



ASSESSMENT OF PARTNERSHIP INITIATIVES RUN HEALTH FACILITIES IN NAGALAND

Regional Resource Center for NE states
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Assessment of Partnership Initiatives run Health Facilities in Nagaland

As per the Record of Proceedings (RoP) of the State Programme Implementation Plan (SPIP) of National Health Mission, Nagaland of FY 2022-24 (FMR Code HSS 7 and Serial 178), under Public Private Partnership Initiatives, an amount of Rs 76.17 Lakhs for FY 2022-23 and Rs 79.48 for FY 2023-24 lakhs was approved for the following activities:

1. Revitalization of the **Police Referral Hospital, Chumukedima, Dimapur District**, an amount of **Rs 34.80 Lakhs for FY 2022-23** and an amount of **Rs 36.54 Lakhs for the FY 2023-24**.
2. **Longpang PHC, under Weaving a Dream Initiative of Eleutheros Christian Society, Tuensang District**, an amount of **Rs 31.37 Lakhs for FY 2022-23** and an amount of **Rs 32.94 Lakhs for the FY 2023-24**.
3. Grant in Aid to **Mission Hospital, Impur, Mokokchung District**, an amount of **Rs 5.00 Lakhs each for FY 2022-23 and FY 2023-24**.
4. Grant in Aid to **Aizuto Mission Hospital, Zunheboto District**, an amount of **Rs 5.00 Lakhs each for FY 2022-23 and FY 2023-24**.

****Note:**

1. ***Although supported under the activities of PPP in the RoPs for SPIPs of NHM Nagaland, the revitalization of the Police Referral Hospital and its linked Peripheral Health Units is a partnership between the Department of Health & Family Welfare and the Police Department of the Government of Nagaland.***
2. *The collaboration with Longpang PHC (Weaving a Dream Initiative), Mission Hospital Impur and Aizuto Mission Hospital are under true Public Private Partnership Initiatives.*

And as per the conditionality of approval of the above-mentioned activities, it was mandated that the NHM of Nagaland in consultation with the Regional Resource Centre for Northeast (branch of National Health Systems Resource Centre, MoH&FW, GoI) jointly develop **Minimum Performance Benchmarks** to assess the overall performance of these PPP Initiative Health Facilities.

A team from RRC-NE visited Nagaland during the 5th – 9th of September 2022 to assess these PPP Health Facilities and have a consultation meeting with the State Officials of NHM, Nagaland to collectively develop a set of Minimum Performance Benchmarks / Key Performance Indicators to gauge their overall performance as per guidelines and requirements of the Indian Public Health Standards 2022, Comprehensive Primary Health Care and Quality and Patient Safety Standards.

Health Facility Wise Detailed Assessment Report

A. Police Referral Hospital, Chumukedima, Dimapur District, Nagaland

Background

The National Health Mission of Nagaland had entered into a Memorandum of Understanding with the Police Department of Nagaland on the 29th of September 2010 with the following objectives:

1. To jointly strengthen the Central Hospital of the Police Department in Chumukedima (which was inaugurated on 17th December 2010) as a First Referral Unit (FRU) for delivery of quality health care to all.

2. To incorporate the National Disease Control Programmes in the services delivery at all the Peripheral Health Units under Police Department of Nagaland.
3. To mandate the Police Department to participate in Health Management Information System (HMIS) of the State.
4. To provide health care services to all

As per the Terms of Reference of the MoU the following were agreed upon:

1. Responsibilities of the Stakeholders:

- i. The Police Department to redeploy the existing Medical Specialists who are posted in the Peripheral Health Units in various battalions of the Police Department to the Police Referral Hospital, Chumukidema.
- ii. The NHM, Nagaland to provide General Duty Medical Officers (GDMOs) in peripheral health units in place of the Medical Specialists thus redeployed.
- iii. The NHM, Nagaland to provide additional General Nursing & Midwives (GNMs) as per IPHS for an FRU Community Health Centre.
- iv. The Police Department of Nagaland will recruit and deploy the above-mentioned manpower while NHM will provide grant in aid to meet the salary expenditure for the same.
- v. The Police Department of Nagaland is expected to develop necessary manpower of the said Hospital at the earliest for self-sufficiency.
- vi. The Human Resource support from NHM will initially be for a period of 2 (two) years.

2. Infrastructure and Logistics Support:

- i. The Police Department of Nagaland will develop the physical infrastructure and equip the Police Referral Hospital, Chumukidema with relevant equipment and instruments conforming to IPHS for an FRU CHC.
- ii. The NHM of Nagaland depending on its available resources will provide necessary logistics and training support for data management.

3. Human Resources Deployment:

- i. The DoH&FW, Nagaland with support from NHM will be responsible for skill upgradation of the Health Staff of the Police Department of Nagaland as per prevailing integrated training policy.

4. Service Delivery:

- i. All 'Assured Services' as envisaged per the IPHS (FRU-CHC level for the Police Referral Hospital and PHC level for the Peripheral Health Units) should be available, which includes preventive, promotive, curative, and emergency care and statutory services. These 'assured services' shall be provided to the personnel of the Police Department of Nagaland and their families and as well as the civilian population of the surrounding areas.
- ii. The Police Referral Hospital in Chumukidema should have the following facilities as a fully functional FRU:
 - a. 24*7 delivery services including normal and assisted deliveries
 - b. Emergency Obstetrics care including surgical intervention like C-Sections and other medical interventions
 - c. New-born care
 - d. Emergency care of sick children

- e. Full range of family planning services including laparoscopic sterilization services
 - f. Safe abortion services
 - g. Treatment of STI/RTI
 - h. Blood storage facility with scope of upgrading to blood bank facilities
 - i. Essential laboratory services
 - j. Referral transport services
- iii. And for all the Peripheral Health Units of the Police Department of Nagaland:
- a. To participate in the implementation of various National Disease Control Programmes and HMIS
 - b. To extend healthcare services to civilian population

Background of ROP approvals:

The initial approval for an amount of Rs 49.03 Lakhs was given in the RoP of NHM Nagaland of the FY 2011-12 for support in the following activities:

- i. **Manpower Support:**
 - a. A total of 7 GDMOs @ Rs. 35000/- per month for 12 months totalling an amount of Rs 29.40 Lakhs and
 - b. A total of 5 GNMs @ Rs. 15000/- per month for 12 months totalling an amount of Rs 9.00 Lakhs
- ii. **Equipment Support for Rs 10.631 Lakhs:**

Equipment	Total Amount in Rupees
MVA Kit	4200.00
MTP Kit	3000.00
IUD Insertion Kit	4000.00
Mini Lap Kit	4000.00
Laparoscopy Set	600000.00
NSV Kit	500.00
New-born Stabilization Unit	
Radiant Warmer	70000.00
Neonatal Ambo Bag	1500.00
Mucus Extractor	4000.00
Oxygen Cylinder	25000.00
Blood Storage Unit	
Blood Bag Refrigerator	200000.00
Deep Freezers	75000.00
Insulated Carrier Boxes	7500.00
Microscope	55000.00
Centrifuge	10000.00
Total	10,63,100.00

- iii. **Capacity Building:** Skill upgradation on MCH Services, NDCPs and HMIS of the Health Staff of the Police Department of Nagaland to be provided by NHM Nagaland.

However, even though proposals were submitted for renewal of the MoU in the subsequent FYs of 2012-13, 2013-14 & 2014-15 in the State Programme Implementation Plans of NHM of Nagaland, they were not approved due to non-submission of achievements and progress reports.

In the RoP of NHM Nagaland of the FY 2015-16, the amount of Rs 24.00 Lakhs was approved under PPP for the Police Referral Hospital in Chumukidema for the following HR Support:

- a. An amount of Rs 16.80 Lakhs for supporting 4 General Duty Medical Officers (GDMO) @ Rs 35,000/- per month for 12 months.
- b. An amount of 7.20 lakhs for supporting 4 General Nursing Midwives (GNM) @ Rs 15,000/- per month for 12 months.

In the subsequent RoPs of NHM Nagaland the following amounts were approved for continuation of the inter departmental partnership by providing HR Support to the Police Referral Hospital for 4 GDMOs and 4 GNMs:

- a. In RoP of NHM Nagaland of FY 2016-17: Rs 24.00 lakhs
- b. In RoP of NHM Nagaland of FY 2017-18: Rs 24.00 lakhs
- c. In RoP of NHM Nagaland of FY 2018-19: Rs 24.00 lakhs
- d. In RoP of NHM Nagaland of FY 2019-20: Rs 24.00 lakhs
- e. In RoP of NHM Nagaland of FY 2020-21: Rs 33.11 lakhs (revision of salary)
- f. In RoP of NHM Nagaland of FY 2021-22: Rs 34.80 lakhs (with 5% increment)
- g. In RoP of NHM Nagaland of FY 2022-23: Rs 34.80 lakhs
- h. In RoP of NHM Nagaland of FY 2023-24: Rs 36.54 lakhs (with 5% increment)

The break-up of costs of the total funding as approved in RoPs of FY 2022-23 & FY 2023-24:

SL	Particulars	Unit Cost (Rs)	Nos	Approval FY 2022-23	Approval FY 2023-24 (5% increment)
1	GDMO	Rs 52500 pm	04	25.20 Lakhs	26.46 Lakhs
2	Staff Nurse	Rs 20000 pm	04	9.60 Lakhs	10.08 Lakhs

However, the NHM Nagaland is providing funding as per the following break-up of costs for the FY 2022-23:

SL	Particulars	Units	Joining Period	Unit Cost (Rs)	Annual Costs (Rs)
1	GDMO	01	01.06.2017	54699/- pm	6.564 Lakhs
2	Staff Nurse	03	16.08.2016	16538/- pm	5.953 lakhs
			01.10.2017		
			16.04.2018		
3	Staff Nurse	01	01.04.2022	15000/- pm	1.80 Lakhs
4	Total				14.317 Lakhs

Field Visit Findings for the Police Referral Hospital, Chumukidema

The healthcare infrastructure of the Police Department of Nagaland consists of 15 nos. of **Peripheral Health Units (PHU)**, attached to police battalions distributed across the districts of the State with **each of the PHUs being manned by 1 Medical Officer, 2 Staff Nurses and 6 Pharmacists**. And the Police Referral Hospital in Chumukidema is designated to function as an FRU-CHC to provide secondary level healthcare services.

Presently there are 15 medical officers posted in the PHUs and the Police Referral Hospital from Police department, and among them 9 medical officers are specialist (surgeon -1, anaesthetist - 1, obstetrician and gynaecologist – 1, otorhinolaryngologist – 1, pathologist – 1, ophthalmologist – 1, chest specialist – 1, forensic science and medicine – 1 & cosmetologist - 1). And out of these 9 specialists, only 3 specialists (anaesthesiologist – 1, chest specialist – 1 & cosmetologist – 1) are posted in the Police Referral Hospital. **From NHM 1 MO is posted in Mokokchung PHU. In total there are 16 Medical Officers including specialists of which 3 are in the referral hospital and 13 are posted in PHUs, thus 2 PHUs are without any MO.**

Even though as per the approvals under PPP Initiative in the RoPs from FY 2015-16 to FY 2023-24 the NHM Nagaland is supposed to provide Human Resources Support for 4 GDMOs and 4 GNMs, but support for only 1 GDMO and 4 GNMs are being provided by NHM Nagaland and the GDMO is posted in the PHU attached with the Police Battalion in Mokokchung District and the 4 GNMs are posted in the Police Referral Hospital, Chumekidema.

The Police Referral Hospital in Chumukidema is mandated to provide IPHS envisaged level of services of an FRU-CHC for the staff and family of the Police Battalions located across the State and also the civilian population. The referral hospital is also the Head Quarter for all the District Police Health Units.

1. Infrastructure:

The Police Referral Hospital has been upgraded with the addition of a prefabricated building (Covid Hospital) with 70 beds in the FY 2021-22 through fundings from the Government for Covid 19 Health Response, but it was not being utilized during the time of visit. Also, the hospital campus has a building with 30 oxygen supported beds including VIP rooms which are also not being utilized during the time of visit. During the visit the facility was functioning from the original structure in the campus which has facilities for a 10 bedded IPD along with dedicated space and infrastructure (including equipment) for registration & waiting area, OPD services, emergency services, laboratory & pharmacy services, two bedded operation theatre, minor OT, two bedded labour room, x-ray room & nursing station. The hospital also has a PSA Oxygen Generation Plant installed during FY 2021-22.

2. Human resource:

During the field visit it was observed that the Police Referral Hospital has constraint of essential manpower:

SL	Human Resource Category	In position
1	Senior Medical Officer	Anaesthesiologist - 1
		Chest Specialist - 1
		Cosmetologist - 1
2	GDMO	1 (on extended leave)
3	Staff Nurse	From NHM - 4
		From police service - 7
4	Laboratory Technician	4
5	Pharmacist	7
6	Radiographer	1
7	Physiotherapist	2
8	Nursing Helper	4
9	ANM	2
10	Grade 4	3

3. Service delivery:

Services	Availability
24 x 7 delivery services including normal and assisted deliveries	No MO available at night and Staff Nurses are rostered who provide basic emergency services only
Emergency Obstructive care including surgical intervention like C-Sections and other medical interventions	Not Available
New-born Care	Not Available
Emergency care of sick children	Not Available
Full range of Family Planning services including Laparoscopic Sterilization services	Not Available
Safe Abortion Services	Not Available
Treatment of STI/RTI	Not Available
Blood Storage facility with scope of upgrading to Blood Bank facilities	Not Available
Physiotherapy	Available
Radiology (X-Ray)	Available
Essential Laboratory Services	Available
Referral Transport Services	Patient Transport Vehicle is Available

4. Laboratory Services:

With the availability of Centrifuge, Microscope, Semi-Auto Analyser, Incubator, Glucometer & Haemoglobinometer at the facility the basic laboratory tests like M.P (Malaria), Widal, Typh-DOT, Dengue, Scrub Typhi, ASO Titre, RA, VDRL, HBsAg, HCV, HCG test, Montoux, Blood Grouping, CBC, URE, Sputum for AFB, Gram Stain, CRP, KFT, LFT, Blood Sugar (F/PP/R), BT and CT are available.

5. Performance as per HMIS:

SL	Services	FY 2020-21	FY 2021-22
1	OPD	1499	845
2	IPD	13	2
3	ANC registration	25	11
4	Institutional Delivery	9	4
5	C-section	0	0
6	Full Immunization	0	0
7	IUCD Insertion	0	0
8	Major OT	0	0
9	Minor OT	31	0
10	Immunization Sessions	0	0

**The average OPD load is 9-10 patients per day.*

*** Immunization services were stopped since 2020, during COVID-19 pandemic and has not resumed afterwards*

****Major OT is available for Surgery but due to non-availability of specialist, the OT is non-functional and there is no blood storage unit as well.*

Recommendations:

1. The Police Referral Hospital Chumukidema is not functioning as an FRU-CHC as per IPHS. The major reason for the non-compliance is the non-availability of Specialists required to functionalize the FRU. Presently the hospital only has 1 (one) Anaesthesiologist, 1 (one) Chest Specialist and 1 (one) Cosmetologist which are not adequate to functionalize an FRU-CHC. As per the MoU between the NHM Nagaland and the Police Department, **the NHM Nagaland is supposed to provide support for 4 (four) GDMOs instead of the present support for only 1 (one) GDMO so that they may be deployed in the PHUs and in turn the Specialist Doctors posted in the PHUs may be redeployed in the Police Referral Hospital to functionalize it as an FRU-CHC.**
2. The NHM Nagaland and the Police Department of Nagaland needs to **revisit the Terms of Reference and restructure the Memorandum of Understanding** which may include the following:
 - a. Clear timeline for which HR support (4 GDMOs & 4 GNMs) is to be provided by NHM Nagaland along with the time bound action plan for phase wise upgrading of the Police Referral Hospital to an FRU-CHC.
 - b. Assurance of upgradation of the PHUs attached to the Police Battalions to the level of PHC – HWC (Non 24 X 7), as per IPHS, to include services as per Comprehensive Primary Health Care and participate in recording and reporting of data in requisite formats / portals such as HMIS, NCD, IHIP etc.
 - c. Assurance of provision of Drugs and Diagnostic Services needs to be as per the Essential Drugs & Diagnostics List as issued by the DoH&FW, Nagaland for the Police Referral Hospital as a CHC-FRU and the PHUs as PHC- Non 24 x 7.
 - d. Requisite clause to support training of the Health Staff of the Police Department by NHM Nagaland in all relevant activities imparted through various programmes including recording & reporting as required as per level of facility (FRU-CHC & PHC Non 24X7). This may be taken up in a phase wise manner with active involvement of the

SPMU/DPMUs of NHM Nagaland to include the Health Staff of the Police Department in the regularly scheduled trainings imparted for various activities under NHM.

3. **Time Bound recommended initiatives** may be undertaken by NHM Nagaland and the Police Department of Nagaland for the Functionalization of the Police Referral Hospital as FRU-CHC and the PHUs as PHC Non 24X7:

SL	Activity	Estimated Timeline	Responsible Party
1	Restructuring the ToRs of the MoU	By 3 rd Quarter of FY 2022-23	NHM, Nagaland and Police Department
2	Deployment of the Remaining 03 GDMOs by NHM Nagaland as per RoP of FY 2022-24 approvals	By 3 rd Quarter of FY 2022-23	NHM, Nagaland
3	Redeployment of O&G, Surgery and Pathology Specialist to Police Referral Hospital from the PHUs	By 3 rd Quarter of FY 2022-23	Police Department
4	Functionalization of Major OT, Blood Storage Unit, Labour Room & NBSU and Laboratory (including servicing and repair/replacement of equipment)	By 4 th Quarter of FY 2022-23	Police Department
5	Upgradation of 15 PHUs to PHC Non 24 x 7 and to initiate registration for reporting in HMIS	3 PHUs by 3 rd Quarter of FY 2022-23 3 PHUs by 4 th Quarter of FY 2022-23 4 PHUs by 1 st Quarter of FY 2023-24 5 PHUs by 2 nd Quarter of FY 2023-24	NHM, Nagaland and Police Department
6	Training of Health Staff of Police Department as per level of facility for FRU-CHC and PHC Non 24 x 7	As per NHM Nagaland Training Calendar	NHM, Nagaland
7	Enumeration and line listing of catchment population of the FRU-CHC and the PHUs	By 3 rd Quarter of FY 2022-23	NHM, Nagaland and Police Department
8	Inclusion of Services in the 15 PHUs for Expanded Package under CPHC	As per timeline in Serial 5	NHM, Nagaland and Police Department

Scope of improvement:

An FRU-CHC is to be established for a population norm of 80,000 in rural hilly / tribal areas and 2,50,000 in urban cities or as per 'time to care' approach hence the population demarcation needs to be established for the FRU-CHC Police Referral Hospital.

As the Police Referral Hospital has a current bed capacity of 40 beds (excluding the 70 bedded Covid Hospital), facilities need to be revived for in-patient secondary level services including provision for 24X7 institutional deliveries (including C-sections) which is an essential criterion for an FRU-CHC.

The service areas to be covered as per the IPHS 2022 by an FRU-CHC:

Service Area	FRU CHC
Outpatient Service	
Medicine	Essential
Surgery	Essential
Paediatrics	Essential
OBGY	Essential
Oral/Dental	Essential
NCDs	Essential
Counselling	Essential
Family Welfare Clinic	Essential
Nutrition	Essential
Health and Wellness Services	Essential
Community based rehabilitation services	Essential
Emergency	
24*7 emergency care	4 beds
Labour room complex	
NBSU	4 beds
Labour Delivery Recovery Units	2 beds
NBCC	1 bed
IPD	30 beds
Operation Services	
Pre-Anaesthetic Check-up	Essential
OBGY Surgery	Essential
General Surgery	Essential
Source: CHC IPHS 2022	

The support of Human Resources was provided by the NHM Nagaland to the police referral hospital for delivery of RMNCHA+ services and optimization of services as a secondary level health facility functioning as an FRU-CHC.

The Police Referral Hospital is required to improve their scope of services in terms of availability of secondary level healthcare services including:

- i. Care in pregnancy and childbirth.
- ii. Neonatal and infant health care services
- iii. Childhood and adolescent health care services.
- iv. Family planning, contraceptive services, and other reproductive health care services
- v. Management of communicable diseases including National Health Programmes
- vi. Screening, Prevention, Control and Management of Non-Communicable diseases
- vii. Care for Ophthalmic and ENT problems
- viii. Oral health care
- ix. Elderly and palliative health care services
- x. Emergency medical services
- xi. Screening and management of mental health ailments

**For optimization of the above-mentioned services the NHM Nagaland may initiate steps for improved coordination of the facility with involvement of the block / district programme management units of NHM Nagaland which would ensure the required support to improve their services delivery through training support and regular supportive supervision and monitoring visits.

B. Longpang PHC (Weaving a Dream), Tuensang District

Background:

The **Longpang Health Centre in the Tuensang district of Nagaland** was initially established as a Community Care Centre for PLHIVs under NACO which was upgraded to a Primary Health Centre with joint support by DoH&FW / NHM of Nagaland and the Eleutheros Christian Society (ECS). The support has been provided through NHM Nagaland under '**Weaving a Dream: A People's Initiative for Health Care**' since 2010-11.

The ECS over the years have received support from other Govt. and non-government organization to strengthen additional health facilities (PHCs and SCs) and improve the service delivery through communitization model.

The purpose of the collaboration was to functionalize the Langpong Health Centre to 24 x 7 PHC Facility. The First MoU was signed on 5th October 2010 between DoH&FW, Nagaland and ECS which defines the overall framework within which both parties agreed to their respective roles and responsibilities in the planning and implementation of the following objectives:

- a. **Service Delivery:** All Assured Services as per the IPHS for 24 x 7 PHC should be available, which includes routine, preventive, curative and emergency care and statutory services in addition to services under all National Disease Control Programmes.
- b. **Management of Langpong Health Centre:** Both parties agreed to the creation of a Health Centre Management Committee at the facility level in line with the provision of the communitization of public institution and service act 2002 for implementation and follow up of projects.

As per the First MoU responsibility of each partner are mentioned below in the table:

Commitment of ECS	Commitment of DoH&FW, Nagaland
a. Responsible for Infrastructure development of Health Centre conforming to IPHS for a PHC 24 x 7	a. To provide Grant in Aid amounting to 36.17 lakhs for recurring cost @ Rs. 34.61 lakhs and non- recurring cost @ Rs. 1.57 lakhs.
b. Responsible for timely and regular submission of activity reports & returns as per the GoI guidelines	b. Responsible for skill upgradation of the critical staff of the health centre as per prevailing integrated training policy.
c. Adherence to prevailing laws and ensure maintenance of a congenial environment for smooth functioning of the Health Care.	c. Depending on the available resource DoH&FW will provide necessary logistic support in terms of data management (Eg. Reporting formats / registers, specialized equipment and instruments relevant to the facility to enable provision of quality service for RCH and NDCPs.

Background of ROP Approvals:**Funding approved for FY 2022-23-24:**

No.	Components	No. of Units	Unit cost (In Rs.)	Amount	
				(Rs. In lacs) FY 2022-23	(Rs. In lacs) FY 2023-24
Recurring					
	Staff				
1	Medical Officer @ Rs 45000pm	1	45000	5.4	5.67
2	Pharmacist @ Rs 20000pm	1	20000	2.4	2.52
3	Staff Nurse @ Rs 25000pm	3	25000	9	9.45
4	Health Worker (F)/ANM @ Rs 20000pm	1	20000	2.4	2.52
5	Health Educator	1	15000	1.8	1.89
9	DEO cum LDA @ Rs 8000pm	1	8000	0.96	1.01
10	Laboratory Technician @ Rs20000pm	1	20000	2.4	2.52
11	Driver @ Rs 6000pm	1	6000	0.72	0.76
12	Class IV @ Rs 5000pm	4	5000	2.4	2.52
Sub-total A				27.48	28.85
Operational Cost					
13	Drugs (As per IPHS norms and standards)	1	300000	3	3.15
14	Travel Allowance @ 12 visits/month X 2 persons	24	1200	0.29	0.30
15	Telephone @ Rs.1000/month	12	1000	0.12	0.13
16	For hiring transport in emergency @ Rs.300/case X 80 cases	80	300	0.24	0.25
17	Other expenses @ Rs.2000/month	12	2000	0.24	0.25
Sub-total B				3.89	4.08
Grand Total (A+B)				31.37	32.94

In total Rs 31.37 lakhs for FY 2022-23 and Rs 32.94 lakhs for FY 2023-24 were approved for provision of manpower and operational cost for the Longpang PHC under the weaving a dream project.

The PHC is envisaged to provide basic health care services for the community along with delivery of RMNCH+A services. All assured services as envisaged in IPHS for a 24 x 7 PHC is mandated to be available which includes routine, preventive, promotive, curative, and emergency care and statutory services in addition to all the national health programs. Besides these, continuous capacity building and developmental activities being carried out by the health personnel of the health centre viz. conducting baseline survey, selecting, and training health volunteers from underserved villages, publishing quarterly health newsletter and conducting meetings for smooth functionalization of services with stakeholders etc. The immediate catchment area of the Longpang PHC covers nine villages with a population of around 7500. This is an estimate as per the 2011 census and the projected population for the year 2022 as an actual headcount has not been conducted. However, the Longpang PHC caters to a much larger population covering even villages in the borders of the adjoining districts of Mon and Noklak.

Field Visit Findings for the Longpang PHC (weaving a dream), Tuensang District

Salient observations:

1. Infrastructure:

The Longpang PHC is a 20 bedded hospital with dedicated male, female, and paediatric wards and designated as PHC with National Identification Number. The PHC also has a separate maternity ward with 3 beds and a fully functional labour room equipped with 2 labour tables, a radiant warmer and a phototherapy machine. Hospital has dedicated space for OPD, pharmacy, laboratory, x-ray, a wellness room, and a kitchen for dietary services. Longpang PHC has also won the Kayakalp Award (2020-21) under the Quality and Patient Safety initiative in the PHC category in the district of Tuensang.

2. Human resource:

NHM, Nagaland has been supporting the project since FY 2010-11. Key Human resource provided under the grant are as follows:

SL	Designation	In Position from NHM Support
1	Medical Officer	01
2	Staff Nurse	03 (04 in position with 01 from other support)
3	ANM	01
4	Health Educator	01
5	DEO cum LDA	01
6	Laboratory Technician	01
7	Pharmacist	01
8	Driver	01
9	Grade IV	04 (07 in position with 03 from other support)

3. Service delivery:

The PHC is providing OPD services on all working days with average OPD load of 8 per day. The PHC is providing maternal and child health related services like ANC, PNC, immunisation, nutritional support, basic family planning services etc. Average in-patient load in a month is around 20-25. Along with the above-mentioned services the PHC is largely engaged with the communitization project which is one of the pioneer projects in the state. The Longpang PHC under ECS foundation is providing comprehensive community intervention by coordinating with the community members and has developed around 240 mother's group across 65 villages. These groups are working closely with the community and providing counselling & motivation for baby care, family planning, institutional delivery, and immunization. However, these outreach activities are only focussed on RMNCHA services and does not include population based NCD screening as per the CPHC guideline

The PHC has a fully functional pharmacy with availability of all class of essential drugs including drugs for hypertension and diabetes.

The laboratory is fully functional with availability of essential equipment like biochemistry analyser, electrolyte analyser, CBC analyser, centrifuge machine, incubator, and microscope. The PHC also has the provision of digital x-ray, USG, and ECG. The equipment available are donated by

different organization through CSR funding. The facility is providing most of the essential diagnostic services as per IPHS for a 24 x 7 PHC. The MO posted in the PHC is trained in antenatal sonology.

The PHC also functions in collaboration with Christian Institute of Health Sciences & Research, Dimapur conducts outreach health camps, surgical camps including eye camps (in PHC) and also provide specialist services.

4. Performance as per HMIS:

SL	Services	FY 2020-21	FY 2021-22
1	OPD	1945	1884
2	IPD	397	241
3	ANC registration	56	46
4	Institutional Delivery	78	48
5	Full Immunization	6	0
6	IUCD Insertion	0	7
7	Minor OT	14	14
8	Immunization Sessions**	0	0

**The average OPD load is 6-7 patients per day.*

*** As per the performance report shared by the Longpang PHC, they are also providing immunization services, but they do not capture the data for full immunization.*

Scope of improvement:

1. The geographical area and the catchment population which the Longpang PHC will cater to needs to be clearly defined in consultation with the DoH&FW / NHM of Nagaland. This is essential to determine the performance based on activities targeted as per the requirements of the community and as well as to avoid duplication of services. As per the MO I/C of the PHC the immediate catchment area population is approximately 7500 (as per 2011 census).
2. The staff of the PHC needs to be provided training in guidelines and required services under CPHC, National Disease Control Programmes and NQAS & LaQshya including utilization of applications for data reporting and recording, and the district needs to take the lead
3. The PHC needs to increase its services delivery gamut by including activities of comprehensive primary health care which includes facility based and as well as community-based activities to include the following:
 - a. Care in pregnancy and childbirth.
 - b. Neonatal and infant health care services
 - c. Childhood and adolescent health care services.
 - d. Family planning, Contraceptive services, and other Reproductive Health Care services
 - e. Management of Communicable diseases including National Health Programmes
 - f. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments.
 - g. Screening, Prevention, Control and Management of Non-Communicable diseases

- h. Care for Common Ophthalmic and ENT problems
 - i. Basic Oral health care
 - j. Elderly and Palliative health care services
 - k. Emergency Medical Services
 - l. Screening and Basic management of Mental health ailments
4. Longpang PHC is a successful economically sustainable communitization model and in turn is responsible for strengthening and supporting the communities in improving their health and nutrition indicators. The PHC receives support from various donor agencies like TATA Trust, HCL Foundation, Wipro Care, Vitamin Angels, allied government organisation like NECTAR (under Department of Science & Technology), Social Welfare Department (for ICDS projects) & Department of Underdeveloped Areas and regular contributions from the community and the Churches. **The DoHFW & NHM of Nagaland should periodically monitor the various health related activities carried by the Longpang PHC through funding from various donor agencies to rule out any duplication of funding for activities and to ensure utmost utilization of fundings received.**
5. The PHC Longpang on initial review by the visiting RRC-NE team was observed have the facilities and services in place which makes it eligible to apply for NQAS / LaQshya (for Labour Room) certification and hence the NHM Nagaland in collaboration with RRC-NE may provide the requisite support for the same.

C. Mission Hospital, Impur, Mokokchung District

Background:

Impur Christian hospital was established in the year 1912 by Dr James R Bailey in the district of Mokokchung in Nagaland. The support being provided by NHM Nagaland has gone a long way in reducing the constraints faced by the Impur Christian Hospital and has aided it in functioning more effectively. The hospital is mandated to provide the basic RMNCH+A services to the remote communities in the Impur area and is covering 7-8 nearby villages.

During the FY 2009-10, as per the PIP, three non-governmental mission hospitals under the PPP model had been taken up to bolster the existing delivery system. The three (3) centres were at Impur, Mokokchung; Vankhosang, Wokha and Aziuto, Zunheboto. Later from 2012-13 State is proposing support for only 2 Mission hospital i.e Impur and Aizuto.

Background of Approvals (Grant in Aid) in RoPs of NHM Nagaland for Non-Government Hospitals:

FY of ROP	Activity	Amount Approved	Remark
2009-19	Grant in Aid for 3 mission hospitals at Impur, Vankhosang and Aziuto	15 lakhs	5 lakhs for each mission hospital
2010-11	Grant in Aid for 3 mission hospitals at Impur, Vankhosang and Aziuto	15 lakhs	5 lakhs for each mission hospital
2011-12	Grant in Aid for 3 mission hospitals at Impur, Vankhosang and Aziuto	15 lakhs	5 lakhs for each mission hospital
2012-13	Grant in Aid to Impur Mission Hospital, Mokokchung and Aizuto Mission Hospital, Zunheboto	05 lakhs	Only for Mission Hospital Aizuto, Zunheboto (HR salary support)
2013-14	Grant in Aid to Impur Mission Hospital, Mokokchung and Aizuto Mission Hospital, Zunheboto	10 lakhs	5 lakhs for each mission hospital
2014-15	Grant in Aid to NGO. Impur Mission Hospital, Mokokchung and Aizuto Mission Hospital, Zunheboto	0	Pended, Not Approved, State asked to repropose with the payment to the NGO made on a case-to-case basis
2015-16	Grant in Aid to Impur Mission Hospital, Mokokchung and Aizuto Mission Hospital, Zunheboto	0	Pended, Not approved. State was asked to give the cost breakup of the activities supported and propose a case-based payment mechanism for the Hospitals. The achievement of previous years was also asked to be shared.

2016-17	NGO Programme/ Grant in Aid to NGO. Impur Mission Hospital, Mokochung+ Aizuto Mission Hospital, Zunheboto	0	Pended, Not approved. State was asked to give the cost breakup of the activities supported and propose a case-based payment mechanism for the Hospitals. The achievement of previous years was also asked to be shared.
2017-18	Grant in Aid to Impur Mission Hospital, Mokochung and Aizuto Mission Hospital, Zunheboto	10 lakhs	5 lakhs for each mission hospital
2018-19	Grant in Aid to Impur Mission Hospital, Mokochung and Aizuto Mission Hospital, Zunheboto	10 lakhs	5 lakhs for each mission hospital
2019-20	Grant in Aid to Impur Mission Hospital, Mokochung and Aizuto Mission Hospital, Zunheboto	10 lakhs	5 lakhs for each mission hospital
2020-21	Grant in Aid to Impur Mission Hospital, Mokochung and Aizuto Mission Hospital, Zunheboto	10 lakhs	5 lakhs for each mission hospital
2021-22	Grant in Aid to Impur Mission Hospital, Mokochung and Aizuto Mission Hospital, Zunheboto	10 lakhs	5 lakhs for each mission hospital
2022-23	Grant in Aid to Impur Mission Hospital, Mokochung and Aizuto Mission Hospital, Zunheboto	10 lakhs	5 lakhs for each mission hospital

Break up of operational cost for FY 2022-24

No.	Components	No. of Units	Unit cost (In Rs.)	TL. Amount	
				(Rs. In lacs) FY 2022-23	(Rs. In lacs) FY 2023-24
Operational Cost					
1	Drugs (as per IPHS norms and state EDL standards)	1	300000	3	3
2	Travel Allowance @ 12 visits/month X 2 persons	24	1500	0.36	0.36
3	Telephone @ Rs.1500/month	12	1500	0.18	0.18
4	For hiring transport in emergency @ Rs.600/case X 50 cases	50	600	0.3	0.3
5	Renovations & Repairs	1	80000	0.8	0.8
6	Other expenses (stationeries and logistics) @ Rs.3000/month	12	3000	0.36	0.36
Total				5.00	5.00

Field Visit Findings for the Impur Christian Hospital, Mokokchung

Salient observations:

1. Infrastructure:

The Impur Christian Hospital is a 12 bedded hospital with provision of OPD, IPD, Major and Minor OT, Laboratory and Pharmacy services along with a separate 6 bedded palliative care unit. The Hospital also has an ANM school with capacity for 20 students per year.

The hospital had been rendering only OPD services through GNMs and ANMs posted in the centre. Recently 1 Medical Officer has been posted from NHM and is expected to join shortly. The Impur Christian Hospital has an annexe facility situated in Mokokchung town (approximately 14 kms away from the Impur Christian Hospital) and 1 senior Medical Officer from this Annexe hospital visits the Impur Christian Hospital to provide OPD services. The facility rarely conducts delivery as only the GNMs and ANMs are posted on regular basis. The facility conducts surgical camps at times with support from Specialists from other Mission Hospitals.

2. Human resource:

Key Human resource for the hospital are as follows:

SL	Designation	In Position
1	Medical Officer	02 (1 recently posted from NHM)
2	Staff Nurse	04 (02 posted from NHM)
3	ANM	01 (posted from NHM)
4	Manager	01
5	Office Assistant	01
6	Laboratory Technician	02 (1 posted from NSACS)
7	Pharmacist	0
8	X ray technician	01
9	Counsellor	01 (posted from NSACS)
10	Driver	01
11	Grade IV	04

3. Service delivery:

The PHC is providing OPD and diagnostics services on all working days with average OPD load of 8-10/day. The PHC is providing maternal and child health related services like ANC, PNC, immunisation, nutritional support, basic family planning services etc.

The PHC has fully functional pharmacy with availability of all class of essential drugs including drugs for hypertension and diabetes.

The laboratory is providing basic laboratory tests like Urine analysis, VDRL/HIV testing, Hb estimation, PTK and widal test.

4. Performance as per HMIS:

SL	Services	FY 2020-21	FY 2021-22
1	OPD	2161	1441
2	IPD	35	8
3	ANC registration	2	0
4	Institutional Delivery	0	2
5	Full Immunization	5	3
6	IUCD Insertion	0	0
7	Minor OT	134	104
8	Immunization Sessions	24	24

**The average OPD load is 7-8 patients per day.*

*** The above performance is the cumulative performance of Impur Christian Hospital and Annexe wing of Mokukchung town.*

Scope of improvement:

1. The geographical area and the catchment population of Impur Christian Hospital being catered needs to be defined in consultation with the DoH&FW / NHM of Nagaland. This is essential to determine the performance based on activities targeted as per the requirements of the community and as well as to avoid duplication of services. As per the MO of the PHC the immediate catchment area population is approximately 17,000 (7-8 villages)
2. To provide the comprehensive primary health care service and this will also help the facility to attain all the service benchmarks related to a 24 x 7 PHC.
3. The staff of the PHC needs to be provided training in Guidelines of CPHC, Disease Control Programmes and NQAS & LaQshya including utilization of apps for data reporting and recording.
4. The PHC needs to increase its services delivery gamut by including activities of comprehensive primary health care which includes facility based and as well as community-based activities to include the following:
 - a. Care in pregnancy and childbirth.
 - b. Neonatal and infant health care services
 - c. Childhood and adolescent health care services.
 - d. Family planning, Contraceptive services, and other Reproductive Health Care services
 - e. Management of Communicable diseases including National Health Programmes
 - f. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments.
 - g. Screening, Prevention, Control and Management of Non-Communicable diseases
 - h. Care for Common Ophthalmic and ENT problems
 - i. Basic Oral health care
 - j. Elderly and Palliative health care services
 - k. Emergency Medical Services
 - l. Screening and Basic management of Mental health ailments

5. The hospital has a nursing school with strength of 20 students. The facility may utilise the ANMs for NCD services under CPHC program. They can help in population enumeration as well as NCD screening in collaboration with the nearby SC HWCs in their area.

Following timeline may be decided and used for monitoring the progress of service delivery:

SL	Activity	Estimated Timeline	Responsible Party
1	Training of Health Staff of PHC as per level of facility for PHC 24 x 7	As per NHM Nagaland Training Calendar	NHM, Nagaland
2	Enumeration and line listing of catchment population of the PHC	By 3 rd Quarter of FY 2022-23	Impur Mission Hospital & NHM, Nagaland
3	Resumption of RMNCHA+ services focussing specifically on ANC, institution delivery, PNC, new-born care & immunization	By 3 rd Quarter of FY 2022-23	Impur Mission Hospital
4	Population based screening for NCD to be completed	By 4 th Quarter of FY 2022-23	Impur Mission Hospital & NHM, Nagaland

D. Key Performance Indicators for Police Referral Hospital (Chumukidema), Longpang PHC, Tuensang and Impur Christian Hospital, Mokokchung Nagaland

The proposed indicators may be utilized to monitor the performance of the health facilities under PPP

RMNCH+A – KPI for monitoring monthly performance

Sl.	KPI Indicators	Target FY 2022-23	Target FY 2023-2	Data Definitions	Source
1	1st Trimester registration to Total ANC Registrations	75%	80%	Numerator: Number of Pregnant women registered during 1 st Trimester Denominator: Number of Pregnant Women registered during the reporting month/year	HMIS Portal
2	Pregnant Woman received 4 ANC check-up to Total ANC Registrations	70%	80%	Numerator: Number of pregnant women received 4 th ANC Denominator: Number of Pregnant Women registered during the reporting month/year	HMIS Portal
3	Pregnant Woman received 180 Iron Folic Acid (IFA) tablets to Total ANC Registrations	70%	85%	Numerator: Number of Pregnant Woman received 180 Iron Folic Acid (IFA) tablets Denominator: Number of Pregnant Women registered during the reporting month/year	HMIS Portal
4	Pregnant Woman given TT2 (TD2) / TT (TD) Booster to Total ANC Registrations	100%	100%	Numerator: Number of Pregnant Woman TT2 (TD2) / TT (TD) Booster Denominator: Number of Pregnant Women registered during the reporting month/ year	HMIS Portal
5	Pregnant Women tested 4 or more Hb% with respective ANC against total ANC Registrations	70%	80%	Numerator: Number of Pregnant women tested 4 or more Hb% Denominator: Number of Pregnant Women registered during the reporting month/ year	HMIS Portal
6	Institutional deliveries to total	70%	80%	Numerator: Number of Institutional deliveries	HMIS Portal

Sl.	KPI Indicators	Target FY 2022-23	Target FY 2023-2	Data Definitions	Source
	estimated deliveries			Denominator: Number of estimated Delivery during reporting month/year	
7	New-borns weighed at birth to live birth	100%	100%	Numerator: Number of New-borns weighed at birth Denominator: Number of reported live birth during reporting month/year	HMIS Portal
9	New-born breast fed within one hour of birth	100%	100%	Numerator: Number of New-borns breast fed at birth within 1 hour Denominator: Number of reported live birth during reporting month/year	HMIS Portal
9	children fully immunized (9-11 months) (BCG+ Penta3 + OPV3 + Measles) to estimated live birth	90%	90%	Numerator: No. of children fully immunized (9-11 months) Denominator: Number of estimated infants (0-1 year) during reporting month/year	HMIS Portal
10 [#]	PP IUCD Insertions (within 48 hours of delivery) to Total Institutional Deliveries	5%	5%	Numerator: Number of Postpartum IUCD insertions (within 48 hours of delivery) Denominator: Total Institutional Deliveries	HMIS Portal
11 [#]	Post Abortion IUCD Insertions	50%	50%	Numerator: Number of Post Abortion IUCD insertion during reporting month/year Denominator: Total number of MTP during reporting month/year	HMIS Portal

* This indicator can be added only after completion of training of ANMs and GNMs on SBA by State

This indicator can be added only after completion of training of GNM on IUCD by State and making IUCD available to the PHCs

NTEP – KPI for monitoring monthly performance

Sl.	KPI Indicators	Data Definitions	Source
12	2% of TB Cases referred for screening out of Total OPD	Numerator: Number of suspected TB cases referred for Diagnosis Denominator: Total number of patients attended in the OPD	NIK S CHAY Portal
13	100 % of TB Cases receiving treatment as per protocol	Numerator: Total number of TB cases receiving treatment as per protocol Denominator: Total number of active TB Cases	NIK S CHAY Portal

NVBDCP – KPI for monitoring monthly performance

Sl.	KPI Indicators	Data Definitions	Source
14	100 % blood slide examination for fever cases registered in the OPD	Numerator: Number of fever cases examined for blood slide Denominator: Number of fever cases per month/year	NVBDCP Report

Laboratory Test – KPI for monitoring monthly performance

Sl.	KPI Indicators	Data Definitions	Source
15	100% lab test (types) done against available test*	Numerator: Numbers (types) of lab test done in the month Denominator: 63 types of lab test scheduled to be done every month	District Report

***As per Free Diagnostic Initiative guidelines a PHC should do 63 tests and a CHC should do 97 tests. Refer to FDSI guidelines 2019 by GoI.**

State to ensure that the PHC laboratory technician is trained for all the 63 tests

Ayushman Bharat – Health and Wellness Centre- KPI for monitoring half yearly performance

Sl.	KPI Indicators	Data Definitions	Source
16	80 % population empanelled above 30 years of age	Numerator: No. of individuals above 30 years of age empanelled using CBAC Denominator: Total population of the PHC enumerated in the catchment area	AB-HWC Portal
17	Population Screening for NCD: Hypertension. 50 % of individuals above 30 years screened for Hypertension.	Numerator: Number of Individuals of 30 years & above screened for Hypertension Denominator: Total population of 30 years and above of the PHC catchment area	AB-HWC Portal
18	Population Screening for NCD: Diabetes. 50 % of individuals above 30 years screened for Diabetes.	Numerator: Number of individuals of 30 years & above screened for Diabetes Denominator: Total population of 30 years and above of the PHC catchment area	AB-HWC Portal
19	Population Screening for NCD: Oral Cancer 50 % of individuals above 30 years screened for Oral Cancer	Numerator: Number of individuals of 30 years & above screened for Oral Cancer Denominator: Total population of 30 years and above of the PHC catchment area	AB-HWC Portal
20	Treatment compliance for Hypertension: 80 % of patients with Hypertension on treatment	Numerator: Number of patients with Hypertension received treatment/follow up Denominator: Total number of patients with screened and diagnosed as Hypertension	AB-HWC Portal
21	Treatment compliance for Diabetes: 80 % of patients with Diabetes on treatment	Numerator: Number of patients with Diabetes received treatment/follow up Denominator: Total number of patients with screened and diagnosed as Diabetes	AB-HWC Portal

- State to train the ASHAs, ANMs, Staff Nurses and MOs in CPHC and NCD on priority
- These Indicators to be used on half yearly basis to monitor the performance of the PHCs only after the completion of training

RKS / JAS meeting – KPI for monitoring quarterly performance

Sl.	KPI Indicators	Data Definitions	Source
22	Supportive supervisory visits made in the PHC by District Officials every quarter	<p><u>Numerator:</u> Number of supportive supervision visit made to the PHC by District Officials in quarter</p> <p><u>Denominator:</u> Number of supportive supervisions scheduled in the quarter (at least 1 visit in a month to PHC by District Officials)</p>	District Report
23	No. of District Review meeting attended by PHC-MO	<p><u>Numerator:</u> Number of District Review meetings attended by the PHC-MO</p> <p><u>Denominator:</u> Number of District Review meeting held in the quarter (at least 1 in a month)</p>	District Report
24	Supportive supervisory visits made in the PHC by State Officials every half yearly	<p><u>Numerator:</u> Number of supportive supervision visit made to the PHC by State Officials half yearly</p> <p><u>Denominator:</u> Number of supportive supervisions scheduled in six monthly (1visit to all PHCs once in six month)</p>	State Report

E. Mission Hospital Aizuto, Zunheboto District

The NHM, Nagaland is supporting Aizuto Mission hospital since FY 2009-10 with grant aid of Rs 5.00 lakhs a year. The hospital is mandated to provide the basic RMNCH+A services to the remote communities in Aizuto area and is covering nearby villages.

Service delivery:

As per the telephonic conversation with the DPM, Zunheboto district, the facility is providing OPD and basic ANC/PNC services. The facility was non-functional during the COVID-19 pandemic from 2019 till the end of 2021. The facility resumed its function after January 2022. There is constraint of Human resource in the facility and only 1 (one) ANM is posted recently from NHM, Nagaland in the month of January 2022. **Currently there is no MO posted in the facility.**

Statement of Expenditure for the year 2021-22:

The Aizuto Mission Hospital, Zunheboto received funding of Rs 5 lakhs for FY 2021-22. The breakup of expenditure is as follows:

SL	Components	Expenditure (in Rs)
1	Drugs	2,71,100
2	Travel allowance	18,000
3	Telephone bill	14,390
4	Transportation	29,600
5	Renovation & repair	1,04,120
6	Other expenses	20,790
7	Salary (Attendant)	42,000
	Total	5,00,000

The hospital used to report on HMIS portal till the beginning of COVID-19 pandemic. But over last 2 years the facility has not reported in HMIS portal leading to deactivation of the account and as such the facility is not shown in the HMIS portal. State has taken the initiative to re-activate the account on HMIS portal.

Scope of Improvement:

1. To provide the basic service delivery in terms of RMNCH+A services, **there is a need to appoint a regular Medical Officer in the facility.** This will also help the facility to attain all the service benchmarks related to a PHC.
2. The staff of the PHC need to be provided training in Guidelines of CPHC, DCPs and NQAS & LaQshya including utilization of apps for data reporting and recording.

3. The Aizuto Mission Hospital needs to report in HMIS for capturing the yearly performance of the hospital. The PPP run hospital should be provided with HMIS ID for reporting the same.
4. The PHC needs to increase its services delivery gamut by including activities of comprehensive primary health care which includes facility based and as well as community-based activities.
5. Time Bound recommended Initiatives may be undertaken by NHM Nagaland and the Aizuto Mission Hospital for the Functionalization of the Hospital as PHC Non 24X7.

Following performance benchmarks may be decided and used for monitoring the progress of service delivery:

SL	Activity	Estimated Timeline	Responsible Party
1	Reactivation and reporting in HMIS portal with unique HMIS ID (NIN number)	By 3 rd Quarter of FY 2022-23	NHM, Nagaland
2	Deployment of essential HR like MO in the PHC (From NHM)	By 3 rd Quarter of FY 2022-23	NHM, Nagaland
3	Training of Health Staff as per level of facility for PHC Non 24 x 7	As per NHM Nagaland Training Calendar	NHM, Nagaland
4	Enumeration and line listing of catchment population of the PHC	By 4 th Quarter of FY 2022-23	Aizuto Mission Hospital & NHM, Nagaland
4	Resumption of RMNCHA+ services focussing specifically on ANC, institution delivery, PNC, new-born care & immunization	By 4 th Quarter of FY 2022-23	Aizuto Mission Hospital & NHM, Nagaland
5	Population based screening for NCD	By 4 th Quarter of FY 2022-23	Aizuto Mission Hospital & NHM, Nagaland

****On fulfilment of the above-mentioned benchmarks, RRCNE in collaboration with NHM Nagaland will develop specific KPIs for the health facility.**

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F. Photo Gallery



Labour room at Police Referral Hospital



Oxygen Plant



Newly constructed 70 bedded pre-fabricated COVID ward police referral hospital



Non-Functional Major OT



Functional IPD Beds



Police Referral Hospital





Longpang PHC, Tuensang



Fully equipped laboratory at Longpang PHC



Pharmacy at Longpang PHC



Community interaction in Longpang PHC



Male ward at Longpang PHC



Impur Christian hospital, Mokokchung



Palliative care centre, Impur Christian Hospital



Indoor ward at Impur Christian Hospital
