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PART I

Appointments, Postings, Transfers, Powers, Leave and other
Personal Notices and Orders

NOTIFICATIONS

No, MHE. 1/76—77/122. the 5th July, 1978. The Lt. Governor of Mizoram is pleased to order for appointment of Dr. R. Lalzarhians, B.D.S as Dental Surgeon against one of the vacant post of Assistant Surgeon—I in the scale of pay of Rs. 650-30-740-35-810-EB-35-880-40 1000-EB-40-1200/- p.m. plus other allowances as admissible from time to time with effect from the date of joining his duty at Civil Hospital, Aizawl

He will be on probation for a period of 2 (two) years at the initial stage. The appointment is subject to regularisation in accordance with the service rules to be framed and approved by the Government in due course, and will not bestow on the person a claim for regular appointment and the service rendered on adhoc basis in that grade would not count for the purpose of seniority and eligibility for promotion to the next higher grade.

The appointment is made against the vacant post of Assistant Surgeon—I under the Head of account — 280-Medical 'A' Allo-pathy, A-2-Medical Relief, A-2 (1) Hospital (Plan) last retained vide this Department's letter No. MHE. 62/76/182, dt 10.4.1978.

By order, etc.

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No. MAP. 54/76/41, the 4th July, 1978. Subject to availability of leave, the Lt. Governor, Mizoram is pleased to grant earned leave for 15 (fifteen) days with effect from 5.6.1978 to 19.6.1978 to Sri Madan Jna, IAS, Director of Supply and Transport on private ground under the I.A.S. (Leave) Rules, 1955.

Certified that the officer would have continued to hold the post but for his proceeding on leave. He is likely to return to the same post on expiry of leave, from which he proceeded on leave.

X X X

No. MHE 2/77/31, the 5th July, 1978. In the interest of public services, the Lt. Governor of Mizoram is pleased to order appointment of Dr. R. Doliana to post of Medical superintendent, Civil Hospital, Aizawl against the vacant post of Medical Superintendent in the scale of pay of Rs. 900-40-1100-EB-50-1400/- p.m. created vide this Department's Notification No. MHE 2/76/30, dt 5.7.78 with effect from the date he relinquished the charge of Dy. Director of Health Services, until further orders.

He will be in-charge of overall supervision and administration of Civil Hospital, Aizawl and he will deal directly with the Directorate of Health Services, Mizoram.

This Department's Notification No MHE. 2/77/25—A to C will remain in force until further orders.

M Lalmanzuala,
Secretary,
to the Govt. of Mizoram.

No STE 15/78/7 the 3rd July, 1978 In accordance with Government of Tripura's message No F 34 (14) - GA/63(L) dt. 4. 4. 78 Government of Mizoram, Appointment Deptt's U.O. No. MAP 190/72/74 dt. 31. 1. 1978 and in continuation of Government of Mizoram Notification No. STE. 15/76—77/40 dt. 4. 1. 78, The Lt. Governor of Mizoram is pleased to extend the term of deputation of Shri Das Gupta, Deputy Director of Supply & Transport - Cum Liaison Officer, Government of Mizoram, Calcutta for a further period of one year upto 31 December '78 on the existing terms and conditions.

Madan Jha,
Secretary to the Govt. of Mizoram,
Supply & Transport Deptt.

No. ESS. 151/77/58, the 4th July, 1978. In pursuance to this Department's letter No. ECL. 47/76/22 dt 25.5.1978, Shri B. Lalchuanliana who had been appointed as Lecturer in Zoology, Lunglei College vide this Deptt's Notification No ESS. 151/77/51 dt 7.4.1978 is transferred to Pachhunga College, Aizawl.

L.N. Tluanga,
Joint Secretary to the Govt. of Mizoram,
Education & Social Welfare Department.

No. PWE. 64/75/440—A, the 1st July, 1978. The Lt. Governor of Mizoram (Administrator) is pleased to cancel the notification issued under this Department No. PWE—64/75/434 dated 1/6/1978.

A. Nath,
Secy. to the Govt. of Mizoram.

No. AGR/PF. 16/78/3—A, the 5th July, 1978. In supercession and partial Modification of this Department's Notification No. AGR. 70/75/pt dt. 10.12.76. The Lt. Governor of Mizoram is pleased to grant 170 days Commuted leave to Shri R.C. Laikunga, H.D.O., Directorate of Agriculture on Medical ground with effect from 19.5.75 to 4.11.75 combined with Earned Leave for 72 days w.e. 5.11.75 to 15.1.76 (both days inclusive) under Central Civil Service Revised Leave Rules 1972.

The Officer after the expiry of his leave had resumed his duty in the same capacity.

Laikhama,
Secy. to the Govt. of Mizoram.

No. LAD/A—67/75/26, the 1st July, 1978. In exercise of the powers conferred by paragraph 14 (1) of the Sixth Schedule to the Constitution of India, the Lt. Governor (Administrator) of the Union Territory of Mizoram is pleased to appoint Shri M.B. Rai, I.A.S. Deputy Commissioner Chhimtuipui District Saina as Commission to examine the boundary dispute between Bualpui within Pawi Autonomous District and Tuisumpui within Lakher Autonomous District and to submit its report within three months from the date of receipt of this notification. The Commission will give reasonable opportunity to all interested parties to represent their case before it. In other respects, the Commission will evolve its own procedure.

J. Wilson Sundara Raj,
Secretary to the Govt. of Mizoram.

No. MAP. 52/74/42, the 4th July, 1978. Subject to availability of leave, the Lt. Governor (Administrator,) Mizoram is pleased to grant 30 (thirty) days earned leave to Shri Yogaraja, B.D.O. Serchhip on Medical ground with effect from 19.6.1978 to 18.7.1978 (both days inclusive) under C.C.S. (Leave) Rules, 1972 as amended from time to time.

Certified that the officer would have continued to hold the post but for his proceeding on leave and there is every likelihood of his returning to the post from which he proceeded on leave.

L.S. Sailo,
Under Secy. to the Govt. of Mizoram.

No. MAP. 54/76/44, the 6th July, 1978. Subject to availability of leave, the Lt. Governor, Mizoram is pleased to grant earned leave for 15 (fifteen) days w.e.f. 5.6.78 to 19.6.78 to Shri Madan Jha, IAS, Director of Supply & Transport, on private ground under the I.A.S. (Leave) Rules, 1955.

Shri Madan Jha is allowed to avail leave travel concession facilities for the block of year 1978—79.

Certified that the officer would have continued to hold the post but for his proceeding on leave and there is every likelihood of his returning to the same post from which he proceeded on leave.

During the absence of Shri Madan Jha on leave Shri L. Pachhunga, Dy. Director of Supply shall look after the current duties of Director of Supply & Transport in addition to his own duties.

This supersedes notification issued under No. MAP. 54/76/41 dated 4.7.78.

M. Lalmaozuala,
Secy. to the Govt. of Mizoram,
Appointment 'A' Department.

OFFICE ORDER No. 138 OF 16.6.1978

No. PF. 83/73/25. the 16th. June, 1978.

15 days Earned Leave with effect from 12.6.78 to 26.6.78 (both days inclusive) is granted to Shri C. Lianupa R.O. Pawi District Council, Bualpui (Ng) on ground of domestic affairs under C.C.S. (Leave) Rules, 1972.

He would have continued to hold the post but for his proceeding on leave,

There is every likelihood of his returning to the post from where he proceeds on leave.

F. Maughnuna,
Chief Executive Member,
Pawi District Council, Lawngtlai.

OFFICE ORDER No. 1/78

No. LDC. 11/LEG/78—79/8, the 3rd May, '78. As provided under Rule 15 of the Mizoram Autonomous District Councils (Constitution and Conduct of Business) Rule 1974, and in the interest of Office Administration the Chairman of the Lakher District Council is pleased to promote Shri. L.C. Hlychho Senior Superintendent, Lakher District Council Saiha to the post of Secretary Legislative Department in the scale of pay of Rs. 700-40-900-EB-40-1100-50-1300/- plus usual allowances admissible under the Rules with effect from the date he joint duty,

Roma,
Chairman Lakher
District Council

No: LDC.19/REV/T/78—79/I, the 28 June'78. As required by sub-section 1 of section 6 of the Lakhher District Council (Profession, Trades, Callings and Employment Taxation) Regulation, 1973 the Executive Committee of the Lakhher District Council is pleased to appoint Shri K. Lainei Revenue Officer, Saiha and Shri J Nyuhra, Revenue Officer Tumpang as Taxing authorities and that they shall be responsible for the administration within their respective jurisdiction with immediate effect.

This Order Canceled Executive Order No. 133/76.

P. Beiha,
Secy. Executive Committee.
Lakhher Dist. Council, Saiha.

Government of Mizoram PART II

Resolutions, Orders, Notifications etc
Issued by Heads of Department and High Court
Government of Mizoram, Law and Judicial Department.

No. PCV. 16/78/205, the 7th July, 1978. In exercise of the power conferred under sec 25 (1) of the Pawi Autonomous District Council (Village Councils) Act, 74, the Executive Committee of the Pawi District Council, after having a careful watch over the report from public of Rulkuai Village and verification taken upon which is pleased to dissolve the existing Village Council of Rulkuai Village on account of in efficiencies in running Village Administration etc. with effect from the date of issue of this order.

Tialvunga,
Executive Member, i/c., (Vill. Adm)
Pawi District Council, Lawngtlai.

No. LAD/VCL-18/77—78/2, the 28th June, 1978. Whereas Shri Hara Chandro Chakma, Village Council President of Guichawag, as elected member expired on 15.5.78, the said elected seat is declared as vacant.

Further, in exercise of the powers conferred under section 7 (8) of the Village Councils Act, 1973, as adapted, the Administrator allowed the remaining members of the Village Council to elect a new Village Council President from amongst themselves. In the mean time the Office of the Village Council President shall be performed by the Vice President.

Khuanga,
Secretary to the Govt. of Mizoram,
Local Administration, Town Planning &
Housing Deptt. Aizawl;

Moreover the hospital situation can be one of the best opportunities for imparting appropriate health education to the large number of the people, who visit there as patients relatives or visitors etc. as they are receptive at that time. This is most likely to lead into the desired behavioural change. However in the case of scientific planning and organisation of any programme, health education in hospital also requires special attention by one or more of the staff of the hospital. The leadership of the medical superintendent and the whole hearted co-operation and the co-ordinated effect of all the hospital staff are essential for the success of this programme.

The documentation of the experiences of the process of integration of health education in the hospital health services should be done from the beginning so that these experiences can be shared in one of the educational meetings for the furtherance of the programme.

OBJECTIVES ;

To include health education activities in all the Departments of the hospital as an integral part of their routine activity.

I. SOME ACTIVITIES THAT CAN BE CARRIED OUT IN DIFFERENT SITUATION : OUT PATIENT, DEPARTMENT WAITING ROOMS, REGISTRATION COUNTER, CASUALTIES, ETC.

1. 1 These are the places where health education and information can be given regularly as given below :—
 - ii) complete and current information on various services provided by the hospital.
 - iii) different units of department to be indicated
 - iv) education on seasonal health problems.
 - v) Health slogans.
- 1.2 different methods and media that can be utilised in imparting health education and information.
 - i) posters to be displayed on notice board (preferably soft board covered by flannel with frame and stand) or a wall.
 - ii) arrows and directions to be displayed clearly, graphics may to be used as majority of population cannot read.
 - iii) small exhibits can be displayed according to the seasonal needs and also programme needs of (family planning, blood bank, eye bank, etc.)
 - iv) paging system (loudspeakers) and tape-recorders-judicious announcement of direction, health slogans, information etc. The voice should be clear and instruction should be in local language. The announcements to be made should be clearly written on paper like T.V. announcement.

- v) daylight screen can be used for health message and information. Film strip, slides and films/— can be shown in the daylight screen,/—regarding health
- vi) volunteers from scouts, schools, mahila mandals, hospital welfare association, red cross can be mobilised for helping in imparting health education practices in O.P.D. and also for guiding the patients.

2. HEALTH EDUCATION ROOM IN O.P.D.

2. 1. In this room following different activities of health education and information can be carried out.

- i) Sign boards 'health Education' with the names of the medical Officer/ health educator/ social workers responsible for health education programmes should be displayed.
- ii) education material and aids should be kept in the health education room for use for all the activities.
- iii) consultation before, during and after attending clinics, before admission (to ally anxiety, elicit cooperation with regard to treatment and what to be brought by patients for admission/attendants and as and when doctor feels necessary).
- iv) interns—medical, nursing and para-medicals can be utilised for health education work.

2. 2. Different methods and media that can be utilised in imparting health and information.

- i) individual education by attending staff and consultation in the Health Education room.
- ii) small group education in the Health Education room and in O.P.D.

3. HEALTH EDUCATION IN THE WARDS :

3. 1. Health education activities that can be carried out in the wards :
Education to the patients, relative and visitors,

- a) for particular disease.
- b) for the care of the patients (preparing beds, sponging, using bed pans, cooking special beds etc). and
- c) general cleanliness of the wards.

3. 2. Methods and media that can be utilised in health education activities in wards

- i) group education to the patients and escorts.
- ii) doctors rounds, standing orders to the doctors, medical interns, nurses, nursing students on appropriate health education to the patients and attendants.

- iii) film, film strips and slides show and use of tape recorder on various health problems, diseases, etc.
- iv) Health education during discharge-stress need for follow up visits, continuation of treatment and health habits and other information (coordination with the medical Officer, social workers, nurses is required for this activity)

4 HEALTH EDUCATION IN CLINICS.

- 4.1. Health education activities that can be carried out in clinics.
 - i) education to the patients by the doctor as his time permits while examining and treating the patients and record them as far as possible
 - ii) education to the patients and escorts by the nurse as per time can afford while treating and attending the patients and record them as far as possible.
 - iii) ask the /Patients to read or make other read the instruction (small leaflet to be handed over by the M.O. or nurse).
 - iv) refer special cases and new admissions to the health education room with instructions to the M.O./ Special worker/health educator as regards specific health education required.
 - v) education to the patient by the Pharmacist by verbal instructions, hand bills for specific diseases labelling of medicines and general instructions.

4.2 METHODS AND MEDIA THAT CAN BE UTILISED :

Individual education to the patient and escorts

5. HEALTH EDUCATION REGARDING LABORATORY TESTS :

- 5.1 correct information regarding lab, X' ray can be given to the patients and escorts.
 - i) stool/urine/sputum examination how to collect and when and where to bring.
 - ii) blood examination preparation and where and When to come.
 - iii) X' Ray preparation and where and when to come.
 - iv) Special tests.
- 5.2 different methods-media that can be utilised in this activity.
 - i) chits and hand bills can be given
 - ii) Individual information.

6. ENVIRONMENTAL HEALTH IN HOSPITAL

- 6.1 Different health education and information regarding maintenance of hospital that can be carried out:
 - i) water supply (drinking/hand washing)—(cleanliness and maintenance.
 - ii) toilets—cleanliness, and maintenance, flushing, soap and water for hand

- washing. (sign boards by pictures for hand washing)
 - iii) provision of spittoons, and boxes for stubs, litre baskets
 - iv) food hygiene kitchen, canteen, food preparation (role for dietician training of relatives to prepare foods for patients).
 - v) disposal of waste, destruction of dogs, cats, rodent etc.
 - vi) shades and cooking arrangements for the attendants.
 - vii) prevention of accident within the hospital and its premises.
- 6.2 methods and media that can be utilised.
- i) different audio-visual aids depending upon the situation.
 - ii) group education.
 - iii) individual education.

7. HEALTH EDUCATION IN THE COMMUNITY

7.1 different activities that can be carried out in the community.

- i) referral of the cases to the field worker of the hospital, if any, after discharge by the doctor.
- ii) follow up by the social Worker in selected cases and reporting back to the doctor concerned.
- iii) co-ordination between existing health worker in the field (malaria, smollpox, ANMs -etc.)
- iv) education and publicity to the community regarding hospital facilities, timing and how to avail the facilities.

7.2 Methods and media that can be utilised.

- i) individual education.
- ii) group education.
- iii) Mass and media.

II TYPES OF EDUCATIONAL MATERIALS AND AIDS THAT CAN BE UTILISED

Types of educational aids and materials that have been discursed under each activity mentioned above compiled below for consideration while planning hospital health education programme.

- i) chits/hand-books if dufferebt cikiyrs/posters pamphlets/photo-cards flip charts.
- ii) projectors slide film/daylight screen.
- iii) loudspeakers, tape recorders.
- iv) printing health education slogans and instructions on the back of number cards, admission tickets, discharge sheets. etc

Educational material and aids should be procured by the hospital by keeping special budget for same. These may also be acquired from other agencies like State Health Education Bureau, District Health Office or Health Family Planning Training Centre etc. Some subjects and content that can be covered are given in Annexure II.

III ORIENTATION ON INTEGRATION OF HEALTH EDUCATION IN THE HOSPITALS

Before starting the programme of integration of health education in the hospital, orientation and training of that hospital staff and other personnel concerned are essential in order to ensure scientific, systematic and successful.

1. Personnel to be oriented ;

- a) Hospital staff including class IV.
- b) Volunteers like scouts, students health club members, etc.

2. Steps of orientation programme.

- i) Review of the job description of each category of the hospital staff and identification of the opportunities for integration health education in different activities they perform in the hospital.
- ii) discussion with representative of each category of the hospital staff and identification of the problems and difficulties.
- iii) plan of operation for presenting it in the hospital staff meeting and committee.
- iv) discussion of the programme in the staff meeting of the hospital.

3. Methods of training - role play, panel discussion and group discussions. Different category of persons should be trained in different groups. Observation visits and role play may be used for all the groups. M. O. responsible for health education/M. S. W. Health Educator should work together with the help of State Health Education Bureau, District health education unit and training centres if any and also work with each category of workers in integrating health education in their activities and documentation of the experiences.

INTEGRATION OF HEALTH EDUCATION IN THE HOSPITALS (SUGGESTED STEPS)

1. PLANNING

- 1.1 formation of the Hospital Health Education Committee comprising of the following members.
 1. Medical Superintendent/Civil Surgeon — Chairman
 2. Medical Officer responsible for health education by rotation— Convener.
 3. District Health Officer DMS
 4. Administrative Officer.
 5. Health Educator of the hospital or social workers of the hospital if any.
 6. Matron/Sister in-charge.
 7. Local leader one/two/(the Chairman of the Health Committee Zila Parishad/Panchayat/Samiti/Youth Club/Women's club/other voluntary organisations/hospital association).
8. Health Education from SHEB and/or EPTC and/or other nearby institutions.

1. 2. determination of the functions of the committee by the members and how often they should meet. The Director of State Health Services and Asstt. Director of Health Services (Health Education) should be kept informed.

1. 3. review of the job responsibilities of all the categories of the hospital personnel and determination of education responsibilities of each category or worker.

1. 4. identification of the problems in the hospital regarding health education.

1. 5. identification of the opportunities of integrating health education in the activities of the hospital's health services.

1. 6. identification of the existing facilities for health education in the hospital viz. accommodation, educational aids and materials and funds by the committee.

1. 7. identification of other facilities required for health education and the resources from where these could be obtained.

2. DEVELOPING PLAN OF OPERATION

2. 1. develop a plan of health education with well defined objectives.

2. 2. phasing and sequencing of the programme in terms of WHERE viz. wards, clinics, OPD; WHOM viz. patients, escorts relatives; WHO viz. medical and para medical personnel of hospital; WHEN AND HOW LONG viz. time and schedules and WHAT viz. content; HOW viz. methods and media.

3. IMPLEMENTATION :

3. 1. PREPARATION FOR IMPLEMENTATION :

3. 1. 1. collection of some baseline data which could be helpful in quantifying the effectiveness of the health education programme (Appendix—IV.)

3. 1. 2. orientation of hospital staff in the hospital health education programme and location of responsibilities.

3. 1. 3. preparation and pretesting of aids.

3. 1. 4. proper allotment of education aids and materials to the staff.

3. 2. IMPLEMENTATION OF THE PROGRAMME ACCORDING TO THE PLAN OF OPERATION. :

SUPERVISION :

3. 3. 2. the programme should be on the agenda of all the periodical meetings of the hospital staff.

3. 3. 2. on the routine supervisory round health education should be an item to be looked after and also should form a part of their reports.

4. EVALUATION :

4. 1. Assessment of the progress at intervals with a reference to the objectives set by the committee (both subjective and objective).

4. 2. evaluation once a year by an outside agency i.e. CHEB, MEDICAL College, SHEB NIHAH Hospital association, college of nursing or any other suitable organisation.

5. DOCUMENTATION OF THE EXPERIENCES

5. 1. minutes of the committee meetings and follow up process of planning and implementation of the programme.
5. 2. minutes related to health education - process of integration of health education, problems faced and solved or alternative steps taken; content, methods and aids, used for health education, target groups and situations.
5. 3. record of health education given by the hospital staff.
5. 4. observations and participation by the medical officer responsible/health educator/social worker in the health education programme.
5. 5. special health education efforts health education room exhibits, paging system in OPD, Assistance from scouts, students health clubs etc.
5. 6. consolidation of documents and preparation of case studies demonstrating integration of health in education in a hospital.
 - a) subject — Information about departments and facilities information written or graphically depicted.
2. Loud speaker (Paging system) — announcement for the department facilities displayed — play boards depicting the same. How to avail the Facility given by the department. Schedules to be announced.
3. Daylight screen — information written for the depts, or slides shown how the facilities given by the department is being used by the patients.
4. Volunteers — They can guide and help patients to find places for reporting to avail the facilities.
5. Hospital Staff — when ever time permits they also can do the above function

ANNEXURE II

Chits, hand nills, posters, pamphlets, etc. on the following subjects :

- a) Sanitation — Safe, water, latrine, soakage pit, garbage, can, food storage, safer food.
- b) Lab. Tests — how to bring specimens, urine, stool, sputum, etc.
- c) blood examination — what examinations are done, how one get prepared.
- d) X'Ray — how the patient gets prepared for different X'Ray.

- e) Immunization — purpose and schedules, places, timing.
- f) Nutrition — balance diet, from locally available foods, different diets.
- g) Cure of sick child — dehydration and various diseases.
- h) eye-care — conjunctivities, trachoma, blindness.
- i) M.C.H. and Family Planning.

Photo cards/flash cards/slides, on the following subjects :

- a) Leprosy
- b) Child care-hygiene, nutrition.
- c) Home sanitation.
- d) eye care.
- e) Malaria etc.

Subject : EDUCATION ABOUT DISEASE.

Seasonal and others.

1. Board - display on the board with minimum, current and readable information about diseases like cause of the diseases - How to prevent it. How to safeguard yourself and the community. What action to be taken if you get the disease.
2. Loud Announcements like :—
speaker - Simple and striking sentences
examples :—
 - i) Cancer lung or cancer breast.
 - ii) who can be prove to this disease.
 - iii) early detection saves life.
 - iv) do not be shy to see your doctor.
 - v) smoking is harmful to your health.
 - vi) smoking increases the chances of having lung cancer.
3. Daylight screen -
 - slides on disease,
 - locally prepared slides on information.
 - regarding - timings of the hospital.
 - how to maintain the cleanliness of the hospital clean.
 - education films can be shown.

ANNEXURE — IV

MEASURABLE OBJECTIVES

1. to increase the use of litter box - by measuring the weight of the litre.
2. to decrease the rejection of samples brought by the pts. for pathological examination.
3. to decrease the rejection pts. for X-ray examination due to pts. reporting unprepared for the X-ray.

Doc. 4

INTEGRATION OF HEALTH EDUCATION IN HOSPITALS

Following information may be sent to the CHEB :

1. List members of the hospital health education committee formed at each hospital selected and its functions.
2. Plan of operation of health education with well defined objectives prepared by the committee.
3. Set of copies of health education materials prepared for the programme.
4. One intermediate report of the programme.
5. Final report of the programme and case studies by 21.11.1976 for sharing them in the workshop proposed to be held in December, 1976.