. Of these, 1,750 beneficiaries have actively utilized the Scheme, resulting in a total claim payout of ₹ 5.32 crore during FY 2025-2026.

The detailed statistics for the current financial year are as follows:

Financial Year	CMHIS – EP				CMHIS (GEN) General Category		
	Cards Issued		No. of Individuals Benefited	Claims Utilized	Cards Issued	No. of Individuals Benefited	Claims Utilized
	Employees	Pensioners					
2025-2026	14,406	3,647	9,158	₹ 53,84,33,875.00	4,747	1,750	₹ 5,32,77,105.86
<b>Total</b>	<b>18,053</b>		9,158	₹ 53,84,33,875.00	4,747	1,750	<b>₹ 5,32,77,105.86</b>

**2. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)**

Launched on September 23, 2018, AB PM-JAY is a national flagship program aimed at providing cashless health insurance coverage. A total of 59 AB PM-JAY/CMHIS (GEN) hospitals is empanelled within Nagaland and 32,641 hospitals all over India.

**i. Note:**

AB PM-JAY and CMHIS (GEN) operate under the same policy guidelines, health benefit packages, and coverage. As a result, both schemes share the same network of empanelled hospitals.

ii. In Nagaland, all empanelled hospitals are approved under both CMHIS and AB PM-JAY. Therefore, hospitals are empanelled for both schemes collectively, not for each scheme individually.

**ACHIEVEMENTS-**

**Beneficiary Statistics:**

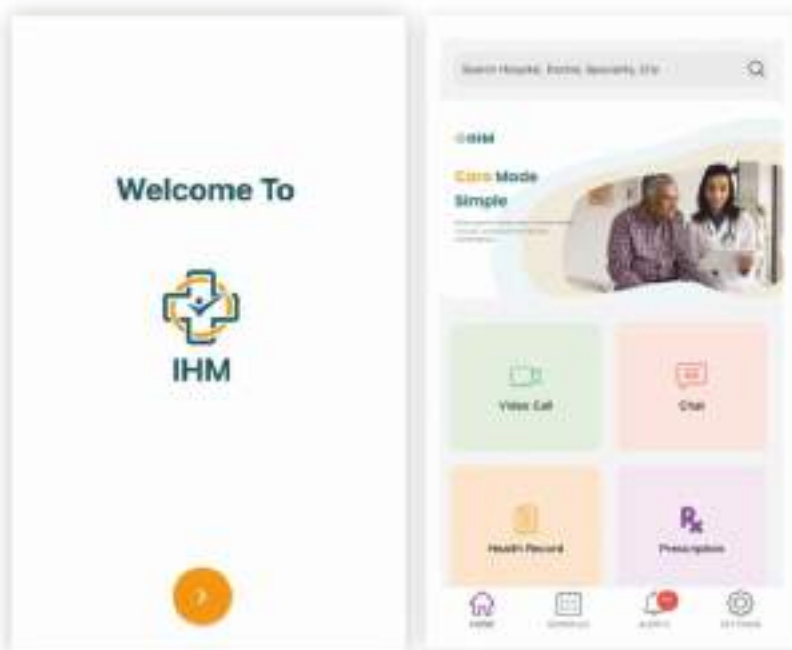
Since its inception, a cumulative total of 5,73,179 AB-PMJAY cards has been issued, out of which 20,579 cards issued in the current FY. Of these, 16,890 beneficiaries have actively utilized the Scheme, resulting in a total claim payout of ₹ 40.91 crore during FY 2025-2026.

The detailed statistics for the current financial year of AB PM-JAY are as follows:

Financial Year	Cards Issued	No. of Individuals Benefited	Claim Amount Utilized
2025-2026	20,579	16,890	₹ 40,91,29,489.69

\* All the above data is as of 10 February 2026.

### New Initiatives-



The Nagaland Health Protection Society (NHPS), in partnership with its current 2025-2026 Insurance Company partner- Reliance General Insurance Company Limited (RGICL), officially launched IndusInd Health Mitra (IHM), a mobile- and web-based digital health consultation platform on 16 December 2025. The service is being offered free of cost for an initial period of three months to all eligible beneficiaries under AB PM-JAY and CMHIS.

The launch of IHM represents a significant step towards strengthening access to quality healthcare across

the State, with particular emphasis on beneficiaries residing in remote and hard-to-reach areas. Through the platform, beneficiaries can avail secure video and audio consultations with qualified doctors and specialists from across India, thereby reducing the need for physical travel or hospital visits for routine medical advice.

IndusInd Health Mitra has been designed to complement existing healthcare services by facilitating timely medical guidance, follow-up consultations, and second opinions. The initiative aims to encourage early diagnosis, ensure prompt medical intervention, and reduce avoidable hospital admissions, ultimately contributing to improved health outcomes for beneficiaries.

### Key Features and Objectives of IndusInd Health Mitra (IHM)

- Provides an alternative mode of access to medical consultation for residents in remote and underserved areas
- Enables follow-up consultations and second opinions supported by a secure digital medical record system

- Promotes early diagnosis and timely medical intervention to prevent complications and unnecessary hospitalisations
- Offers access to a wide network of experienced doctors and specialists across India

The IHM platform has been custom-designed for the State of Nagaland and is developed, serviced, and continuously monitored by Purple Health Pvt. Ltd., a pioneer in techno-medical digital health solutions.

### **Beneficiary Authentication**

Access to the application is restricted to eligible AB PM-JAY and CMHIS beneficiaries. Users may log in using:

- Their AB PM-JAY/CMHIS card, and
- The mobile number registered with the card

Beneficiaries whose registered mobile numbers are outdated or inaccessible may update their details at the nearest PMAM or Common Service Centre (CSC) to ensure uninterrupted access to the service.

### **App Availability**

- App Name: Indus Health Mitra (IHM)
- Platforms: Android and iOS

### **Download Links:**

- Android:<https://play.google.com/store/apps/details?id=com.ihm.ihmassist>
- iOS:<https://apps.apple.com/in/app/indus-health-mitra/id6753679535>

### **User manual Link:**

- <https://cmhis.nagaland.gov.in/category/indus-health-mitra>

The launch of Indus Health Mitra underscores the commitment of the Government of Nagaland, NHPS, and its partners to leverage digital innovation for inclusive, accessible, and citizen-centric healthcare delivery across the state.

## **14. FOOD SAFETY AUTHORITY (FSSAI):**

State Food Safety Authority (FSSAI), under the Health and Family Welfare Department is the nodal agency to implement the Food Safety and Standards Act 2006 in the state. The main objectives of the Act are to ensure the availability of safe, hygienic, nutritious and wholesome food for human consumption. It also aims at disseminating information, promotes awareness about food safety and consumption of nutritious food which contributes to human health, economic and sustainable development.

The quality and safety of food have become an integral part of preventive health, in order to implement this Food Safety and Standards Act '2006 effectively, an MoU was signed between FSSAI and our state for strengthening of Food Safety Eco-system in the State.

State Food Safety Authority is headed by our Commissioner of Food Safety who is the Commissioner and Secretary of H&FW to the Govt. of Nagaland assisted by Principal Director as Addl. Food Safety Commissioner, State Program Officer and Asst. Food Safety Commissioner at the Headquarter. Three (3) Designated Officer of Food Safety and Five (5) Food Safety Officer are the enforcement officers in the State.

In order to analyse/test the standard parameters of FSSAI in food products, one State Food Testing Laboratory (SFTL) known as State Public Health Laboratory (SPHL) at Para medical Kohima headed by the Food Analyst (Deputy Director) with 14 Technical personnels. This laboratory is an NABL accredited (National Accreditation Board for Testing and Calibration) laboratory.

**Brief description of activities:**

- a. Registration of Food Business Operators (FBOs) of the state in FSSAI portal i.e. <https://foscos.fssai.gov.in> to obtain FSSAI License or Registration certificate.
- b. Conducting FSSAI Licensing and Registration camps in rural and urban parts of Nagaland.
- c. Inspection of FBOs units, inspection of High-Risk Business, collection of enforcement and surveillance samples for analysis by Food Safety Officers.
- d. Awareness through Camps for Licensing and Registration, Eat Right Campus/Schools, Clean Street Food hub, Clean Fruit and Vegetable Market, PoW (Place of Worship), Sensitization on RUCO (Repurpose Used Cooking and Food Fortification).
- e. Awareness through Village panchayat/Municipal/ Council.
- f. Food safety training and certification (FoSTaC) of Food Business Operators through FSSAI Empanelled Training Partners.
- g. Food safety awareness through Electronic Media.
- h. Awareness camps held during the Hornbill Festival 2025 (1st to 10th December) Kohima at Kisama Heritage Village Kohima.
- i. Outdoor awareness through Food safety on wheels (FSW) by on-the-spot surveillance, checking of food adulterations at market places and training to FBOs.

**15. DRUGS CONTROL:**

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 of quality medicines at the right and affordable price 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 is headed by Additional Drugs Controller who is the Government notified Controlling and Licensing Authority under the Directorate of Health and Family Welfare.

**1. Regulatory Frame work:-**

- i) Deputy Drugs Controller : 01( Controlling and Licensing Authority)
- ii) Assistant Drugs Controller : 03.
  - a) Zone I : Kohima, Wokha, Kiphire, Phek&Tseminyu
  - b) Zone II : Dimapur, Mon, Peren, Chumoukedima and Niuland.
  - c) Zone III : Mokokchung, Longleng, Zunheboto, Tuensang, Shamator & Noklak.
- iii) Drug Control Officers : 06 (six)

**2. Brief activities:**

- a. Quality Control :The 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. 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.
- c. Essential Narcotic Drugs (END): Essential narcotic drugs are made available in all recognised medical institutions for palliative care and emergency cases.

**3. Drugs Laws enforced in the State of Nagaland:**

- a. Drugs and Cosmetic Act 1940.
- b. Drugs and Cosmetic Rules 1945.
- c. Drugs and Magic Remedies (Objectionable Advertisement) Act 1954.
- d. Pharmacy Act 1948.
- e. Essential Narcotic Drug Rules, 2016
- f. Narcotic Drugs and Psychotropic Substance Act 1985.
- g. Drugs (Price Control) Order.
- h. Medical Devices Rules, 2017

**4. 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.
- v) State Level Committee for compensation of faulty ASR Hip Implant.

**6. Achievements and future plan:**

1. Facilitated availability and regulation of Essential Narcotic Drugs (END) through recognized Medical Institutions (RMIs) thereby alleviated suffering of palliative care patients in the State.
2. Sufficient Blood is made available in the Health Care Centers through Blood Bank, Blood Component Separation Unit and Blood Storage Centers.
3. Menace of illegal sale of abusive drugs are largely regulated
4. Nagaland Drug Testing Laboratory has been successfully completed and drug testing activities have commenced.

**16. DENTAL & NATIONAL ORAL HEALTH PROGRAMME (NOHP):**

1. Annual National Review Meeting for NOHP was held at CDER-AIIMS, New Delhi ON 13th & 14th February 2025: The State National Oral Health Cell attended the review meeting held at CDER-AIIMS, New Delhi, where there were comprehensive discussions and strategic planning to elevate oral health standards across the country.
2. Observance of World Oral Health Day 2025: World Oral Health Day under the theme “A Happy Mouth is a Happy Mind” was celebrated on 20th March 2025 and all the Forty Two (42) Dental Health Units across Nagaland observed the day by conducting various activities to mark the day. Posters, leaflets and pamphlets on importance of oral and dental health, toothpastes, toothbrushes and gift hampers were distributed. Health talks on the theme and awareness on importance of oral and dental health were conducted in all the dental health units.
3. Competition on the theme: Essay writing, poster / painting, short reels competition on the benefits of good oral health for overall health were also held as part of the awareness campaign of World Oral Health Day 2025 celebration. Certificates, cash prize and presents were awarded to the winners.
4. Display of IEC materials and Banners: As part of IEC activities banners were put at public places and hospitals for awareness. Shoulder bags were also designed for church leaders and IEC materials (pamphlets) were also distributed to patients at OPDs, to participants at health camps and shops to spread and promote oral health awareness.
5. Awareness program and brushing technique for schools: Awareness on importance of maintaining Oral hygiene and proper tooth brushing technique were demonstrated to students at schools, participants at health camps and at community awareness programmes.
6. Pledge Ceremony for students to promote good Oral health: Pledge ceremony for students and teachers was carried out in all the districts.
7. Brushing Technique: Brushing technique was demonstrated to all school going children. Toothbrush and toothpaste were also distributed to all.
8. Training for the Anganwadi workers/ ASHAs: Training for Asha workers and Anganwadi workers were conducted with the help of MAIDS- ASHA Kits. ASHA-Tool kits were provided to all Districts and Dental Health Units.
9. Interaction with Community Leaders and Elders: Interaction with Community Leaders and Elders were conducted, brushing techniques were demonstrated and IEC materials along with toothpaste-toothbrush & other gift hampers were also provided to the participants.
10. Training and Screening for Jawans: Training on importance of Oral health and Screening for Jawans was conducted to promote and spread oral health awareness.

11. Screening and awareness for Old Age homes, Special Children and Orphanages: Screening and awareness for inmates of Old Age homes, Special Children and Orphanages were conducted across Nagaland to promote oral health awareness. Toothpastes -Toothbrushes were distributed to all. Proper brushing technique was demonstrated to all the participants.
12. Recognition for Oral Health Ambassador (20+ year Experience) in the field of oral health: Dr.Simon Sumi MDS(Periodontics) Sr.Dental Specialist& DNO (NOHP) Kohima was awarded the “Oral Health Ambassador” for his exceptional contributions to schools & Communities in the field of Oral & Dental Health. He has served as Dental Surgeon at DH Zunheboto from 1998-2005, Dental Surgeon DH Dimapur from 2005-2012, Sr.Dental Surgeon at DH Mon 2012-2023, Sr. Specialist & DNO (NTCP & NOHP) Kohima, at NHAK from 2023 Till Date.
13. Denture Camps: Denture camps were conducted as a part of the World Oral Health Day 2025 activities and dentures were provided to inmates of old Age Homes and needy people in all the districts.
14. Dental Health Camps: Dental Health camps were conducted by all Dental Health Units in all districts and borders of the state (in the far flung areas) to reach out to the unreached areas.
15. Oral Cancer Awareness Month: “Oral Cancer Awareness Month “was observed in the month of April 2025 in all the Dental Health Units and is still ongoing in some Health Units to intensify efforts in raising awareness about Oral Cancer by conducting oral screening, employing educational campaigns and outreach activities to impart crucial information and preventive measures.
16. World No Tobacco Day Fortnight: World No Tobacco Day Fortnight was observed from May 20- June 5 in collaboration with Maulana Azad Institute of Dental Sciences (MAIDS) and National Resource Centre for Oral Health and Tobacco Cessation, to raise awareness of the harm caused by tobacco products to people, public health, communities.
17. Training on IEC Development for NOHP was held at CDER-AIIMS, New Delhi on 31st October 2025: The State National Oral Health Cell attended the training on IEC Development held at CDER-AIIMS, New Delhi. Where comprehensive discussions and strategic planning on IEC-principle to elevate oral health standards across the country.
18. Monitoring& Inspection : Monitoring & Inspection activities were also carried out covering the Dental Health Units of the State while Some districts are yet to be covered.
19. OPD Report: OPD report for the year 2025-26 (1st- 3rd Quarter) = 100.44%
20. Ongoing Major Activities In the Districts:
  - School Awareness programmes in all districts with emphasis on “Tooth Brushing” and “Importance of Oral Health”.
  - Outreach activities/ Dental Health Camps with oral cancer screening initiatives are also ongoing activities of the District Oral Health Cell.
  - IEC activities & Community awareness programmes on importance of Oral Health is also an important activity of the District Oral Health Cell.

## 17. AYUSH:

### A. MANPOWER:

List of AYUSH Doctors in Nagaland

1. State Service – 25
2. NHM-30
  - a. RBSK-13
  - b. IDSP-11
  - c. QA-2
3. AHCW,NAM-49
4. IAH, NAM-14
5. AHP,NAM-10

### B. FACILITIES & INFRASTRUCTURE OF AYUSH

1. IAH (Integrated AYUSH Hospital):
  - a) Noklak
  - b) Dimapur
  - c) Razha, Chedema
  - d) Sabangya (Under construction)
  - e) Yachem (Under Construction)
  - f) Tizit (Mon) (Approved)
  - g) Akuhaito (Zunheboto) (Approved)
  - h) Kiphire (Approved)
2. 49 AHCW (Ayush Health & Wellness Centre)
3. Nagaland Board of Homoeopathic System of Medicine (NBHSM)
4. State Medicinal Plant Board (SMPB)
5. Drug Control Enforcement

### C. ACHIEVEMENTS/ACTIVITIES UNDER AYUSH PROGRAMME

1. The 2nd Integrated Ayush Hospital (50 Bedded) at Razha, Chedema, Kohima under National Ayush Mission (NAM) was inaugurated on 4th March 2022 by Shri. Sarbananda Sonowal, Hon'ble Union Minister for Ayush and Ports, Shipping and Waterways, Govt. of India and is functional
2. The 1st Integrated Ayush Hospital (30 Bedded) under National Ayush Mission (NAM) at Noklak was inaugurated on 18th December 2018 & is functional.
3. 49 Ayush Health & Wellness Centres (AHCWs) are functional in the State.
4. Under incorporation of AYUSH in Public Health Programme 5 components were launched in 10 of our facility:
  - a) Ayurvedya (School Health Programme through AYUSH)
  - b) Vayomitra ( Geriatric Health Care through AYUSH)
  - c) NCD(Non Communicable Disease Prevention) NPCDCS(National Programme on Prevention and Control of Cancer, Diabetes,CVDs and Stroke) through AYUSH
  - d) Musculoskeletal Disorder through AYUSH
  - e) MMU (Mobile Medical Unit) through AYUSH

### ACTIVITIES UNDERTAKEN UNDER AYUSH PROGRAMME:

1. Medicines were purchased and distributed to all the Ayush facilities i.e. 10 DHs, 21 CHCs, 16 PHCs, 01 NHAK, 49 AHWCs and 03 Integrated Ayush Hospitals (IAHs)
2. IEC distributed to all the Health units in 15 Districts under National Ayush Mission.
3. 10th International Day of Yoga was celebrated on 21st June 2024 at IG Stadium, Kohima
4. Recruitment of contractual manpower for implementation of Ayush Public Health Programme activities under National Ayush Mission.
5. 17 Ayush Health & Wellness Centres are in the process of NABH certification.
6. World Homoeopathy Day was celebrated on the 10th of April 2024 in our centres.
7. World Ayurveda Day was celebrated on the 28th of Oct. 2024. Prime Minister launched Prakriti Parikshan (Assessment of ones constitution through Ayurveda Science)- Phase I and Phase II has been completed.

### ONGOING ACTIVITY UNDER AYUSH PROGRAMME

1. 50 Bedded Integrated Ayush Hospital at Sapangya, Mokokchung under construction.
2. 30 Bedded Integrated Ayush Hospital at Yachem, Longleng are under construction.

#### D. STATE MEDICINAL PLANTS BOARD (SMPB) NAGALAND.

##### Introduction & Objectives

- For promotion of Medicinal Plants Sector in the country, Government of India set up National Medicinal Plants Board (NMPB) on 24th November 2000. NMPB is currently under Ministry of AYUSH, Government of India.
- The Primary mandate of NMPB is to develop an appropriate mechanism for coordination between various ministries/departments and implementation of support policies/programs for overall (conservation, cultivation, trade and export) growth of medicinal plants sector in national and international level.
- In the state level, to fulfil the mandates and objectives of NMPB, the State Medicinal Plants Boards (SMPBs) has been assigned for development and promotion of Medicinal plants sector in each state.
- SMPB Nagaland, under Directorate of Health & Family Welfare aspires to fulfil the objectives laid down by NMPB through various activities in the state.

##### Activities undertaken by State Medicinal Plants Board (SMPB) Nagaland

- Training and distribution of Medicinal plants conducted at 10 (ten) locations covering 6 (six) districts – Tuensang, Phek, Longleng, Kohima, Dimapur and Mokokchung.
- Establishment of Herbal Garden at Kisama Heritage, Kohima & Yingli College, Longleng, sponsored by National Medicinal Plants Board, Ministry of AYUSH.
- Raising awareness on values and uses of Medicinal plants through Radio Programs at Akashvani Kohima.

### **Upcoming activities for State Medicinal Plants Board (SMPB) Nagaland**

- National Campaign on Ashwagandha (*Withania somnifera*) – a country-wide campaign initiated by National Medicinal Plants Board, Ministry of AYUSH – being executed in Nagaland through SMPB on medicinal value of Ashwagandha and distribution of its saplings.
- Market linkage on medicinal plants initiated with stakeholders including the trained farmers and buyers within and outside the state, viz. Wubitu Agritech, Guwahati, Cultivator Natural Products Pvt. Ltd. Rajasthan, etc.

### **E. AYUSH DRUG CONTROL:**

#### **Introduction**

This Ayush Drug Control Nagaland, functions in accordance with the provisions of Drugs and Cosmetics Act, 1940 and Rules, 1945. It is entrusted with ensuring the quality, safety, and efficacy of Ayush drugs within the State.

#### **Existing Man power:**

Various Ayush officers are notified as per the provisions of Drugs and Cosmetics Act 1940 by the department and given additional duties.

1. Controlling Officer
2. State Licensing Officer (AS&U) Drugs.
3. State Licensing officer (Homoeopathy) Drugs
4. Drug Inspector (AS&U) Drugs.
5. Drug Inspector (Homoeopathy) Drugs.

### **F. BOARD OF HOMOEOPATHIC SYSTEM OF MEDICINE, NAGALAND:**

#### **Introduction:**

The Board of Homoeopathic System of Medicine, Nagaland, established under the Nagaland Homoeopathic Medicine Act, 1997, regulates and promotes the practice of Homoeopathy across the State. The Board ensures that only qualified practitioners are registered and that ethical and professional standards are maintained in public service.

#### **Existing Homoeopathic Practitioners:**

At present, the State has 153 registered practitioners under Class A and 38 under Class B. The Board continues to work closely with the Ayush Administration to facilitate continuing medical education, awareness, and integration of Homoeopathy in public health initiatives.

The Board of Homoeopathic System of Medicine, Nagaland has strengthened the registration and verification of practitioners through digital records linked with the National Register of Homoeopathy (NRH).

## 18. AYUSHMAN BHARAT DIGITAL MISSION (ABDM):

The Ayushman Bharat Digital Mission (ABDM), launched by the Government of India in 2021, aims to create a secure and interoperable digital health ecosystem to enhance healthcare access, efficiency, and transparency. The mission enables the creation of digital health records through the Ayushman Bharat Health Account (ABHA), allowing individuals to securely store, share, and access their personal health information across healthcare providers and platforms. By ensuring privacy-conscious and portable longitudinal health records, ABDM bridges critical gaps between patients, healthcare providers, and insurers.

### Core Building Blocks and Achievements.

In FY2025-26, the State PMU has undertaken extensive capacity-building initiatives, registration drives, and Information, Education, and Communication (IEC) activities. These efforts have targeted Programme Officers in DoHFW, healthcare professionals, district officials and health facility in-charges.

The State PMU has consistently provided hands-on technical and operational support to district teams, contributing significantly to the growth of ABHA creation, Health Facility Registry (HFR) enrolment, Health Professional Registry (HPR) registration, and the linking of digital health records across the state.

### Key Performance Indicator achievements (as on 10/02/2026):

A. Ayushman Bharat Health Accounts (ABHA) created	: 8,12,224 (53.52%)
B. Healthcare professionals (HPR) registered under ABDM	: 1,817 (31.33%)
C. Health facilities (HFR) registered under ABDM	: 1,316 (73.56%)
• Government	: 660 out of 661(99.85%)
• Private	: 643 out of 1128 (57%)
D. Number of Health Records Linked	: 3,79,721

### Successfully Implementation of Microsite Project in Dimapur Nagaland.

The Microsite Project was successfully implemented in Dimapur, targeting small to medium-sized private healthcare facilities, including clinics, hospitals, pharmacies, and laboratories, with the objective of onboarding them into the ABDM ecosystem.

Under this microsite project, we have Approached 634 facilities, Registered 633 facilities and Verified (On boarded) 614 health facilities (54.43%);For Health Professionals, we have Approached 486, Registered 486 and 435 healthcare professionals were Verified and onboarded. While 43 facilities were on boarded with ABDM enabled software, 11 facilities have started linking of health records and a total of 8,161 health records has been successfully linked with ABHA under ABDM.

### CB-IEC Activities

The Capacity Building and Information, Education, and Communication (CB-IEC) initiatives under the Ayushman Bharat Digital Mission (ABDM) are instrumental in enhancing awareness, encouraging adoption, and facilitating the effective implementation of India's digital health ecosystem. These initiatives are designed to strengthen the capacity of key stakeholders by providing the requisite knowledge, skills, and resources necessary for the seamless integration and sustained use of digital health solutions nationwide. Some of the activities conducted in FY2025-26 are:

SI No	Activities	Outcomes
1	Awareness training on ABDM cum registration drives on ABHA, HPR & HFR for district healthcare professionals at PHEK District on 21 <sup>st</sup> May 2025	25 health professionals registered in the HPR & 6 Health facility registered in the HFR during the drives
2	Awareness training on ABDM cum registration drives on ABHA, HPR & HFR for district healthcare professionals at MELURI District on 22 <sup>nd</sup> May 2025	10 health professionals registered in the HPR & 2 health facilities registered in the HFR during the drives
4	Opening of standalone ABDM Kiosk during State Mega Legal Camp at Kohima on 12 <sup>th</sup> April 2025	Live ABHA Registration for general citizen, Awareness and distribution of IEC materials
5	Opening of standalone ABDM Kiosk during Swasth Nari Sashakt Parivar Abhiyan (SNSPA) on 17 <sup>th</sup> September 2025	Live ABHA Registration for general citizen, Awareness and distribution of IEC materials
6	Orientation for district coordinators on 15-17 <sup>th</sup> Dec 2025	7 district coordinators viz. Kohima, Dimapur, Mokokchung, Wokha, Tuensang, Mon & Zunheboto were trained on ABDM
7	Launching of Scan & Share service at DH, Dimapur	
8	Handholding visit and roll out of Scan & Share service at DH Tuensang	
9	Setting up of hoardings at 4 District Hospitals (Dimapur, Kohima, Wokha & Mokokchung)	

### Nagaland Health Project under JICA ODA Loan

**Project Title:** Establishment of Medical College Hospital at Nagaland Institute of Medical Sciences & Research (NIMSR), Kohima.

**Implementing / Executing Agency:** Directorate of Health & Family Welfare, Government of Nagaland.

**Funding Agency:** Japan International Cooperation Agency (JICA).

Total Project Cost: ₹815.00 Crore (Jointly Funded by the Government of Nagaland and JICA)

1. JICA Portion: ₹610.30 Crore;
2. State Counterpart Funding: ₹204.70 Crore.

#### Over All Project Timeline:

1. Loan Agreement (ID-P 322): Signed between the Government of India (GOI) and Government of Japan (GOJ) on 20th February 2024. Effectuation of the loan agreement is from 12th June 2024 to 12th June 2039.
2. Implementation Period: 12 years from the date of signing of the loan agreement.
3. Repayment Period: 30 years (including a 10-year grace period).
4. Interest Rate: 1.6% p.a. (other than consulting services); 0.2% p.a. (for consulting services).

#### Physical Achievements:

1. Project Management Unit (PMU): The Project Management Unit is in place with required staff with effect from June 2024. The Project is headed by the Project Executive Director/ Principal Director, DHFW, Project Executive Officer and Joint Project Executive Officers in the ranks of Joint Directors, Deputy Project executive Officers in the rank of Deputy Directors, the Medical Engineering Divisions headed by Executive Engineer, Project Accounts Officer and the PMU unit. The PMU unit comprises of Finance Consultant, Finance Assistant, Procurement and Contract Management Consultant, Office Assistant and Multitasking Staff.
2. Project Management Consultant (PMC): Contract Agreement was signed on 4th of April 2025 with Nippon Koei India Pvt. Ltd. in JV with Nippon Koei Co. Ltd., and associate partners IQVIA, HELIX, and HYCONS, for a duration of 84 months. The PMC will assist the PMU in conducting any required surveys and detailed design for the construction of hospital buildings and related facilities. The PMC consist of key International and Key Local Experts in specific field along with supporting staffs headed by the Team Leader and the Deputy Team leader.
3. Geotechnical Studies: Geotechnical Investigation firm was Engaged on Dec. 2025. The necessary drilling and investigation work is ongoing (Photographs Attached). The Geotechnical Investigation work is expected to be completed by March 2026.  
Concept design: Conceptual design for the building is in progress which will be finalized after inputs/ reports of the soil ongoing investigation.



*Launching of Scan & Share service at District Hospital, Dimapur by Shri. Anoop Khinchi IAS, State Mission Director (ABDM) and Commissioner & Secretary, Govt. of Nagaland, on 28th Nov. 2025*



*Shri. Rajendra Singh, Jt. Secy, MoHFW along with officials of State Health Department at the ABDM Stall during Swasth Nari Sashakt Parivar Abhiyan (SNSPA) on 17th September 2025*



*Visit of Dr. Karthik Adapa, IAS, Regional Adviser – Digital Health, World Health Organization (WHO), South-East Asia Regional Office (SEARO), for deliberation on the Digital Health Ecosystem in Nagaland*



*Dr. Neiphiu Rio, Chief Minister of Nagaland & Supreme Court Judge B.R. Gavai visiting ABDM stall during State Mega Legal Camp, Kohima on 12th April 2025*



*Roll out of Scan & Share service and ABHA based OPD registration at District Hospital, Tuensang*



*Nagaland State received the best performer in the small state category from the Ministry of Health and Family Welfare, New Delhi*



*Nagaland received the certificate of recognition from National Resource Centre for Oral Health & Tobacco Cessation during World No Tobacco Day fortnight, 15-days activities from 20-05-2025 to 05-06-2025*



**NAGALAND STATE DRUG TESTING LABORATORY (NSDTL)**



**NSDTL CHEMICAL STORE ROOM**



*Observation of Anti-Leprosy Day on 30th January, 2026 at DHFW*



*The Leprosy pledge was led by Dr. Mereninla Sendem, Principal Director, Health & Family Welfare, Nagaland at State level (30th January, 2026)*



*Food Safety on Wheels Mokokchung participated on the 79th Independence Day at Mokokchung Ground.*



*Food Safety on Wheels Dimapur spot inspection at Tuesday Weekly Market, Chumukedina.*



*Switzerland's Ambassador, Maya Tissafi visited Food Safety Stall during Hornbill Festival 2025.*



*Shri. Anoop Khinchi, IAS, Commissioner of Food Safety along with the Chief Justice Guwahati High Court at Food Safety Stall during Hornbill Festival' 2025.*



*Food Safety Officials with the Joint Secretary, MoHFW at the State Level Launching programme of Swasth Nari, Sashakt Parivar Abhiyaan campaign, Kohima.*



*State Review meeting at IDSP Conference Hall*



*State Level workshop on transition of AFP and VPD Surveillance*



*Launching of Tele-MANAS Video Consultation on 10th Oct 2025 (World Mental Health Day) by Smti. S.Tainiu; Secretary, HFW*



*Training of Staff Personnel via video conference in collaboration with iECHO*



*Mental Health Advocacy, awareness campaign, educational workshop done in collaboration with Brews & Tunes and Carl Rogers Institute of Mental Health and School*



*World Mental Health Day on 10th Oct. observed in Tuensang*



*National AYUSH Mission and capacity building in States-Departmental Summit 2025 held on 3rd & 4th Sept 2025, New Delhi*



*Shri. Anoop Kinchi IAS, C&S, HFW visiting Ayush stall at State Launching of Swasth Nari Sashakt Parivar*



*Two day National Workshop on IT solutions for AYUSH Sector held from 189th to 19th Sept 2025 at Kottayam Kerala*



*Dr. Bendangtula, Deputy Dir. AYUSH, DHFW receiving special recognition award iro AYUSH Deptt. Nagaland during the NABH Patient Safety Conference held on 17th Sept 2025*



*Observance of World Malaria Day 25th April 2025 with the Special Guest, Shri. P. Paingang Konyak, Hon'ble Minister HFW*



*Observance of World Environment Day – 5th June 2025 with Dr. Meveninla Senlem, Principal Director along with officials of HFW*



*Special Immunisation drive at Chunlikha PHC on 28/11/2025*



*Hon'ble Minister HFW, Shri. P. Paivang Konyak along with Commissioner & Secretary HFW, Shri. Anoop Khinchi IAS and officials of HFW, participating in the International Day of Yoga on 21st June 2025*



*JICA Team along with Delegations from Kagawa University Courtesy Visit to Kohima Science College (Top Left), NIMSR (Top Right) & NHK (Middle)*



*Rock & Soil Sample Survey*



*Drilling Rig for rock and Soil samples*



*Sample collection for Investigation*



Signing of MOU for Research Collaboration between the  
**DEPARTMENT OF HEALTH & FAMILY WELFARE**  
**AND THE GEORGE INSTITUTE FOR GLOBAL HEALTH, INDIA**  
on 16<sup>th</sup> February 2026 at IDSP Hall, DHFW



### RED RUN 3.0

held on 30<sup>th</sup> October 2025  
at Agri Expo, 4<sup>th</sup> Mile,  
Chumoukedima, Nagaland.  
NSACS in collaboration with  
Nagaland Olympic  
Association (NOA)  
& Nagaland Athletic  
Association (NAA)  
hosted the by  
Government of Nagaland  
and supported by  
National AIDS Control  
Organization (NACO).

SECRETARIAT ROAD, PHEZOUCHA,  
NEW CAPITAL COMPLEX  
KOHIMA - 797001 : NAGALAND  
0370-2999282 (OFFICE NO)

