

# **MIZORAM STATE REPORT**

## Mizoram

### Index

<b>S. No.</b>	<b>Content</b>	<b>Page No.</b>
1	Summary of Approvals	2 – 5
2	Demographic Profile	6 – 7
3	Progress of NRHM	8 – 11
4	Reproductive & Child Health	12 – 15
5	Immunization	16 – 16
6	Revised National Tuberculosis Control Programme (RNTCP)	17 – 18
7	National Vector Borne Disease Control Programme (NVBDCP)	19 – 19
8	National Leprosy Eradication Programme (NLEP)	20 – 20
9	Integrated Disease Surveillance Project (IDSP)	21 – 21
10	National Programme for Control of Blindness (NPCB)	22 – 23
11	National Iodine Deficiency Disorder Control Programme (NIDDCP)	24 – 24
12	RoP Approvals under Mission Flexible Pool	25 – 29
13	Analysis of some RCH Indicators	30 – 30

## MIZORAM

### Summary of Approvals

#### Financial Management under NRHM (Rs. in crore)

Years	Allocation	Release	Expenditure	% Release against Allocation	% Expenditure against Release
2005-06	31.21	27.61	10.24	88.47	37.10
2006-07	28.48	60.66	38.51	213.00	63.49
2007-08	36.70	29.44	38.53	80.22	130.88
2008-09	37.88	36.38	50.13	96.05	137.78
2009-10	45.67			0.00	
<b>Total</b>	<b>179.93</b>	<b>154.09</b>	<b>137.42</b>	<b>85.64</b>	<b>89.18</b>

S. No.	Timeline Activities	Achievement	%
1	ASHA	Selection	978
		Training	978
2	VHSC	817	100
3	24X7 PHCs	32	56
4	Mobile Medical Unit	9	90
5	Rogi Kalyan Samiti	74	99

Budget Allocations (2005-09) ( Amount in Crores)			
	Allocation	Releases	Expenditure
<b>RCH Flexipool</b>			
2005-06	14.62	11.82	3.65
2006-07	4.13	1.44	8.43
2007-08	6.56	7.53	6.54
2008-09	6.88	7.77	8.69
2009-10	8.68		
<b>Total (A)</b>	<b>40.87</b>	<b>28.56</b>	<b>27.31</b>
<b>NRHM Flexipool</b>			
2005-06		6.01	0.17
2006-07	9.48	32.43	3.91
2007-08	10.88	8.95	19.86
2008-09	7.69	7.82	25.19
2009-10	8.62		
<b>Total (B)</b>	<b>36.67</b>	<b>55.21</b>	<b>49.13</b>
<b>National Disease Control Programme</b>			
2005-06	9.44	6.43	5.11
2006-07	8.10	7.72	8.92
2007-08	9.52	3.76	2.91
2008-09	11.52	7.72	4.29
2009-10	13.45	0.57	0.00
<b>Total (C)</b>	<b>52.03</b>	<b>26.20</b>	<b>21.23</b>
<b>Grand Total (A + B + C)</b>	<b>129.57</b>	<b>109.97</b>	<b>97.67</b>

**Record of Proceedings (2005-2009) for Mission Flexible Pool**

<b>Approval for Infrastructure Facilities (Rs. in Crore)</b>						
<b>S. No</b>	<b>Health Facilities</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Sub C	0.35	7.80	1.66	0.00	5.19
2	PHC		4.20	0.00	0.00	3.75
3	CHC	3.40	5.67	0.00	0.00	1.79
4	DH			0.00	0.00	0.00
5	Eqpmt		0.30	0.00	0.00	0.73
6	Transp			0.00		0.00
7	Others		16.22	0.45	15.21	0.00
	<b>Total</b>	<b>3.75</b>	<b>34.19</b>	<b>2.11</b>	<b>15.21</b>	<b>11.46</b>

<b>Approval for Human Resource Support (Rs. in Crore)</b>						
<b>S. No</b>	<b>Personnel</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Doctors			0.00	0.00	1.41
2	Specialists			0.00	0.00	0.67
3	Staff Nurses			0.00	0.00	2.19
4	ANM		0.54	1.79	0.00	3.24
5	Others			0.61	3.06	3.39
	<b>Total</b>	<b>0.00</b>	<b>0.54</b>	<b>2.40</b>	<b>3.06</b>	<b>10.91</b>

<b>RoP Approvals for Various Years in Rs. Lakh</b>							
<b>S.No</b>	<b>Initiative</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>Remarks</b>
		<b>Released</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	
<b>ASHAs</b>							
1	ASHA		74	2.2	94.30	94.3	
	<b>TOTAL</b>		<b>74</b>	<b>2.2</b>	<b>94.30</b>	<b>94.3</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS funds related matters</b>							
2	Rogi Kalyan Samiti		11	111			
3	Rogi Kalyan Samiti-DH				40	40	
4	Rogi Kalyan Samiti-SDH				1	2	
5	Rogi Kalyan Samiti-CHC				9	9	
6	Rogi Kalyan Samiti-PHC/APHC				57	57	
7	Untied Fund for SDH					1	
8	Untied Fund for CHC			4.5	4.5	4.5	
9	Untied Fund for PHC/APHC		14.25	14.25	14.25	14.25	

10	Untied Fund for SC	35	36.6	36.6	36.6	37	
11	Untied Fund for VHSC			78.6	81.5	81.5	
12	Annual Maintenance Grant- SDH					2	
13	Annual Maintenance Grant - CHC				5	6	
14	Annual Maintenance Grant -PHC		28.5	22.5	25.5	21.5	
15	Annual Maintenance Grant- SC			29	23.6	31.4	
	<b>TOTAL</b>	<b>35</b>	<b>90.35</b>	<b>296.45</b>	<b>297.95</b>	<b>307.15</b>	
<b>Infrastructure related matters</b>							
16	MMUs		649.98		91.26	110.16	
17	Emergency & Referral Services			90	160		
	<b>TOTAL</b>		<b>649.98</b>	<b>90</b>	<b>251.26</b>	<b>110.16</b>	

**Status of Infrastructure 2005-2010**

<b>Health Facilities</b>	<b>As per RHS 2008</b>	<b>New Construction</b>	<b>Upgradation / Renovation</b>
Number of Sub Centre	366	221	0
Number of PHC	57	0	24
Number of CHC	9	0	9
Number of DH	8	0	9
	As per State Data Sheet, NRHM		

**Status of NRHM as on 15.05.2009**

1	<b>ASHA</b>	<b>Selection</b>	978
		<b>Training</b>	978
2	<b>VHSC</b>		817
3	<b>Joint A/C @ Sub Centre and VHSC</b>		786
4	<b>24X7 Facility</b>		49
5	<b>FRU</b>		8
6	<b>Contractual Manpower</b>	<b>Doctors &amp; Specialist</b>	33
		<b>AYUSH Doctors</b>	10
		<b>Staff Nurse</b>	202
		<b>Paramedics</b>	53
		<b>ANM</b>	373
7	<b>JSY Beneficiaries (in Lakhs)</b>		0.41

## **National Disease Control Programme**

### **NLEP**

The state has already achieved the goal of elimination of leprosy. The state is advised to carry out in depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions.

### **IDSP**

Mizoram is a phase-I state under IDSP. All districts are reporting weekly Surveillance data and Outbreak Reports in time but they need to enter data in IDSP portal.

### **NBCP**

The performance of Cataract Surgery needs to be further improved in NE States in view of large cataract backlog. Eye care infrastructure need to be strengthened. Shortage of eye surgeons, PMOAs etc. All the NE States are required to furnish utilization certificates in respect of funds released to them under NPCB timely for release of next installment.

### **NVBDCP**

Incidence of malaria, Pf cases and deaths due to malaria is showing a fluctuating trend. State needs to intensify efforts to reduce malaria mortality by establishing proper effective referral mechanism and treatment facilities for severe cases. Other vector Borne diseases namely filaria, Kala-azar, JE, Dengue & Chikungunya are not endemic in the states.

### **RNTCP**

Overall performance of the State is good with total Sputum conversion rate and cure rate in NSP patients are also satisfactory.

## Demographic, Socio-economic and Health profile

### HEALTH INDICATORS OF MIZORAM

The Total Fertility Rate of the State is NA. The Infant Mortality Rate is 23 and Maternal Mortality Ratio is NA (SRS 2004 - 06). The Sex Ratio in the State is 935 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

**Table I: Demographic, Socio-economic and Health profile of Mizoram State as compared to India figures**

S. No.	Item	Mizoram	India
1	Total population (Census 2001) (in million)	0.89	1028.61
2	Decadal Growth (Census 2001) (%)	28.82	21.54
3	Crude Birth Rate (SRS 2007)	18.2	23.1
4	Crude Death Rate (SRS 2007)	5.2	7.4
5	Total Fertility Rate (SRS 2007)	NA	2.7
6	Infant Mortality Rate (SRS 2007)	23	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	NA	254
8	Sex Ratio (Census 2001)	935	933
9	Population below Poverty line (%)	19.47	26.10
10	Schedule Caste population (in million)	0.0003	166.64
11	Schedule Tribe population (in million)	0.84	84.33
12	Female Literacy Rate (Census 2001) (%)	86.7	53.7

**Table II: Health Infrastructure of Mizoram**

Item	Required	In Position	Shortfall
Sub-centre	146	366	-
Primary Health Centre	22	57	-
Community Health Centre	5	9	-
Multipurpose Worker (Female)/ANM	423	428	-
Health Worker (Male)/MPW(M)	366	398	-
Health Assistants(Female)/LHV	57	48	9
Health Assistants(Male)	57	54	3
Doctor at PHCs	57	52	5
Surgeons	9	0	9
Obstetricians & Gynaecologists	9	0	9
Physicians	9	0	9
Paediatricians	9	0	9
Total specialists at CHCs	36	0	36
Radiographers	9	10	-
Pharmacist	66	56	10
Laboratory Technicians	66	76	-
Nurse Midwife	120	335	-

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

**The other Health Institution in the State are detailed as under:**

<b>Health Institution</b>	<b>Number</b>
Medical College	
District Hospitals	8
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	-
Ayurvedic Dispensaries	-
Unani Hospitals	-
Unani Dispensaries	-
Homeopathic Hospitals	-
Homeopathic Dispensary	1

## **Note on Progress of NRHM in Mizoram (June 2009)**

The National Rural Health Mission is aimed at ensuring effective and quality healthcare, especially to the poor and vulnerable sections of the society. Mizoram has implemented the Mission towards attaining the goals and objectives shared under National Rural Health Mission (NRHM), National Population Policy (NPP) and Millennium Development Goals (MDG). It envisages to bring about an architectural correction in the delivery of health services. NRHM has transformed public health service delivery in the State. The decentralization, responsiveness to local needs, paradigm shift in health system management and availability of untied funds has improved the facilities and their credibility among members of the public. The state has increased its coverage under JSY, institutional deliveries, OPD cases, improvement in infrastructure. Brief information on progress of activities is as follows:

### **Institutional Framework of NRHM**

Meeting of State & District Health Mission has been held regularly. Meeting of State Health Mission held 3 times and of District Health Mission held 44 times. Merger of societies is completed in 9 districts 817 VHSCs have been constituted & 786 Joint Accounts at sub centre level have been operationalised. Rogi Kalyan Samiti is operational at 8 DH, 9 CHCs & 56 PHCs. All districts have started developing their own IDHAP.

### **Infrastructure Improvements**

A total of 32 PHC have been strengthened with three Staff Nurses each to make them functional for 24x7 works. State has 367 CHC functioning on 24X7 basis & facility survey completed in 292 (including others health institution also below district level). 33 District Hospitals are functioning as FRUs. All districts have functional Mobile Medical Unit (MMU)

### **Human Resources**

A total of 978 ASHAs have been selected & 978 are trained upto 2nd Module. And, 943 ASHAs have been provided with drug kits. 421 Sub-centres are functional with an ANM and 138 SCs are strengthened with 2nd ANM. State has appointed 10 Contractual AYUSH. As far as Manpower augmentation is concerned, 36 Doctors, 202 SN, 373 ANMs recruited on contractual basis.

### **Services**

Institutional deliveries improved from 0.14 lakhs (06-07) to 0.19 lakhs (07-08). During the year 2008-09 Institutional deliveries in the state are 0.15 lakhs. There is no difference in the numbers of JSY beneficiaries and is same 0.13 lakhs in 06-07 and 0.13 lakhs in 07-08. The numbers of JSY beneficiaries was 0.14 lakh during the year 08-09. Female sterilizations have increased from 0.003 lakh (06-07) to 0.02 lakh (07-08) and male sterilisation has same from 0 (06-07) to 0 (07-08). During year 2008-09, 1301 female & 4 male sterilization done so far. 18 districts are implementing IMNCI & 10838 people trained so far. 6130 VHND held since the launch of NRHM.

## **General**

Overall improvement in health system since NRHM

### **Achievements Made**

- Sahiyas (ASHAs) are functioning well.
- First phase of community monitoring has been successfully completed.
- MMUs are serving unreached population.
- Availability of doctors and nurses has increased at PHCs and Additional PHCs due to contractual appointment in NRHM.
- SPMU and DPMUs are in place.
- RKS are operational. Good use of untied funds.

### **Areas for Further Improvement**

- FRU operationalisation need to be strengthened.
- All the health facilities must achieve IPHS norms.
- Need to improve the female sterilisation.

## **Infrastructure**

- Infrastructure up-gradation initiated.
- Residential accommodation for staff at facilities.
- Focus on facility strengthening; Non-functional PHCs to be revived

## **Human Resources**

- There is a shortage of Specialist.
- Nurses shortage to be met with setting up of Nursing and ANM schools
- Finalise Cadre rules & undertake Cadre review (make gradation list), rationalise transfer and promotion policy, control private practice.

## **Service Delivery**

- Increase in caseload at some Block PHCs and sub-centres
- Regular immunization at all centres.
- Mizoram has difficult and remote areas that need special initiatives. Perhaps efforts like NGOs managing remote PHCs (as tried out in Arunachal Pradesh) could be tried out in Mizoram.
- HMIS data being collected, not stable as yet. HMIS to be strengthened

## An Analysis of Financial Monitoring Report for the FY 2008-09

### **RCH Flexible Pool**

#### **Component wise expenditure & Utilization under RCH against the approved PIP**

<b>Mizoram</b>				Rs. in lakhs
A.1	Maternal Health	146.54	149.24	<b>101.84%</b>
A.2	Child Health	6.40	3.77	58.91%
A.3	Family Planning Services	29.89	34.25	<b>114.59%</b>
A.4	Adolescent Reproductive and Sexual Health/Arsh	8.55	6.65	77.78%
A.5	Urban RCH	19.32	16.76	86.75%
A.8	Innovations/PPP/ NGO	16.93	14.42	85.17%
A.9	Infrastructure & Human Resources	408.78	365.00	89.29%
A.10	Institutional Strengthening	17.39	15.62	89.82%
A.11	Training	45.47	31.43	69.12%
A.12	BCC / IEC	27.68	30.99	111.96%
A.13	Procurement	28.33	161.30	<b>569.36%</b>
A.14	Programme Management	37.22	39.28	105.53%
<b>Total</b>		<b>792.50</b>	<b>868.71</b>	<b>109.62%</b>

Based on table above and records available in FMG, the observations and areas of concern are as under:-

#### **General Observations:**

1. The 101.84% expenditure under MH, is a significant achievement.
2. The 114.59%, expenditure under Family Planning Services, is also a good achievement.
3. Rs.8.68 Crore, i.e.109% of the PIP approved 7.92 crore, has been utilized by the state under RCH-II as compared to average national level expenditure of 71%
4. There is 32% increase in the expenditure as compared to 2007-08.
5. Since the launch of RCH-II programme, Rs.27.34 crore i.e. 95% has been utilized by the state against the release of Rs.28.56 crore during the period 2005-06 to 2008-09.

#### **Area of concern:**

1. The expenditure on Procurement has crossed the limit of approved PIP, by over 469%, which may be looked into.

#### **A. Mission Flexible Pool**

#### **Component wise expenditure & Utilization under NRHM against the approved PIP**

<b>Mizoram</b>				Rs. in lakhs
	Activities	SPIP	Expenditure	% of Utilization against PIP
B1	ASHA	94.30	92.42	98.01%
B2	Untied Funds	136.85	136.85	100.00%
B3	Hospital Strengthening	0.00	605.58	Error
B4	Annual Maintenance Grants	82.80	51.10	61.71%

B5	New Constructions/ Renovation and Settingup	1450.05	483.83	33.37%
B6	Corpus Grants to HMS/RKS	107.00	117.00	109.35%
B7	District Action Plans (Including Block, Village)	10.00	10.00	100.00%
B9	Mainstreaming of AYUSH	0.00	16.80	Error
B10	IEC-BCC NRHM	20.00	20.43	102.15%
B11	Mobile Medical Units (Including recurring expenditures)	91.26	95.60	104.76%
B12	Referral Transport	160.00	160.00	100.00%
B13	School Health Programme	9.00	0.00	0%
B14	Additional Contractual Staff (Selection, Training, Remuneration)	297.48	321.23	107.98%
B16	Training	16.70	13.93	83.41%
B19	Procurements	0.00	129.20	Error
B26	Support Services	0.00	101.38	Error
B27	NRHM Management Costs/ Contingencies	80.22	164.10	204.56%
B.28	Other Expenditures (Power Backup, Convergence etc)	11.64	0.00	0%
	<b>Total</b>	<b>2567.30</b>	<b>2519.45</b>	<b>98.14%</b>

Based on table above and record available in FMG, the observations and areas of concern are as under:-

**General Observations:**

1. State incurred more than 100% expenditure on activities like Untied Fund, Corpus Grants to HMS/RKS, IEC-BCC NRHM , Mobile Medical Units, Referral Transport, Additional Contractual Staff, which is a good achievement.
2. Out of Rs.25.67 crores approved by the NPCC and Rs.7.82 crores, released the state has utilised Rs.25.19 crores i.e. 98% of approved PIP, which is a good achievement.
3. There is overall 12% decrease in the expenditure as compared to 2007-08.
4. Since the launch of the programme, Rs.65.86 Crores were released to the state, Rs.58.58 crores (88%) utilised and Rs.7.28 Crores (12%) remains unutilized.

**Areas of Concern:**

1. Activity such as School Health Programme and Other Expenditure were planned but there is no expenditure booked under these heads during the financial year.
2. The expenditure under Hospital strengthening, Mainstreaming of AYUSH, Procurement and Support service to be looked into as no provision made in PIP.
3. The expenditure of Rs.1.64 crore incurred by the state under NRHM Management costs/contingencies under NRHM is double the PIP approved amount of Rs.0.80 crore, which shows excess utilization.
4. Mission Flexible Pool part of FMR is not in the prescribed format.
5. Bifurcation of expenditure of Rs.1.17 crore under RKS is not provided in FMR.

## BRIEFING NOTE ON RCH II: MIZORAM

### A. Background/ current status

#### 1. RCH II Goals

MMR data for NE states is not available except for Assam. The IMR (SRS 2007) at 23 has **increased** from 16 (SRS 2003), however it is still better than the national target of 30 for 2012. TFR at 2.9 (NFHS-3, 2005-06) has not changed from NFHS-2 (1998-99) and is higher than the national average of 2.7 (refer Annex 1).

#### 2. RCH II Outcomes

Mizoram's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is significant (refer Annex 1):

- Mothers having full ANC's increased from 19.1% to 32.9%.
- Institutional deliveries marginally increased from 52.6% to 55.9%.
- Full immunisation in children 12-23 months increased from 32.6% to 50%.
- Unmet need for family planning decreased from 25% to 16.7%. Further, use of modern contraceptives has marginally increased from 52.6% to 53.5%.

However, children with diarrhoea receiving ORS has decreased from 61.6% to 55.5%.

#### 3. Expenditure

Audited expenditure has increased from Rs. 3.65 crores in 05-06 to Rs. 8.43 crores in 06-07 and declined to Rs. 6.57 crores in 07-08; reported expenditure in 08-09 was Rs. 8.69 crores i.e. 109.6% of allocation (Rs. 7.92 crores). JSY accounted for 15.7% of the reported expenditure in 08-09.

### B. Key achievements

#### 1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 1056 in 05-06 to 7462 in 06-07 and 13,371 in 07-08. A total of 14,000 beneficiaries have availed of the services in 08-09. State has accredited 6 private institutions under the scheme.
- State has operationalised 8 FRUs (against the target of 12) and 32 PHCs as 24x7 (against the target of 57).
- 4 doctors in LSAS and 2 doctors in EmOC have been trained so far against the target of 12.
- 6130 VHNDs have been organised so far.

#### 2. Child Health

- 4 districts are implementing IMNCI and 82 personnel have been trained so far.
- During the appraisal of state plan for 2009-10, state informed that procurement of neonatal resuscitation kits, weighing scale, radiant heat warmer etc would be taken up in current year to operationalise facilities for newborn care.
- State is ensuring post natal care through home visit by ANMs & ASHA.

#### 3. Other initiatives

- As reported during appraisal of state plan for 2009-10, process has been initiated to reallocate MOs, SNs, and ANMs as per need.

## **C. Key issues**

### *1. Maternal Health, including JSY*

- State has operationalised 32 PHCs as 24x7 against the target of 57.
- Pace of training for LSAS, EmOC and SBA is very slow in the state. Only 26 ANMs/LHVs/SNs have been trained in SBA so far against the target of 532. There is a need to scale up all skill based trainings with linkages to the FRUs to be operationalised.
- Full range of services is yet to be provided during VHNDs.

### *2. Child Health*

- IMR of the state increased between SRS 2003 and SRS 2007.
- IMNCI implementation is very slow in the state; only 81 personnel have been trained so far.
- ORS use has declined between DLHS 2 and DLHS 3.

**A. Progress on Key Indicators***1. RCH II Goals*

INDICATOR	MIZORAM		INDIA	
	Trend (year & source)		Current status	RCHII/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	NA	NA	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	16 (SRS 2003)	23 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	2.9 (NFHS2 1998-99)	2.9 (NFHS3 2005-06)	2.7 (SRS 2007)	2.1

*2. RCH II Outcomes*

S. No.	RCH OUTCOME INDICATOR	MIZORAM		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	54.0	75.6	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	19.1	32.9	16.5	19.1
3.	Institutional deliveries (%)	52.6	55.9	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	32.6	50.0	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	31.1	29.1	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	61.6	55.5	30.3	33.7
7.	Use of any modern contraceptive method (%)	52.6	53.5	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	25.0	16.7	21.4	21.5

\* - Provisional results for DLHS-3

**B. Trends in Financial Expenditure***(Rs. crores)*

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	11.82	1.44	7.52	7.77
Audited Expenditure	3.65	8.43	6.57	8.69*

\* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 7.92 crores.

**C. Progress on Key Strategies***1. Demand side interventions*

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1	Janani Suraksha Yojana	1,056	7,462	13,371	14,290
2	Total Sterilisation	2,319	2,342	1,833	na
3	IUD Insertions	2,390	2,609	2,246	na

*(Source: M&E Division reports, and JSY reports from the states)*

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009	
		Number	%
1.	No. of First Referral Units (FRUs) operationalised	8	66.7 (against the target of 12 FRUs)
2.	No. of PHCs operationalised to provide 24-hour services	32	56.1 (against the target of 57 PHCs)
3.	No. of private institutions accredited under JSY	6	NA
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	4	44.4 (out of 9 districts)
5.	No. of people trained in IMNCI	81	NA
6.	No. of Village Health & Nutrition Days (VHNDs) held	6,130	NA

(Source: NRHM MIS report, April 2009)

## Immunization

### Mizoram

#### Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	56.0	59.6	46.4	NA	71.9	32.6	50.0
BCG	77.1	<b>88.2</b>	<b>87.4</b>	<b>80.8</b>	<b>93.5</b>	78.2	<b>91.9</b>
Measles	65.1	71.0	68.7	63.4	76.1	59.5	<b>83.9</b>
DPT 3	71.6	69.5	66.6	<b>94.5</b>	<b>89.2</b>	44.5	60.6

#### Progress

- The State has good coverage of **BCG at 91 %** and **Measles at 83.9 %** as per DLHS 3 (2007-08).
- The state has made commendable progress in **training of Health Workers** with **95 %** being trained.
- The district level AEFI committees been constituted in all districts.

#### Issues

- The State needs to tackle the problem of **dropouts** as **BCG- DPT3 dropout** is **34.0%** as per DLHS-3 and **stagnation** of Full Immunization Coverage.
- The **AEFI Surveillance** needs to be strengthened with improved reporting of cases.
- The **fund utilization under Immunization** is poor for 2008-09.
- There is need for better **tracking of beneficiaries** by ensuring availability of beneficiary/due list with the ANM/AWW/ASHAs at the session sites. Counterfoils with tracking bags also need to be used for reducing dropouts.

## Brief on Revised National TB Control Programme (RNTCP) in Mizoram

### 1. Infrastructure

Total Districts - 8, TUs – 9, DMCs – 27  
 Total Population - 10.0 lakh

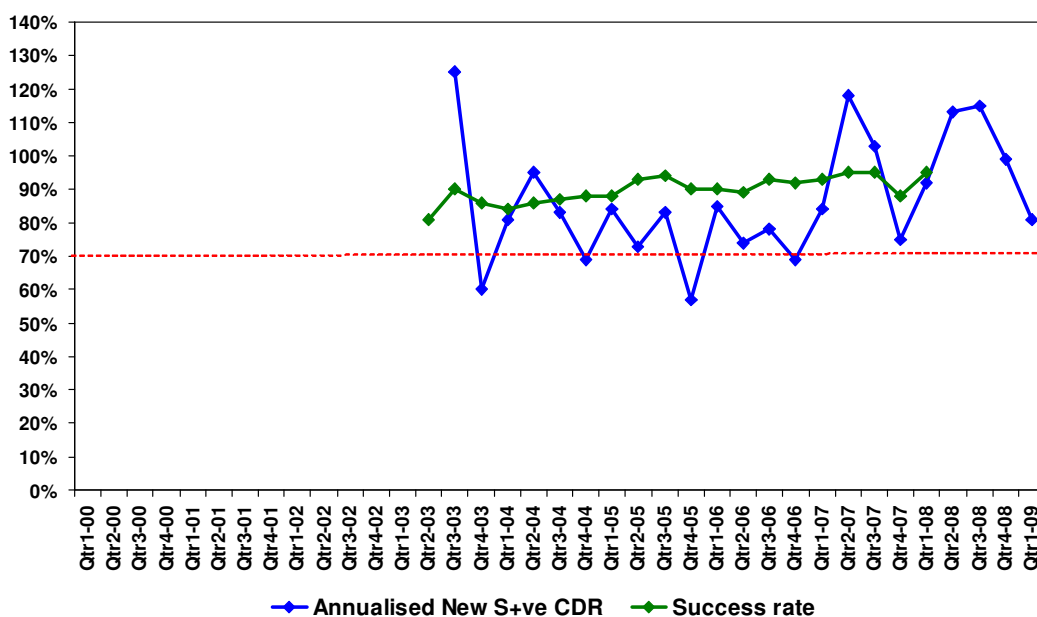
### 2. Status of Implementation

- All the 8 districts started service delivery under RNTCP on 24<sup>th</sup> March 2003.

### 3. State level Performance (Based on the quarterly reports for 1<sup>st</sup> quarter 2009)

- Overall performance of the State is good with total
- Sputum conversion rate and cure rate in NSP patients are also satisfactory.

### Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Mizoram, 2000-2009\*



- Population projected from 2001 census
- Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)

### 4. District wise performance (Based on the quarterly reports for 1<sup>st</sup> quarter 2009)

Districts	Suspects examined per lakh population	Annualised total case detection rate/lac ( against >144/lakh)	Annualised new sputum positive case detection rate ( against >53/lakh)	Sputum conversion in new sputum positive cases (against >90.0%)	Cure rate in new sputum positive cases (against >85%)
Aizawl	252	361	69 92%	88%	92%
Champhai	162	145	25 33%	71%	89%

Kolasib	370	418	136	181%	93%	94%
Lawngtlai	171	197	49	66%	94%	100%
Lunglei	251	141	47	63%	95%	88%
Mamit	136	104	58	77%	100%	100%
Saiha	325	236	71	95%	92%	100%
Serchhip	186	110	32	43%	100%	100%

5. **Funds status (as on 31<sup>st</sup> March 2009) (Rs. in lakh)**

C/F	Released	Other Income	Expenditure	Balance
2.80	123.00	0.42	118.68	7.54

6. **Drugs**

- RNTCP drugs have been issued as per the estimated requirement of the State.

7. **Issues**

- **Manpower Resources**
  - Only three districts of Mizoram have sanctioned posts of DTOs. In other districts hospital Superintendents function as DTO. Currently only one DTO is full time
  - The district hospitals involvement in RNTCP is not satisfactory. The responsibility of the patients must be taken by the district hospital and DTO should act only as a programme manager and supervise the field as per guidelines.
  - 6 TUs do not have MO-TCs too. They are to be designated.
- **Supervision and Monitoring** – Supervision and monitoring is suboptimal in the State. Only 2 of 8 districts were visited by the DTO where as all the districts are expected to be visited once in 6 months.
- **Infrastructure** – Due to construction of Civil Hospital OPD Building in Aizawl, DTC has been reallocated to a distant place on the top of a hill which is not easily accessible. A designated Microscopy Centres (DMC) after great effort has been started in civil hospital campus but there is no DOT Centre. Patients have to travel for long distance for DOTs. Civil hospital needs to provide an accommodation for DOT Centres.
- **Referral and Feedback Mechanism** – In 1<sup>st</sup> quarter 06, 12 TB patients were referred outside the district for treatment but feedback of none is received. Referral Mechanism needs to be streamlined.
- **Involvement of Other Sectors** – Only one NGO is participating in RNTCP. All NGOs and PPs need to be motivated to participate in the Programme.

## Fact Sheet on NVBDCP-Mizoram

### Background Information

- The State has 9 districts with a population of 0.89 million. There are 9 CHCs, 57 PHCs, 366 Sub-centres and 848 Villages. There are 421 Multipurpose Workers (Female)/ANM, 303 Health Worker (Male), 57 Health Assistants (Female)/LHV, 57 Health Assistant (Male) and 31 Laboratory Technician. In addition, the state has 214 functioning Fever Treatment Depots (FTDs).

### Malaria

#### Epidemiological Situation

Year	Total Slide examined	Total Malaria Cases	Total Pf Cases	Deaths
2006	218072	10644	6956	120
2007	154035	6081	4189	75
2008	165541	7306	6172	91
2009(Upto Mar.)	21969	514	351	9

- Incidence of malaria, Pf cases and deaths due to malaria is showing a fluctuating trend during the last three years.
- The state has been covered under Global Fund Supported Intensified Malaria Control Project.
- State is being provided RD Kits for early diagnosis of Pf cases and ACT for effective treatment of *P.falciparum* cases.

**Other vector Borne diseases namely filaria, Kala-azar, JE, Dengue & Chikungunya are not endemic in the states.**

### Central Assistance

(Rs. In lakhs)

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	32.00	248.57	280.57	32.00	121.17	153.17
2005-06	176.99	137.94	314.93	218.40	169.47	387.87
2006-07	257.45	292.23	549.68	224.33	282.72	507.05
2007-08	277.46	408.26	685.72	138.73	359.79	498.52
2008-09	283.38	456.25	739.63	276.56	142.22	418.78
2009-10(B.E.)	306.12	582.64	888.76			

### Issues:

- The large areas of district are remote, inaccessible and forested with operational difficulties in implementation of control programme.
- State needs to intensify efforts to reduce malaria mortality by establishing proper effective referral mechanism and treatment facilities for severe cases.
- The quality spray has to be ensured through intensive supervised spray activities.

## **STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN MIZORAM**

- **Epidemiological scenario-**  
Mizoram is low endemic for leprosy and has already achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 16 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**  
During 2008-09, a total of 21 new leprosy cases were detected as compared to 26 new cases detected during the corresponding period of previous year. All the 26 (100%) cases discharged during the year were released as cured after completing treatment.
- During 2008-09, NLEP action plan amounting to Rs.44.4 lakh has been approved for the State.

### **Issues -**

1. The state has reported low level of fund utilization. During 2008-09, the state action plan was approved for Rs.54 lakhs, however the State could utilize only Rs. 26 lakhs.
2. The state is advised to carry out in-depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
  - (i) Ensuring completion of treatment in each of the new cases detected.
  - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
  - (iii) Carrying out family contact survey against all multibacillary and child cases.

**Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009**

The population of Mizoram is 0.89 million according to 2001 census and is scattered over 9 districts, 26 blocks and 817 villages. The State has the density of 42 persons per sq. km. As against decadal growth rate of 21.54% at the national level, the population of the State has grown by 29.18% over the period 1991-2001. The sex ratio of Mizoram at 935 females to 1000 males is higher than the national average of 933.

Mizoram is a phase-I state under IDSP and has been inducted in the program during April 2005. Dr P Sangzuala, from Directorate Health Services, Govt of Mizoram has been designated as the State Surveillance Officer (IDSP).

The component wise action points are as under:

**1. Manpower**

Surveillance Officer and RRT team at state and district Headquarter designated.

SSU and all DSUs have data manager and data entry operator in place.

The offer letter to the recommended candidates for the positions of state/district epidemiologists, microbiologists and state entomologists to be issued by state/district NRHM society

**2. IT & EDUSAT**

EDUSAT (Total=10)

SIT equipments installed at State Headquarter and 9 DSUs

**3. Training**

Training of Medical Officers, Health Workers, District Lab Technicians and Peripheral Lab Technicians completed as per PIP.

State is yet to identify and suggest names of core trainers for undertaking trainings at all levels under IDSP.

**4. Laboratory Strengthening**

Two priority district laboratory identified by the state were surveyed and state was given sanction in February 2009 to procure required equipments for those two laboratories. This procurement is under progress.

**5. Data Reporting**

Mizoram has 9 districts. All districts are reporting weekly Surveillance data and Outbreak Reports in time but they need to enter data in IDSP portal i.e. [www.idsp.nic.in](http://www.idsp.nic.in)

**6. Outbreak**

Year	Number	Type
2008	5	Acute Diarrhoeal Disease, Malaria, Acute Respiratory Illness
2009 (upto May)	0	

**7. Finance**

Year	Release(in lakhs)	Expenditure(in lakhs)
2003-04	0.21	
2004-05	111.00	
2005-06	77.94	105.57
2006-07	17.00	66.22
2007-08	42.93	67.91
2008-09	23.64	67.28
<b>Total</b>	<b>272.72</b>	<b>306.98</b>

State has a negative Balance amount 34.26 lakhs

FMR for the quarter ending Dec. 2008 received.

Audited Accounts and Utilization Certificate for the year 2007-08 is received.

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS**  
**STATUS OF IMPLEMENTATION of NPCB IN NORTH-EASTERN STATES**

**Performance of Cataract Surgery during X Plan**

State	2005-06		2006-07		2007-08		2008-09	
	Tar.	Ach.	Tar.	Ach.	Tar.	Ach.	Tar.	Ach
<b>Arunachal Pradesh</b>	1000	993	1000	776	1000	1043	2000	1172
<b>Assam</b>	45000	47100	45000	23500	45000	48346	50000	47749
<b>Manipur</b>	1000	1014	2000	604	1000	1156	2000	1744
<b>Meghalaya</b>	2000	1372	2000	827	2000	1023	2000	2308
<b>Mizoram</b>	1000	1211	800	859	1000	2715	3000	2397
<b>Nagaland</b>	500	741	500	450	500	583	1500	1048
<b>Sikkim</b>	500	351	1000	241	500	571	800	690
<b>Tripura</b>	8000	4359	8000	5186	8000	6708	7000	8429
<b>Total</b>	<b>59000</b>	<b>57141</b>	<b>60300</b>	<b>32443</b>	<b>59000</b>	<b>62145</b>	<b>68300</b>	<b>65537</b>

**Grant-in-aid released & Expenditure Incurred by District/State Blindness Control Societies in NE**

States (X Plan)

(Rs. In lakhs)

States	2006-07		2007-08		2008-09	
	Released	Exp	Released	Exp	Released	Exp
Arunachal Pradesh	<b>77.00</b>	<b>12.65</b>	<b>56.75</b>	<b>45.30</b>	<b>162.60</b>	<b>115.41</b>
Assam	<b>150.00</b>	<b>0.00</b>	<b>322.15</b>	<b>155.73</b>	<b>671.66</b>	
Manipur	<b>42.41</b>	<b>21.01</b>	<b>124.50</b>	<b>43.36</b>	<b>106.47</b>	
Meghalaya	<b>120.00</b>	<b>95.05</b>	<b>183.50</b>	<b>100.4</b>	<b>158.60</b>	<b>99.10</b>
Mizoram	<b>74.00</b>	<b>66.76</b>	<b>78.22</b>	<b>77.21</b>	<b>177.35</b>	<b>144.78</b>
Nagaland	<b>24.00</b>	<b>24.00</b>	<b>178.49</b>	<b>59.78</b>	<b>144.60</b>	

Sikkim	<b>0</b>	<b>0</b>	<b>67.00</b>	<b>26.47</b>	<b>133.35</b>	
Tripura	<b>175.50</b>	<b>28.86</b>	<b>184.63</b>	<b>20.90</b>	<b>24.35</b>	
Total	662.91	248.33	1195.24	529.12	1578.98	

**Major Issues:-**

1. The performance of Cataract Surgery needs to be further improved in NE States in view of large cataract backlog.
2. Eye care infrastructure need to be strengthened.
3. Shortage of eye surgeons, PMOAs etc.
4. All the NE States are required to furnish utilization certificates in respect of funds released to them under NPCB timely for release of next installment.

**NIDDCP**

**Mizoram**

Rs.in lakh

Activity	Amount proposed	Amount Approved	Remarks
Establishment of IDD Control Cell	9.96	7.00	There is no provision for machine and drug procurement, purchase of STK, cord blood test, office maintenance, orientation, advocacy meeting etc. under NIDDCP. The State Government may carry out the activities as per the fund allocation of GOI.
Establishment of IDD Monitoring Lab		4.00	
Health Education and Publicity including celebration of global IDD day	5.50	24.50	
IDD surveys	3.00	0.50	
Machine and drug procurement, purchase of STK, cord blood test office maintenance, orientation, advocacy meetings etc.	24.71		
<b>Total</b>	<b>43.17</b>	<b>36.00</b>	

## Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

NATIONAL RURAL HEALTH MISSION							
Mizoram							
	<b>Total MFP Approvals</b>		<b>1703.84</b>	<b>852.44</b>	<b>2567.3</b>	<b>2811.84</b>	
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA		74	2.2	94.30	94.3	
	<b>TOTAL</b>		<b>74</b>	<b>2.2</b>	<b>94.30</b>	<b>94.3</b>	
Infrastructure related matters							
2	Construction of Civil Hospital				650		
3	Construction and maintenance of Physical infrastructure of CHCs		546.084		378.08	178.51	
4	Construction & maintenance of Physical Infrastructure of PHC		420		303.43	375.31	
5	Construction and maintenance of Physical		780	166.4	29.14	519.18	

	infrastructure of SC						
6	Construction and maintenance of Staff Quarters		972.2				
7	Upgradation of CHC to IPHS	340	20				
8	MMUs		649.98		91.26	110.16	
9	Emergency & Referral Services			90	160		
10	Telephone connection at SHCs/PHCs/CHCs District Hospitals		2.95				
	<b>TOTAL</b>	<b>340</b>	<b>3391.214</b>	<b>256.4</b>	<b>1611.91</b>	<b>1183.16</b>	
<b>Human Resources related matters</b>							
11	Additional manpower at CHCs			43.2			
12	Specialist Doctor				15	24	
13	Remuneration of MO			28.8	43.2	86.4	
14	Remuneration of 10 AYUSH Doctors @ Rs 15000 pm @ DH			18	18		
15	AYUSH doctor at CHC					18	
16	Dental Surgeon					43.2	
17	Remuneration of Staff Nurse					8.64	
18	Remuneration of Lab Tech				7.56	7.56	
19	Remuneration of X-Ray Tech				7.56	7.56	
20	Pharmacist				7.56	7.56	
21	X-Ray Technician					7.56	
22	BEE at CHC				5.4	5.4	
23	Lab Technician					15.96	
24	Asst. Engineer					1.8	
25	Junior Engineer					4.8	
26	SPMU-MIS Consultant					1.2	
27	SPMU-Account Manager					1.2	
28	SPMU-Administrative Officer					1.2	
29	SPMU-Data Entry Officer					0.72	
30	SPMU-Helper					0.54	
31	DPMSU-District					12.96	

	Programme Manager						
32	DPMSU-Account Clerk					7.56	
33	Account Clerk at PHC			17.92			
34	DPMSU-Data Entry officer					6.48	
35	DPMSU-Administrative Asst.					7.56	
36	DPMSU-Accounts Clerk at CHC/PHC					55.44	
37	DPMSU-TE and OE for both State and District (anticipated)					120	
38	2 <sup>na</sup> ANM		50.4	179.2	193.2	243.6	
	<b>TOTAL</b>		<b>50.4</b>	<b>287.12</b>	<b>297.48</b>	<b>696.9</b>	
<b>Programme Management related matters</b>							
39	For state Plan Level @ 3 lakh				10	3	
40	District Plan Preparation	80	10			27	
41	Monitoring & Evaluation					10	
	<b>TOTAL</b>	<b>80</b>	<b>10</b>		<b>10</b>	<b>40</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS funds related matters</b>							
42	Rogi Kalyan Samiti		11	111			
43	Rogi Kalyan Samiti-DH				40	40	
44	Rogi Kalyan Samiti-SDH				1	2	
45	Rogi Kalyan Samiti-CHC				9	9	
46	Rogi Kalyan Samiti-PHC/APHC				57	57	
47	Untied Fund for SDH					1	
48	Untied Fund for CHC			4.5	4.5	4.5	
49	Untied Fund for PHC/APHC		14.25	14.25	14.25	14.25	
50	Untied Fund for SC	35	36.6	36.6	36.6	37	
51	Untied Fund for VHSC			78.6	81.5	81.5	
52	Annual Maintenance Grant- SDH					2	
53	Annual Maintenance Grant - CHC				5	6	
54	Annual Maintenance Grant -PHC		28.5	22.5	25.5	21.5	
55	Annual Maintenance Grant- SC			29	23.6	31.4	
	<b>TOTAL</b>	<b>35</b>	<b>90.35</b>	<b>296.45</b>	<b>297.95</b>	<b>307.15</b>	

Training & Capacity Building related matters							
56	Training and capacity building				16.7		
57	Selection, Training & remuneration of AYUSH Doctors at district level		6				
58	Visioning Workshop @ Rs. 30000 at 9 districts			2.7			
59	Visioning workshop at CHC level			0.9			
60	For developing training guidelines manual for orientation of RKSs & training of RKS			2.58		9	
61	Constitution & Orientaiton of all community leaders on village, SHC, PHC, CHC Committees		5			9	
62	Development & Dissminatio of gudelines for use of untied grant @ Rs 100 per VHSC			0.79			
63	Workshop for orientation of VHSC on NRHM			3.3			
64	Workshop for financial management for MO and Accountant					10	
65	Workshop on HMIS and web-portal					10	
	<b>TOTAL</b>		<b>11</b>	<b>10.27</b>	<b>16.7</b>	<b>38</b>	
Innovations related matters							
66	Procurement of essential drugs for SDH				3	6	
67	Procurement of essential drugs for CHC					27	
68	Procurement of essential drugs for PHC					114	
69	Procurement of essential drugs SC					74	

70	Procurement of ambulances for SDH					14.2	
71	Procurement of ambulances for PHC					56	
72	Procurement of backup generator for SDH					2	
73	Procurement of backup generator for CHC				6.3		
74	Procurement of backup generator PHC				22.4	4.8	
75	Procurement of mosquito bednets					144.47	
76	Procurement of computers along with accessories, stationeries				80.22		
77	Equipments & Furniture -SC				10.4		
78	Equipments & Furniture -PHC				64		
79	Equipments & Furniture -CHC				15		
80	IEC activity at State level					15	
81	IEC activity at District level				20	9	
82	Interdepartmental Convergence					5.12	
83	Support to School Health Programme				9	4.5	
84	Drug supply for CHC/FRU	100					
	<b>TOTAL</b>	<b>100</b>			<b>230.32</b>	<b>476.09</b>	

**District wise Information on Mizoram under some RCH indicators**

Districts	Mother received at least one TT injection	Institutional Deliveries	Full Vaccination	Contraceptive Use
India	73.5	47	69.6	54.1
Mizoram	86.3	55.9	83.9	53.9
Kolasib	83.5	71	80.6	54.9
Aizwal	93.3	88.6	89.9	65.5
Champhai	88.3	55	76.1	55.8
Lawhgtlai	75.5	28.9	74.7	49.6
Lunglei	84.7	55.7	85.2	59.5
Saiha	91.8	47.8	81.8	57.8
Serchhip	99	73.9	92.5	64.7
Mamit	79.1	40.8	71.9	50.9