## Format for <u>National Health Mission (NHM)</u> for submitting the Monthly Progress Report to NITI Aayog

## Name of Union Territory: Daman & Diu

## The Report as on 30<sup>th</sup> of April, 2018

Indicators	Units	UT Value	UT Comments	UT Data Source
Infant mortality rate	Number/ 1000 live births	6.09	2 infant death against 328 live births	HMIS
Initiatives taken to reduce Infant Mortality below 10	Text		<ul> <li>FACILITY BASED <ul> <li>APPROACH (CURATIVE</li> <li>APPROACH):</li> <li>(A) Low birth weight &amp; Preterm birth:</li> </ul> </li> <li>1. Injection Corticosteroids to all ANC in Pre- term Labour (24-34 weeks).</li> <li>2. Empirical Antibiotics to all ANCs and Pre-term Labour and to prevent sepsis.</li> <li>3. Referral with proper detailed notes including time/ condition on admission, management.</li> <li>4. To provide kangaroo Mother Care to all low birth weight babies.</li> <li>(B) Sepsis/ Pneumonia:</li> <li>1. Early onset of Sepsis: <ul> <li>a. History of fever before 15 days to ANC- Antibiotic injection to all ANC with preterm labour.</li> <li>b. Swab and culture before giving Antibiotic.</li> </ul> </li> <li>2. Late onset Sepsis: NICU: Strict protocol for Septic and Aseptic babies. And staff not to mix with each other. Infection control protocol to be followed prevent cross infection.</li> <li>3. SBA &amp; NSSK training immediately.</li> </ul>	DMHS

(C) Asphyxia:
1. Strict implementation of
Partograph.
2. Early referral in case of
obstructed labour.
3. Timely decision for LSCS for
obstructed labour or contracted
Pelvis.
(D) Congenital Anomalies:
1. Screening of new born at
delivery point for birth defects.
2. Timely referral for surgeries
and management of birth
defects.
3. Training for implementation of
new guidelines for screening.
4. Timely anomaly Scan during
pregnancy.
(E) ALL INFANT DEATH
REVIEW IN CO-
ORDINATION WITH
GYNECOLOGIST AND
PAEDIATRICIANS ON
WEEKLY BASIS.
COMMUNITY BASED APPROACH
APPROACH
APPROACH (PREVENTABLE)
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			Coverage from 66.30% to 100%.	
Under 5 mortality rate	Number/ 1000 live births	6.09	2 deaths against 328 live births	HMIS, DMHS
Total fertility rate	Number (decimal points)	1.7		NFHS IV
Full immunization rate	%	111%		HMIS
Efforts taken to achieve 100% immunization	Text		<ol> <li>RCH portal entries &amp; regular weekly update of all new born to get work plan for immunization</li> <li>Special mobile teams for high risk</li> <li>Monitoring &amp; Follow up of partially immunized children.</li> <li>All delivery staff is being sensitized for immunization at birth.</li> </ol>	DMHS
Treatment success rate of new microbiologically confirmed TB cases (RNTCP)	Number/ lakh population	67%		Quarterl y report RNTCP
HIV/AIDS - Adult prevalence rate (%)	Number	0.14		DMHS
Govt. Doctor to Population Ratio	Ratio	1:5924		DMHS
Bed density (Govt. Hospitals)	Number	1 bed for 957 persons	500 Govt. beds / 10 lakh population as per NHM vision document (i.e. 2000/ beds, 1500 beds/ 10 lakhs population as per WHO recommendation	MIS
Number of cases of dengue	Number	00		DMHS, IDSP
Number of deaths due to dengue	Number	00		DMHS, IDSP
Proportion of persons diagnosed with hypertension	Number	231		MIS
Proportion of persons diagnosed with diabetes	Number	123		MIS
Vacancy rate of doctors in public	%	39.82%	The posts of Specialist & Medical officers are be filled by UPSC.	DMHS

health facilities			Vacant posts of Medical Officers have been advertised.	
Vacancy rate of	%	SN: 5.47%		DMHS
nurses in public				
health facilities				
No. of new	Number	1	One nursing college has been	DMHS
nursing schools/			operationalised w.e.f. 15.11.2017	
colleges. (Internal			at Govt. Hospital Daman	
UT Report)				
Remarks, if any				