

# Activities in North East Region

## 22.1 INTRODUCTION

A separate North East (NE) Division in the Department of Health & FW and a Regional Resource Centre (RRC) at Guwahati, Assam have been set up to provide capacity building support to the States in the NE Region.

## 22.2 NATIONAL HEALTH MISSION IN THE NORTH EAST STATES

Development of the North-Eastern States has been the focus of attention owing to varied geographics and socio-economic profiles of the eight States viz. Assam, Arunachal Pradesh, Nagaland, Tripura, Meghalaya, Mizoram, Manipur and Sikkim. The Regional Resource Centre at Guwahati, Assam has been set up since 2005 by MoHFW to provide technical and managerial support to the NE States in planning, implementation, monitoring & supportive supervision of health programmes & capacity building and better fund absorption in NE States under NHM.

Flexibilities have been provided under the RCH and NRHM Flexi pools to take care of the specific developmental requirements of the NE Region while ensuring that the national priorities are also kept in view. In order to address the gaps in secondary and tertiary healthcare infrastructure requirements of the NE States, a scheme namely 'Forward Linkages for NRHM in North-East' was introduced for the States of NE Region during the 11<sup>th</sup> Plan and continued till 2018-19.

### Special Provisions/Norms under NHM for NE States

NHM Implementation Framework has relaxed

norms for North Eastern States due to difficult geographical terrain and topography.

- A. **Weightage for budgetary allocation under NHM for NE States:** The resource allocation of funds under NHM-RCH Flexible Pool provides an additional weightage to the NE & Hilly States on account of socio-economic backwardness and health lag as compared to other States.
- B. **Infrastructure Development:** 33% of resource envelope under NHM can be utilized for development and strengthening of infrastructure in NE States which otherwise is 25% for non-high focus States.
- C. **Relaxed population norms for establishment of different health facilities:** CHC:- 1 per 80,000 population against 1,20,000 in other States; PHC:- 1 per 20,000 population against 30,000 in other States; SC:- 1 per 3,000 population against 5,000 in other States. A new norm of "time to care" for setting up of SC within 30 minutes by walk from a habitation, adopted for hilly districts taking into account the wide dispersal of population.
- D. **State share under NHM:** For NE & Hilly States, the fund sharing pattern under NHM is in the ratio of 90:10 between the Central and State Government which is 60:40 for rest of the States.
- E. All Ministries/Departments are also mandated to make provision of atleast 10% of the Central Plan allocation for projects/

schemes in North Eastern Region.

- F. **ASHAs:** Accredited Social Health Activists may be selected for every village with a population of 1000. NE States have been given the flexibility to relax the population norms as well as the educational qualifications on a case to case basis, depending on the local conditions without compromising on quality through capacity building.

#### Achievements under NHM in respect of NE region

- a) **Health Facilities & HR:** As per Management Information System (MIS) Report, a total of 308 CHCs, 687 PHCs and 141 Centres working as First Referral Units (FRU), have been made operational on 24x7 basis so far under NHM. AYUSH facilities are available in 385 Centres, including DHs, CHCs, other than CHC at or above block level but below district level, PHCs and other health facilities above SCs but below block level. 215 Specialists, 1358 Medical Officers, 3653 Paramedics, 6275 Staff Nurses and 7514 ANMs, have been augmented under NHM. Besides this, 58784 ASHAs have been selected under NHM.
- b) **Facility Based New born Care:** In total, 44 SNCUs, 202 NBSUs and 1755 NBCCs have been commissioned till 31<sup>st</sup> December, 2018 to provide facility based care to sick newborns.
- c) **Referral Mechanisms:** In order to strengthen the referral pathways and prevent deaths due to delays in accessing health care, NE States have been provided with basic and advanced life support ambulatory transportation for appropriate care in health facilities across the chain of services with a proper management system, along with Mobile Medical Units (MMUs) to serve the remote, inaccessible and riverine areas. There are 187 MMUs, 703 BLS/ALS Ambulances. Apart from these,
- d) **Comprehensive Primary Health Care:** NE States have initiated upgrading existing health facilities into Health & Wellness Centres. NE States have made functional 755 SHC-HWC, 342 PHC-HWC and 63 UPHC-HWC.
- e) **Boat Clinics as Floating Health & Wellness Centres:** State of Assam commenced the services of 15 boat clinics from 2008 onwards to cater to the communities of 13 districts residing in remote riverine islands (char/saporis) alongside Brahmaputra River. These boat clinics are now being envisaged to provide CPHC in the riverine areas staffed by appropriate trained healthcare staff.
- f) **Bio Medical Equipment Maintenance & Management Programme (BEMMP):** The Program has been implemented in 7 States and the process of hiring the service provider is under process in the State of Sikkim. An amount of Rs. 4266.34 Lakh has been approved for 8 NE States for BEMMP in FY 2018-19.
- g) **Free Diagnostic Services:** Under this service Free Pathology Service has been implemented in 5 States (Assam, Tripura, Manipur, Meghalaya and Sikkim). Out of these, the service delivery is through mixed model i.e. through in-house & outsource mechanism in 4 States and through in-house mode in 1 State (Sikkim). An amount of Rs. 9353.41 Lakh has been approved for 8 NE States for Free Diagnostic Services in FY 2018-19.
- h) **Free CT Scan Services** have been implemented under the support of NHM through PPP mode in Assam and Tripura.
- i) **Tele Radiology Services** has been rolled out

State of Assam has 9 Boat Ambulances to cover riverine areas and 235 no. of Adarani vehicles for providing drop back services to JSSK beneficiaries.

as per NHM guidelines in States of Assam, Meghalaya and Tripura.

- j) **Pradhan Mantri National Dialysis Services** has been implemented in 5 States (States of Tripura and Arunachal Pradesh through PPP Mode and States of Sikkim, Mizoram and Manipur through in-house mode) and process of hiring the service providing is under progress in the State of Assam.

### Forward Linkages to NRHM in the North-East

With a view to complement the initiatives under the NRHM Programme, the Scheme for 'Forward Linkages to NRHM in NE' was introduced during the 11th Five-year Plan (financed from likely savings from other Health Schemes). This aimed at improving the Tertiary and Secondary Level Health Infrastructure of the region in a comprehensive manner. Total 14 projects have been approved for various NE States, under Forward Linkages Scheme out of which 7 projects are at various stage of implementation. The approvals include 7 proposals for upgradation/strengthening of District Hospitals in NE States. An amount of Rs. 486.705 Cr. has been released under the Forward Linkage Scheme to NE States. The Financial Year 2018-19 was the terminal year of the Scheme.

### 22.3 NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES (NEIGRIHMS), SHILLONG

NEIGRIHMS is a super specialty teaching Institute established in 1987 in Shillong under the Meghalaya Regulation of Societies Act 1983 with an objective to provide advanced and specialized medical facilities of the highest level in selected specialties, and to serve as a regional referral service centre for comprehensive health care of people in North Eastern States. It has been designed as a Postgraduate Medical Institute in the lineage of AIIMS, New Delhi and PGIMER, Chandigarh.

The Institute is presently having 26 fully

functional departments and 541 bed capacity. It is offering super specialty services in Cardiology, Neurology, Neurosurgery, Surgical Oncology, CTVS, and Urology, besides specialty services in General Surgery, General Medicine, Paediatrics, Obstetrics & Gynaecology, ENT, Orthopaedics and Ophthalmology. These departments are very well supported by the departments of Radiology, Anaesthesiology, Pathology, Microbiology, Forensic Medicine and Biochemistry. It is well equipped with all basic as well as advanced equipments like CT scan, 1.5 Tesla MRI, Digital Mammography system, Fully automated High Vacuum Double Door Steam Sterilizer Unit and Washer Disinfectant, etc.

The Institute is conducting Post-Graduate, Post-Doctoral and Under Graduate Courses in Medical Sciences.

#### A. Allocation of MBBS seats

The Institute has started MBBS course from 2008-2009 with annual intake of 50 students and is recognized by Medical Council of India vide Notification dated 07.11.2013. The distribution of MBBS seats is as under:

Sl. No.	Name of the State	Number of seats
1.	Meghalaya	09
2.	Nagaland	08
3.	Arunachal Pradesh	04
4.	Mizoram	03
5.	Central Pool (15% of total seats)	08
6.	Open for all NE states	18
	<b>Total Seats</b>	<b>50</b>

The B.Sc Nursing programme, the first technical graduate programme in the state of Meghalaya with an Annual intake of 50 students, was started in July, 2006. It is affiliated to the Central University, North Eastern Hill University, Shillong.

NEIGRIHMS started conducting Post-Graduate

Courses since 2009 in the following 4 (four) Departments namely Anaesthesiology, Pathology, General Medicine, Microbiology, Gynaecology and Obstetrics. Increase of seats from existing 2 to 4 seats in the department of Anaesthesiology was from the session 2010 and started post graduate course in the department of Anatomy from 2013. Post-Doctoral DM Cardiology Course was started from the session 2012-13 with an annual intake of 2 seats. Post Graduate Courses were started from the session 2013-14 in the 3 (three) departments namely Radio diagnosis and Imaging and General Surgery and General Medicine. Increase of seats in the departments of Pathology and Microbiology was started from the session 2014.

Presently the Post Graduate courses in the department of Microbiology, Pathology, Obstetrics & Gynaecology, Radiodiagnosis, General Medicine and Radiodiagnosis along with the DM Cardiology course have been recognized by MCI.

### **B. Academic Achievements**

- Till date 11 batches of MBBS students have been admitted and 7 batches have passed out.
- BSc Nursing Students 13 batches admitted & 9 batches passed out.
- 84 PGs in various specialists have completed their course.
- Number of PG Students admitted is 127 (as on 28.09.2018).
- Number of DM Students admitted is 14 (as on 28.09.2018).
- DM in Cardiology with 2 seats was started in 2012 and so far 4 batches have completed the course which is recognized by MCI.
- The M.Sc. Nursing course started from the session 2016 with annual intake of 10 students. The students admitted during the session 2016-17 had appeared in their final examination in the month of September

2018. 8 students successfully completed the course and 2 resigned.

### **C. Management of the Institute**

The Institute is under the administrative control of the Director. NEIGRIHMS. The Governing Council of the Institute is headed by the Union Health Minister as its President with 27 other members. The Executive Council is chaired by the Secretary, Ministry of Health & Family welfare, Govt. of India. The other committees have also been constituted such as Standing Finance Committee, Standing Committees, and Academic Committees, etc. The 12<sup>th</sup> meeting of the Governing Council under the Chairmanship of Hon'ble HFM was held on 26.12.2015 in NEIGRIHMS, Shillong.

The 39<sup>th</sup> Meeting of Standing Finance committee under the Chairmanship of Secretary (H&FW) was held on 31.08.2017 in New Delhi. The Institute has been advised to convene more such meetings for accelerated decision making.

### **D. Sanctioned Strength and Incumbency Position in the Institute**

The Institute has recruited 1124 staffs including Faculty, Group A, B & C posts including PWDs against the sanctioned posts of 1823. Government and the Institute have been making efforts to augment the teaching facilities in different departments of NEIGRIHMS. With the approval for appointment of 12 more faculty members in September 2018, the total number of faculty has gone up to 89 against the sanctioned strength of 141. The Institute till date is having 74 SRDs out of 105 and 76 JRDs out of 84.

### **E. Starting of Additional Post Graduate / Post-Doctoral Courses in NEIGRIHMS, Shillong**

The Institute has proposed to start additional Post Graduate Courses in 2019 Session in following specializations:

#### **Post Graduate (MD/MS)**

1. MD Dermatology
2. MD Forensic Medicine
3. MS ENT
4. MS Ophthalmology
5. MD Pharmacology
6. MD Biochemistry

The proposals have been submitted to the Ministry/ DGHS for approval. The Institute has already received approval of the Ministry for starting MD courses in the following departments:

Sl. No.	Departments	No. of seats
1	Dermatology	2
2	Forensic Medicine	3
3	Oto-Rihnolaryngology	2

The courses will commence from the session 2019-20.

#### F. Major High End Equipments/Instruments

- MRI – 1.5 Testla
- CT Scan – 128 Slice
- Cathlab
- Digital Radiography Flouroscopy
- Color Doppler / USG with 4 D
- High-end USG / ECHO for Interventional Radiology Procedures & Elastography
- Mammography
- Single Plane DSA
- Lithotripsy Machine
- Trans Esophageal Echography
- Trans Cranial Doppler
- Stereotactic Navigational System for Neuro surgery

- Anesthesia Workstations with Electronic Charting & TCI
  - ECMO
  - Holmium LASER
  - Virtual Dissection Table
  - **Cavitron Ultrasonic Surgical Aspirator (CUSA)** for the surgical patients in the General Surgery Department of the Hospital
  - **Urodynamic System with accessories** for the patients in the Urology Department of the Hospital.
  - **Microwave Equipment for Disinfection of Bio-Medical Waste** under Swacchata Action Plan.
  - **Gas Manifold and Pipe Line System**, is in the process of installation for smooth running of patient care at the hospital.
  - The Department of Obstetrics & Gynaecology of the Institute was further augmented with one unit of **High End Ultrasound Machine**.
- #### G. Major Expansion Projects of NEIGRIHMS
- Expansion of Nursing College with Hostel (from 50 to 100 intake) at a cost of Rs.61.89 crore.
  - Establishment of Under Graduate Medical College for 100 intake with hostels for 600 students, for Rs 249.54 crores.
  - Setting up of Regional Cancer Centre with 252 bed capacity with Patient Guest House of 28 rooms for Rs 224.79 crores.

The Standing Finance Committee which met on 4<sup>th</sup> June, 2016 approved the award of work to lowest bidder, M/s Larsen and Toubro Ltd, Chennai, on the recommendation of the Consultant M/s HSCC which was subsequently approved by the MoHFW, Govt. of India on 24<sup>th</sup> March, 2017.



**Progress Report – March 2019**

Name of the Project	Construction of Under Graduate Medical College & Hostels, Regional Cancer Centre & Guest House, Nursing College & Hostels, Internee Hostel and including internal & external electrical, HVAC, PHE, Firefighting, external development works etc., and their maintenance during defect liability period at NEIGRIHMS, Shillong.
Approval	No. U.12012/32/2013-NE dated 16 <sup>th</sup> January 2014 for expansion of Nursing College & Hostels and No.U.12012/30/2013-NE dated 8 <sup>th</sup> April, 2015 for setting up of Under Graduate Medical College & Regional Cancer Centre.
Name of the Client	NEIGRIHMS
Name of the Consultant	HSCC (India) Ltd.
Name of the Contractor	L & T
Contract Value	Rs. 363.99 Cr.
Date of Start	March, 2017 – As per Ministry’s communication vide No. F.No.U.12012/30/2013-NE (Vol.II) dated 24 <sup>th</sup> March, 2017.
Completion period	30 months. However, the completion of Nursing College & Hostels shall be 24 Months from the date of commencement. 23.09.2019

**Building Wise Status of Physical Completion****Date of Commencement – 24.03.17****Overall Completion – 50%**

Building	Current Status Of Completion	Scheduled Completion	Expected Completion
Nursing College	85%	23.03.19	28.06.19
Nursing Hostel - 1	85%	23.03.19	28.06.19
Nursing Hostel - 2	75%	23.03.19	28.06.19
Nursing Dining	75%	23.03.19	28.06.19
Regional Cancer Centre	47%	23.09.19	31.03.20
U.G. Medical College	47%	23.09.19	31.03.20
Guest House	70%	23.09.19	31.07.19
Internee Hostel	60%	23.09.19	30.09.19
U.G. Hostel - 1	65%	23.09.19	30.09.19
U.G. Hostel - 2	65%	23.09.19	30.09.19
U.G. Hostel - 3	30%	23.09.19	31.12.19
U.G. Hostel - 4	30%	23.09.19	31.12.19

## H. Budget

(Rs. in crore)

Financial Year	Allocation RE	Opening balance	Released
2018-19	231.50	90.19	231.5

## I. Awards

NEIGRIHMS was awarded the **1<sup>st</sup> Prize in “KAYA KALP”** with a prize amount of Rs. 1.5 Crore under the Central Government Hospitals category of the KAYA KALP awards, for maintaining high standard for sanitation and hygiene in the country.

## 22.4 REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

Sl. No.	Name of Course	Number of seats	Quotas
1	MBBS	100 seats per annum	15% All India Quota
2	MD/MS/DCP	147 seats per annum	50% All India Quota
3	M. Ch.	03 seats per annum	50% All India Quota
4	M. Phil.	07 seats per annum	All Beneficiary states of RIMS
5	B. Sc. Nursing	50 seats per annum	All Beneficiary states of RIMS
6	BDS	50 seats per annum	15% All India Quota
7	BASLP	10 seats per annum	1 seat for All India Quota

Regional Institute of Medical Sciences was set up in 1972 and has been functioning under the MoHFW since 1<sup>st</sup> April, 2007. RIMS is an Institute of regional importance catering to the needs of the North Eastern Region in the field of medical education by providing undergraduate and

post-graduate courses. RIMS is a 1,176 bedded teaching Hospital equipped with modern state of the art equipment and teaching facilities. The Hospital provides services to a large number of patients both out-door as well as indoor patients and admit over forty thousand patients in a year. The institute has so far produced 3356 medical graduates and 1714 specialists.

The courses being run along with intake capacity in the institute are as follows:

### 22.4.1 Allocation of Seats for undergraduate courses

The number of annual admission to MBBS course is 100 students. The detail of these seats is as under:-

Sl. No.	Name of State	MBBS	BDS	B.Sc. Nursing
1	All India Quota	15	7	-
2	Arunachal Pradesh	7	4	5
3	Meghalaya	13	7	5
4	Mizoram	7	4	5
5	Manipur	30	13	20*
6	Sikkim	5	3	5
7	Tripura	13	7	5
8	Nagaland	10	5	5
	<b>Grand Total</b>	<b>100</b>	<b>50</b>	<b>50</b>

\* including 4 seats earmarked for children of RIMS employees.

For Implementation of 27% seats reservation for OBC, the Institute is preparing for 154 students admission per year to accommodate the seats without altering the present quota of seats of 7 (seven) beneficiary States and also All India Quota.

### Distribution of P.G. seats

Sl. No.	Name of State	Sponsored seat	Open seat	Total
1	Arunachal Pradesh	8	2	10
2	Manipur	8	2	10
3	Meghalaya	8	2	10
4	Mizoram	7	2	9
5	Nagaland	7	2	9
6	Sikkim	7	2	9
7	Tripura	7	2	9
8	RIMS	7	0	7
9	All India Quota	---	74	74
	<b>Total</b>	<b>59</b>	<b>88</b>	<b>147</b>

#### 22.4.2 Academic Achievement

The objective of this premier institute is to impart quality medical education and has produced a number of medical doctors/specialists and health care providers. On the basis of the record maintained by the institute number of the students passed out so far as on 31.3.2018 is as under:

- Total no. of MBBS doctors passed out - 3249
- Total no. of MD/MS/DCP passed out - 1583
- Total no. of M.Ch. students passed out - 13
- Total no. of M.Phil. (Clinical psychology) - 54
- Total no. of B.Sc. (Nursing) Passed out- 153

#### 22.4.3 Management of the Institute

The Institute and its teaching hospital is under the administrative control of the Director, RIMS, Imphal. The Board of Governors of the Institute is headed by the Union Health Minister as its President.

The Executive Council is chaired by the Secretary,

Ministry of Health & Family Welfare, Govt. of India. The other committees have also been constituted such as Standing Finance Committee, Academic Sub-Committee etc.

The Medical Superintendent is the overall in-charge of the hospital, who looks after the day to day functioning of the hospital. The functioning of the different departments is directly under the respective heads of department. Key areas such as the Casualty, CSSD, Stores, Hospital Waste Management, etc are looked after by designated officers (medical doctors) under the supervision of the Medical Superintendent.

#### 22.4.4 Staff Strength in RIMS

Sanctioned Posts	Filled	Vacancy
1936	1539	397*

\*Action for filling 130 MTS and 7 post of faculty in Dental College is under process.

#### 22.4.5 Major Action for RIMS

At present two major projects are being taking up by the institute Viz., (A) Phase-II projects of RIMS and (B) Increase of MBBS seats from 100 to 154 intake per annum.

**(A) Phase-II Projects was meant for Upgradation of RIMS to bring at par with AIIMS New Delhi (Phase-II) owing to very slow performance.**

Initially the project was taken up by a Construction Agency M/s RDB Ltd. Kolkata. Due to very slow performance in spite of repeated extension of time granted to them. The M/s RDB Ltd. Kolkata had been expelled. Thereafter, the projects which were divided into two Packages, i.e., packages-I & II. It was further divided into three (3) packages, i.e., **Package-IA, Package-IB & Package-II.**

**Package-IA** comprises of construction of PG ladies hostel. On expulsion of M/s



RDB Ltd. Kolkata, it was awarded to M/s Manipur Tribal Development Corporation Ltd. Imphal, Manipur on 8<sup>th</sup> November, 2018 and targeted to complete by May, 2019.

**Package-IB** comprises of construction of PG gents hostel, UG ladies hostel and nursing hostel. The package was put to tender and is under scrutiny.

**Package-II** comprises balance work for Construction of OPD Block on expulsion of M/s RDB Ltd. Kolkata. It was awarded to M/s Manipur Tribal Development Corporation Ltd. Imphal, Manipur on 8<sup>th</sup> November, 2018. The work is under progress and targeted to complete by February, 2020.

**(B) Increase of MBBS seats from 100 to 154 intake per annum**

Government has approved the proposal for creation of additional infrastructural facilities for increasing the number of MBBS seats from 100 to 154 per annum at a total cost of Rs. 202 crore. Project consultants i.e. HSCC Ltd., has awarded construction work to M/s Simplex Project Ltd., Kolkata on 2<sup>nd</sup> December, 2015. So far a sum of Rs.40 crore has been released by RIMS to HSCC Ltd. as work deposit so far. The project is proposed to be executed in 2 packages: i.e., Package-I and II.

**Package-I** comprise of Casualty Block, Forensic and Community Medicine Block, Maternity ward Block, Blood Bank, Lecture Halls.

**Package-II** comprises of construction of hostels and residential quarters for increase of UG seats from 100 to 154 intake capacity including internal and external electrical, PHW Fire Fighting & Development works.

Initially the works under both the packages I & II were awarded to M/s Simplex (Projects) Ltd. Kolkata. However, on the ground of very

poor performance, M/s Simplex (Projects) Ltd. was expelled. Thereafter, M/s HSCC Ltd, have retendered the works and the documents of the bidders are under scrutiny.

**Other Construction Activities**

The Institute has carried out a number of construction works. Some of the assets created are given below:

- Completed 80 Capacity gents hostel, 80 capacity ladies hostel, College buildings for Dental College (Temporary), Utility Block, ART Centre, O.T. for Obs & Gynae Department, Multi-disciplinary Research centre etc.
- Construction under progress: Nursing College Building, Dental College Building, Maternity Ward, Pharmacology Laboratories, Lecture Theatre cum Examination Hall, 170 Capacity Post graduate Gents Hostel, Post graduate Ladies Hostel, New OPD, 200 capacity B.Sc. Nursing, Departments of Forensic & Community Medicine.

**22.4.6 Newly Procured Equipment/Instruments**

The Institute has procured and installed a number of major equipment and some of them are – (i) Radiofrequency Generator for PMR, ii) 2 Cardiotocography for Obs. & Gynae. , iii) 1 no. of OT Light for Obs. & Gynae., iv) 2 OT Table for Casualty, v) 1 OT Light for Casualty, vi) Installation of Biochemistry Analyzer Rx Emola for Biochemistry, vii) Installation of 2 Automatic Hematology Analyzer for Pathology, viii) 6 Multi-parameter Monitor for ICCU, ix) 1 unit of 3 KVA online UPS for Biochemistry, x) 3 units of 1.5 KVA online UPS for Paediatrics, xi) Purchase of 200 Fire Extinguisher, xii) Purchase of Hospital accessories and other item through GeM.

**22.4.7 Other Achievements**

During the year under report, E-Hospital and Online Registration System (ORS) was started in the General OPD and casualty registration counter

of RIMS Hospital under the initiative of MoHFW, Govt. of India. Laboratory tests (except MRI & CT Scan) for IPD Patients have been made free from January 2018. Queue management system was started in the General OPD for convenience of the patients and patient parties. 7 CPC recommendations as approved by the Central Government for Autonomous Bodies have been implemented in RIMS, Imphal. Implementation of Swachhta Action Plan (SAP) with a funding of Rs. 7.00 cr. by the MoHFW was started at RIMS, Imphal. A full-fledged branch of the Bank of Baroda has been opened in the RIMS campus to ease congestion in the existing United Bank of India branch. The institute has come on board the Public Financial Management System (PFMS). Construction works for a Level-Itrauma Centre and a Burn Unit for RIMS hospital which have been sanctioned by the MoHFW are in progress. Equipments such as semi-automated biochemistry analyzer, ventilators, endoscopic sinus surgery set, telescope sets, multichannel monitors, defibrillator with cardiac monitors, ICU beds have been procured during the year. A Dental Van for the Dental College was also commissioned during the year.

#### 22.4.8 Budget

(Rs. in crore)

Financial Year	Allocation RE	Release 2018-2019
2018-19	302.05	302.05

### 22.5 REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES (RIPANS), AIZAWL, MIZORAM

Regional Institute of Paramedical and Nursing Science (RIPANS), Aizawl was set up by the Ministry of Home Affairs, Government of India in 1995-96 to provide Nursing, Pharmacy and Paramedical education to the people of North East including Sikkim and to maintain the pace of nursing education and nursing services with other

developments medical and technological services. The institute was transferred to MoHFW w.e.f. 01.04.2007.

At present the institute is conducting the following Courses:

Sl. No.	Name of Course	Duration
1.	B.Sc.Nursing	4 years
2.	B.Sc. MLT (Medical Laboratory Technology)	4 years
3.	B. Pharm	4 years
4.	B.Sc.RIT (Radio Imaging Technology)	4 years
5.	B.Optom (Optometry)	4 years
6.	M.Pharm	2 years

#### Major achievements during the year 2018-19:

- The Project for creation of additional facilities of hostel accommodation, academic block, library, examination hall etc. at an estimated cost of Rs. 76.03 crore was completed.
- Approval for creation of 27 new posts was conveyed by the MoHFW on 21.05.2018.
- Approval of competent authority for the project of upgradation and development of RIPANS at an estimated cost of Rs. 480.12 crore was received on 27.02.2019. This includes the following:-
  - Construction of 100 bedded hospital, MS quarter, resident doctors' quarters, staff nurses quarters, Academic Block-IV, guest house, general hostel block and indoor sports complex-cum-auditorium
  - Starting of 7 new courses
  - Creation of 154 posts

**Financial position during the year 2018-19***(Rs. in crore)*

Sl. No.	Particulars	RE 2018-19	Unspent Balance of the previous year	Amount released by the Ministry	Internal resources generated	Expenditure as on 31.3.2019	Unspent Balance as on 31.3.2019
1.	GIA General	14.00	4.4057	9.5943	-	12.9520	1.0480
2.	Grants for Creation of Capital Assets	8.50	13.5668	-	-	2.3070	11.2598
3.	GIA Salaries	9.50	2.4588	7.0412	1.1016	9.1975	1.4041
	<b>TOTAL</b>	<b>32.00</b>	<b>20.4313</b>	<b>16.6355</b>	<b>1.1016</b>	<b>24.4565</b>	<b>13.7119</b>

### 22.6 LOKOPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH (LGBRIMH), TEZPUR, ASSAM

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur (Assam), is a premier Mental Health Institute in India. It is one of the oldest Institutes of the country. It was established in Sonitpur district of Assam in 1876. The Institute was taken over by the Government of India in 1999 from the Government of Assam. LGBRIMH has received wide recognition for providing mental health services to meet the needs of quality mental health care, especially in the North-Eastern Region. During the year 2018-19, a total number of 1,28,897 patients were registered in the Institute out of which 24,248 were new cases and 1,04,649 were old cases. During the period, the Institute witnessed 1,257 admissions in the IPD. The Institute operates 4 special weekly clinics in the OPD viz. Geriatric and Memory Clinic, Epilepsy Clinic, Alcohol & Drug Dependence Clinic and Child Guidance Clinic. Construction of the new Auditorium is also completed.

### 22.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT (NPCB&VI)

NPCB&VI was launched in the year 1976 as a 100% centrally sponsored scheme (now 60:40 in

all states and 90:10 in NE States) with the goal of reducing the prevalence of blindness to 0.3% by 2020.

The programme is being implemented in a decentralized manner through respective State/District Health Societies. Benefits of the scheme are meant for all including tribal population. Development of eye care infrastructure in NE States including Sikkim is a priority area under NPCB&VI in view of peculiar geographical condition, difficult terrains and inadequate eye-care infrastructure in the region. With the aim to improve eye-care services in these States, following initiatives have been introduced under NPCB&VI to ensure delivery of eye care services in far flung and difficult areas:

- Assistance for construction of dedicated eye wards & eye OTs in district hospitals.
- Appointment of Ophthalmic manpower (Surgeons, Assistants and Eye Donation Counsellors) in States on contractual basis.
- In addition to cataract, provision of grant-in-aid to NGOs for management of other eye diseases other than cataract like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of childhood blindness etc.
- Development of Mobile Ophthalmic Units in

NE States, hilly States & difficult terrains for diagnosis and medical management of eye diseases.

- Development of tele-ophthalmology units.
- Involvement of Private Practitioners in Sub District, Block and Village level.

The performance of cataract surgeries in NE States including Sikkim during the financial year 2017-18 and 2018-19 are as under:

Sl. No.	State	No. of cataract surgeries in NE states including Sikkim	
		2017-18	2018-19*
1	Arunachal Pradesh	2356	1667
2	Assam	72572	59545
3	Manipur	3481	1823
4	Meghalaya	2881	2743
5	Mizoram	1774	2133
6	Nagaland	863	1119
7	Sikkim	688	392
8	Tripura	9112	3923
	<b>TOTAL</b>	<b>93727</b>	<b>73345</b>

Physical performance for the year 2018-19 is upto Feb, 2019

## 22.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

The North-Eastern region is prone to malaria transmission mainly due to :

- topography and climatic conditions that largely facilitate perennial malaria transmission,
- prevalence of highly efficient malaria vectors,
- pre-dominance of Pf as well as prevalence of chloroquine resistant Pf malaria.

The North-Eastern States viz. Arunachal Pradesh, Assam, Meghalaya, Mizoram, Manipur, Nagaland, and Tripura together contribute about 4% of the country's population, 6.59% of malaria cases, 12.38% of Pf cases and 25% of malaria deaths reported in the country for the year 2018. The epidemiological and malario-metric indices are given below:

### Malaria Situation in the NE States 1996-2018

Year	Cases (in million)		API	Deaths
	Total	Pf		
1996	0.28	0.14	8.01	142
1997	0.23	0.12	6.51	93
1998	0.19	0.09	5.12	100
1999	0.24	0.13	6.40	221
2000	0.17	0.08	4.49	93
2001	0.21	0.11	5.29	211
2002	0.18	0.09	4.59	162
2003	0.16	0.08	3.93	169
2004	0.14	0.08	3.36	180

2005	0.15	0.09	3.65	251
2006	0.24	0.15	5.69	901
2007	0.19	0.13	4.60	581
2008	0.19	0.13	4.39	349
2009	0.23	0.18	5.21	487
2010	0.17	0.13	3.82	290
2011	0.11	0.09	2.49	162
2012	0.08	0.06	1.80	113
2013	0.07	0.06	1.53	119
2014	0.14	0.12	2.86	222
2015	0.13	0.11	2.74	135
2016	0.07	0.05	1.36	76
2017	0.04	0.03	0.75	23
2018	0.03	0.03	0.58	24

### State-wise situation of Malaria in NE States 2016

Sl. No.	State	Pop (in 000s)	B.S.E.	PF Cases	Cases	PF%	ABER	API	SPR	AFI	SFR	Deaths
1	Arunachal Pradesh	1546	151590	895	3128	28.61	9.81	2.02	2.06	0.58	0.59	2
2	Assam	33157	3032997	5686	7826	72.66	9.15	0.24	0.26	0.17	0.19	6
3	Manipur	2930	94115	58	122	47.54	3.21	0.04	0.13	0.02	0.06	0
4	Meghalaya	3285	468254	31867	35147	90.67	14.25	10.70	7.51	9.70	6.81	45
5	Mizoram	1172	267747	5907	7583	77.90	22.85	6.47	2.83	5.04	2.21	9
6	Nagaland	2028	252232	316	828	38.16	12.44	0.41	0.33	0.16	0.13	0
7	Tripura	3940	351392	9545	10546	90.51	8.92	2.68	3.00	2.42	2.72	14
	<b>Grand Total</b>	<b>48058</b>	<b>4618327</b>	<b>54274</b>	<b>65180</b>	<b>83.27</b>	<b>9.61</b>	<b>1.36</b>	<b>1.41</b>	<b>1.13</b>	<b>1.18</b>	<b>76</b>



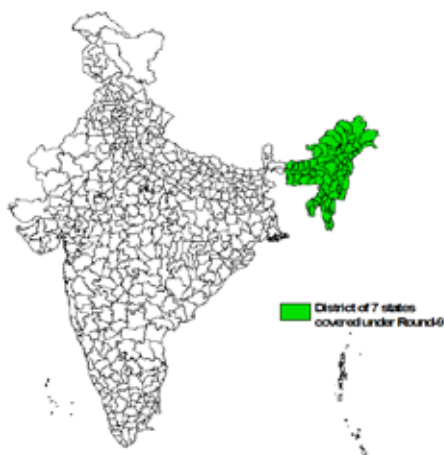
## State-wise situation of Malaria in NE States 2017

Sl. No.	State	Pop (in 000s)	B.S.E.	PF Cases	Cases	PF%	ABER	API	SPR	AFI	SFR	Deaths
1	Arunachal Pradesh	1555	153620	488	1546	31.57	9.88	0.99	1.01	0.31	0.32	0
2	Assam	33533	2669423	3494	5281	66.16	7.96	0.16	0.20	0.10	0.13	0
3	Manipur	2931	115733	22	80	27.50	3.95	0.03	0.07	0.01	0.02	0
4	Meghalaya	3430	421145	14418	16454	87.63	12.28	4.80	3.91	4.20	3.42	12
5	Mizoram	1194	213601	4974	5715	87.03	17.89	4.79	2.68	4.17	2.33	4
6	Nagaland	1979	254038	188	394	47.72	12.84	0.20	0.16	0.09	0.07	1
7	Tripura	4044	392452	6571	7051	93.19	9.70	1.74	1.80	1.62	1.67	6
	<b>Grand Total</b>	<b>48666</b>	<b>4220012</b>	<b>30155</b>	<b>36521</b>	<b>82.57</b>	<b>8.67</b>	<b>0.75</b>	<b>0.87</b>	<b>0.62</b>	<b>0.71</b>	<b>23</b>

## State-wise situation of Malaria in NE States 2018

Sl. No.	State	Pop (in 000s)	B.S.E.	PF Cases	Cases	PF%	ABER	API	SPR	AFI	SFR	Deaths
1	Arunachal Pradesh	1591	145353	154	625	24.64	9.14	0.39	0.43	0.10	0.11	0
2	Assam	33535	2364621	2859	3816	74.92	7.05	0.11	0.16	0.09	0.12	2
3	Manipur	2839	98375	3	12	25.00	3.47	0.00	0.01	0.00	0.00	0
4	Meghalaya	3487	326051	6065	6394	94.85	9.35	1.83	1.96	1.74	1.86	6
5	Mizoram	1201	218178	3937	4296	91.64	18.17	3.58	1.97	3.28	1.80	3
6	Nagaland	1979	255888	24	113	21.24	12.93	0.06	0.04	0.01	0.01	0
7	Tripura	4048	483982	12600	13079	96.34	11.96	3.23	2.70	3.11	2.60	13
	<b>Grand Total</b>	<b>48680</b>	<b>3892448</b>	<b>25642</b>	<b>28335</b>	<b>90.50</b>	<b>8.00</b>	<b>0.58</b>	<b>0.73</b>	<b>0.53</b>	<b>0.66</b>	<b>24</b>

**Assistance to States:** Government of India provides 100% central assistance for programme implementation to the North-Eastern States including Sikkim. The Govt. of India also provides commodities like drugs, LLINs, insecticides/larvicides etc. as per approved norms to all NE States as per their technical requirements.



In addition support under Global Fund for AIDS, Tuberculosis and Malaria (GFATM) is provided to all NE States except Sikkim for implementation of Intensified Malaria Control Project (IMCP), with the following objectives:

- to increase access to rapid diagnosis and treatment in remote and inaccessible areas through community participation,
- malaria transmission risk reduction by use of Long Lasting Insecticidal Nets (LLINs)
- to enhance awareness about malaria control and promote community, NGO and private sector participation.

For strengthening early case detection and complete treatment in 7 NE states and Odisha, 98001ASHAs have been sanctioned; however, 102015 ASHAs are engaged in these areas. A total of 91948 ASHAs have been trained and involved in high malaria endemic areas along with Fever Treatment Depots (FTDs) and Malaria clinics. This is in addition to the treatment facilities available at the health facilities and hospitals. Anti-malarial

drugs and funds for training are provided by Gol under the programme.

As per the National Drug Policy, chloroquine is used for treatment of all *P.vivax* cases and Artemisinin Combination Therapy (ACT) with Sulfadoxine Pyrimethamine (AS+SP) combination is being implemented for the treatment all Pf cases in the country. However, in North-Eastern States, early signs of resistance to currently used SP-ACT has been noticed. Keeping in view the same, as per the advice of Technical Advisory Committee (TAC), effective combination of Artemether-Lumefantrine (ACT -AL) has been recommended for the treatment of Pf cases in the North Eastern States.

Under integrated vector control initiative, Indoor Residual Spray (IRS) is being implemented selectively only in high risk pockets as per district-wise Micro Action Plans from domestic budget. The Directorate has issued guidelines on IRS to the States for technical guidance. Guidelines on uniform evaluation of insecticides have also been developed in collaboration with National Institute of Malaria Research (NIMR), Delhi. Over the years, there is a reduction in IRS covered population in view of paradigm shift to alternative vector control measures such as extensive use of Insecticide Treated Nets (ITNs) and LLINs. Presently, all the sub-centres having API above 1 have been saturated with LLINs in all NE States under GFATM funding support.

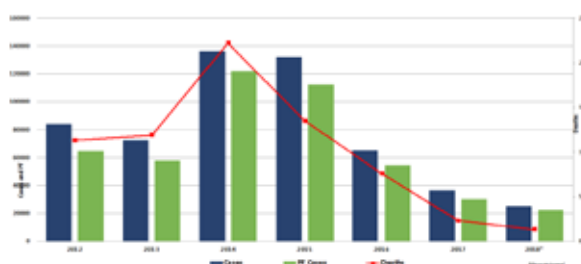
The strategies of the project are:

- i. Early diagnosis and complete treatment with special reference to the drug resistant pockets,
- ii. Integrated vector control, including promotion of LLINs, intensive IEC and capacity building and efficient public-private partnership among, CBO, NGO, and other voluntary sectors and
- iii. Training the health workers and community volunteers.

## Global Fund Supported Malaria Elimination Project

- The Global Fund to fight AIDS, Tuberculosis & Malaria (GFATM) is supporting malaria control in India since 2005. GF supported Intensified Malaria Control Project (IMCP) I to III from July, 2005 - December, 2017. Presently Intensified Malaria Elimination Project from January, 2018 – March, 2021 is going on. The IMCP is being implemented in 7 North-Eastern States (Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Manipur & Tripura) Jharkhand, Orissa and West Bengal, covering a population of 100 million in 94 districts during 2005-2010 within the existing framework of NVBDCP. Global Fund support for LLINs; human resource; capacity building; monitoring & supervision including mobility support; incentives to ASHAs for Early Diagnosis and Complete Treatment (EDCT), has helped in substantial reduction in morbidity and mortality in 7 NE states.
- A total of 7.24 million LLINs have been distributed in 7 NE States through mass campaign in 2015-2016 for universal coverage of all sub-centers with API > 1. IMCP-3 is also covered Odisha where of 11.34 million LLINs were distributed in 2017 in all sub-centers with API > 1. A total of 4.93 million LLINs have been distributed in Chhattisgarh through mass campaign in 2017-18 for universal coverage of all sub-centers with API > 1. About 6.35 million LLINs have been distributed in Jharkhand through mass campaign in 2017-18 for universal coverage of all sub-centers with API > 1.
- Presently IMEP of GFATM is being implemented for 39 months from January, 2018 to March, 2021 in 7 North Eastern States and Madhya Pradesh. Under this project, GF has provided 96.4 lakhs of LLINs for Madhya Pradesh and Tripura.

MALARIA DECLINE IN NORTH EAST STATES SUPPORTED BY GF



The Global Fund supported “Intensified Malaria Elimination Project” for the grant period January, 2018-March, 2021 includes all the 147 districts of 8 States (7 NE States and Madhya Pradesh). To strengthen the surveillance and proper implementation of anti-malaria interventions in difficult areas in high endemic districts in Mizoram and Meghalaya, 2 civil society Sub-Recipients (SRs) will be included to strengthen the LLINs distribution efforts of NVBDCP.

**GOAL:** To reduce malaria related morbidity and mortality by at least 70% in project areas (9 States) by 2020.

### OBJECTIVES :

- Achieve near universal coverage of population at risk of malaria with an appropriate vector control intervention (LLIN).
- Achieve universal coverage of case detection and treatment services (in project areas) to ensure 100% parasitological diagnosis of all suspected malaria cases and complete treatment of all confirmed cases.
- Strengthen the surveillance to detect, notify, investigate, classify and respond to all cases and foci in all districts (in project areas) to move towards malaria elimination.
- Achieve near universal coverage in project areas by appropriate BCC activities to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative interventions.

### Japanese Encephalitis:

Japanese Encephalitis is endemic in all North-Eastern States except in Mizoram and Sikkim. The details of AES/JE cases are as follows:

Sl.No.	Affected States	2017				2018			
		AES		JE		AES		JE	
		C	D	C	D	C	D	C	D
1	Assam	2077	178	604	87	1492	183	509	94
2	Manipur	1125	10	186	10	283	3	57	3
3	Nagaland	36	2	10	2	27	0	1	0
4	Arunachal Pradesh	5	0	5	0	0	0	0	0
5	Meghalaya	160	4	48	4	243	6	90	6
6	Tripura	323	0	90	0	311	0	59	0

**For Control of JE.** Govt. of India has established 40 sentinel surveillance hospitals in North-Eastern States of India for diagnosis of J.E. cases, of which 28 Sentinel Sites in Assam, 5 in Meghalaya, 2 each in Arunachal Pradesh and Manipur and 1 each in Nagaland, Mizoram and Tripura. Total 59 districts have been covered under J.E. vaccination programme in children aged 1-15 yrs in these States. 27 districts in Assam, 3 districts in Arunachal Pradesh, 8 districts each in Manipur and Tripura, 7 districts in Nagaland and 6 districts in Meghalaya. In addition, adult (>15-65 yrs) JE vaccination has been completed in 18 districts of Assam.

**Dengue:** In recent past Dengue has been spread to various parts of NE States. The State-wise details of dengue cases from 2017 to 2018 are as follows:

Sl. No.	Affected States	2017		2018	
		Cases	Deaths	Cases	Deaths
1	Assam	5024	1	166	0
2	Arunachal Pradesh	18	0	1	0
3	Manipur	193	1	14	0
4	Meghalaya	52	0	44	0
5	Mizoram	136	0	68	0
6	Nagaland	357	0	369	0
7	Sikkim	312	0	320	0

**Chikungunya:** Assam, Arunachal Pradesh, Manipur, Mizoram, Nagaland are not endemic for Chikungunya. The clinically Suspected Chikungunya cases reported from Assam, Arunachal Pradesh, Meghalaya, Manipur, Mizoram and Sikkim are as follows:

Sl.No	Affected States	2017	2018
1	Assam	41	3
2	Arunachal Pradesh	133	507
3	Manipur	0	2
4	Meghalaya	236	44
5	Mizoram	0	93
6	Sikkim	130	384

**Lymphatic Filariasis** is endemic in 7 districts of Assam, whereas other State in NE region are non-endemic for filaria. These 7 districts of Assam were covered under the strategy of Annual Mass drug Administration (MDA) of Di-ethyl-carbamazine citrate (DEC) since 2004. However, since 2009, Albendazole was co-administered with DEC. All these 7 endemic districts of Assam have successfully completed 1<sup>st</sup> Transmission Assessment Survey (TAS) and stopped MDA. Out of these 7 districts, 4 have successfully cleared 2<sup>nd</sup> TAS also and one district Dibrugarh failed in

2<sup>nd</sup> TAS during 2018 and will go for MDA during 2019.

## 22.9 NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)

The National Iodine Deficiency Disorders Control Programme (NIDDCP) is being implemented in all the North Eastern States. State level IDD Control Cell and IDD Monitoring Laboratory have been set up in each of the NE States. The District IDD resurveys conducted in the State of Assam have indicated a decline in the prevalence of IDD as a result of iodated salt consumption. The consumption of adequately iodized salt at household/community level in the NE states is in the range of 91% to 99.9%. Among NE States, 86% to 100% salt samples are adequately iodized i.e. iodine content >15ppm. The Median Urinary Iodine Excretion (UIE) values (optimal UIE >100 µg /L) of four NE States are in the range of 52% to 99%.

## 22.10 DEVELOPMENT OF MEDICAL EDUCATION

Under the CSS for establishment of new medical colleges attached with district/ referral hospitals, the details of districts selected and fund released is as under:

Sl. No.	State	Districts	Funds Released
<b>PHASE-I</b>			
1.	Arunachal Pradesh	Naharlagun	Rs.170.10 crore
2.	Assam	Dhubri	Rs.680.40 crore
		Nagaon	
		North Lakhimpur	
		Diphu	
3.	Mizoram	Falkwan	Rs.170.10 crore

4.	Nagaland	Kohima	Rs.170.10 crore
5.	Meghalaya	West Garo Hills (Tura)	Rs.170.10 crore
<b>PHASE-II</b>			
6.	Sikkim	Gangtok	Rs.67.40 crore

It may be noted that Arunachal Pradesh, Mizoram, Nagaland, Meghalaya and Sikkim will have their first medical colleges now.

## 22.11 DEVELOPMENT OF NURSING SERVICES

**Opening of ANM /GNM Schools:** CCEA has approved this Ministry's proposal for opening of 112 ANM Schools and 137 GNM Schools. For the North Eastern region, this Ministry has approved 15 ANM schools and 21 GNM schools as per the following details.

State	Name of the identified districts for opening of	
	ANM School	GNM School
Arunachal Pradesh	Lohit	Upper Subansiri
	Tawang	East Siang(Pasighat)
	West Siang	Naharlagun (Papampure)
Assam	Baksa	Bongaigaon
	Udalguri	
	Chirang	
Manipur		Bishnupur
		Chandel
		Senapati
		Tamenglong
		Thoubal
		Ukhru



Meghalaya	Aizwal	East Garo Hills
		Ribhoi
		South Garo Hills
		West Khasi Hills
Mizoram	Lawngtlai	Champhai
	Mamit	Kolasib
		Saiha
	Zunheboto	Serchhip
Nagaland	Kohima	Mon
	Mokokchung	Phek
	East Sikkim	Tuensang
Sikkim	West Sikkim	
Tripura	West Tripura	

A sum of Rs. 15.105 crore has been released during 2018-19 for opening of 4 GNM Schools in the State of Meghalaya.

### 22.12 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS (NPPCF)

In the North Eastern region, NPPCF is implemented only in the State of Assam in 5 districts i.e. Nagaon, Kamrup, Karbi Anglong and Dhubri Nalbari.

The sanctioned contractual staff i.e. District Consultant (engaged in all districts except Dhubri, Nalbari and Karimganj), Laboratory Technician have been engaged and Laboratory established along with Ion meters in the 3 districts. The District Nodal Officer (NPPCF) District Consultant (Fluorosis) and Laboratory Technician of 3 districts i.e. Nagaon, Kamrup & Karbi Anglong have been trained at National Institute of Nutrition, Hyderabad on the Implementation of NPPCF.

### 22.13 NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY (NPHCE)

In the North-Eastern Region, the programme

activities have been approved in 88 districts of 08 North-Eastern States. The States of Assam and Sikkim are among the 21 States/UTs which had been identified for implementation of NPHCE at the time of launch of the programme.

The status of the activities approved in North-Eastern States: ROP communicated to States for implementing the Programme in State:

State	Financial Year	Amount approved in ROP (Rs. in Lakhs)	Program implementation in No. of districts
Assam	2018-19	519.60	27
Sikkim	2018-19	30.29	04
Mizoram	2018-19	26.20	09
Manipur	2018-19	18.60	07
Meghalaya	2018-19	149.15	05
Nagaland	2018-19	45.27	11
Tripura	2018-19	41.00	08
Arunachal Pradesh	2018-19	134.40	12

### 22.14 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES & STROKE (NPCDCS)

NPCDCS is being implemented in all the North Eastern States. The funds are being provided to the States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 90:10 for North-Eastern States.

#### Achievements

The cumulative number of facilities under NPCDCS at all levels in the North-Eastern States established till March 2019 is as under:

STATE	State NCD Cell	District NCD Cells	District NCD Clinics	District Cardiac Care Units	CHC NCD Clinics	District Day Care Centres
Arunachal Pradesh	1	18	18	0	49	0
Assam	1	14	14	5	79	5
Manipur	1	11	11	1	5	1
Meghalaya	1	4	4	1	8	2
Mizoram	1	8	8	2	10	2
Nagaland	1	11	11	1	5	2
Sikkim	1	4	2	2	2	1
Tripura	1	8	8	0	23	0
<b>Total</b>	<b>8</b>	<b>78</b>	<b>76</b>	<b>12</b>	<b>181</b>	<b>14</b>

### Scheme for Tertiary Care Cancer Centres

Under Tertiary Care Cancer Centre (TCCC) Scheme of NPCDCS, Government of India is assisting States to set up / establish State Cancer Institute (SCI) and TCCC in different parts of the country. The maximum assistance inclusive of State Share for SCI is Rs. 120 Crore and for TCCC is Rs.45 Crore. The cost sharing ratio between

Centre and State is 90:10 for North East States.

So far Two SCIs at Cancer Hospital (RCC), Agartala, Tripura and Guwahati Medical College & Hospital, Guwahati and 3 TCCCs at Civil Hospital, Aizawl, Mizoram and District Hospital, Kohima, Nagaland & Multispecialty Hospital at Sohygang (Sichey), near Gangtok, Sikkim are being supported as follows:-

Sl. No.	Name of State	Name of Institute	SCI/TCCC	Amount Released (Rs. in crore)
1.	Tripura	Cancer Hospital (RCC), Agartala	SCI	55.00
2.	Mizoram	Civil Hospital, Aizawl	TCCC	14.64
3.	Nagaland	District Hospital, Kohima	TCCC	13.23
4	Assam	Gauhati Medical College & Hospital, Guwahati	SCI	80.9325
5.	Sikkim	Multispecialty Hospital at Sohygang (Sichey), near Gangtok, Sikkim	TCCC	29.02

### 22.15 ACTIVITIES OF NATIONAL CENTRE FOR DISEASES CONTROL (NCDC) UNDER TAKEN DIFFERENT PROGRAMMES/SCHEMES

#### Integrated Disease Surveillance Programme

The Integrated Disease Surveillance Programme (IDSP) is implemented in the country including

all the North Eastern States. 102 posts of Epidemiologists, 32 posts of Veterinary Consultants have been sanctioned for the North Eastern States of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. IDSP receives weekly surveillance report from 97% of the districts of the NE region.

Sl. No.	State	Acute Diarrheal Diseases	Acute Encephalitis Syndrome (AES)	Acute Flaccid Paralysis	Chickenpox	Cholera	Dengue	Dengue & JE	Diphtheria	Dog Bite	Dysentery	Enteric Fever	Food Poisoning	Jaundice	Leptospirosis	Malaria	Measles	Mumps	Mushroom Poisoning	Rubella	Scabies	Scrub Typhus	Seasonal Influenza	Viral Fever	Viral Hepatitis A	Grand Total
1	Arunachal Pradesh	2	3		1							1					1	3						1	12	
2	Assam	15	20	1	13	1	2				2	2	18	1	1	5	9		2		1			4	97	
3	Manipur	1	8		1					1							2					1	1	1	16	
4	Meghalaya	1	1									2								1					5	
5	Mizoram										1		3									4			8	
6	Nagaland						2						1				4								7	
7	Sikkim	1					1																		2	
8	Tripura	4			1			1	1				1				1							1	10	
	<b>Total</b>	<b>24</b>	<b>32</b>	<b>1</b>	<b>16</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>26</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>17</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>157</b>	

## 22.16 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

The entire population of the North Eastern States is covered under the Revised National Tuberculosis Control Programme (RNTCP). Over the years, a strong network of RNTCP diagnostic and treatment services has been established in the NE States through the general health system. As the NE region has large proportion of tribal, hilly and hard to reach areas, the norms for establishing

Microscopy centers has been relaxed from 1 per lakh population to 50,000 and the TB units for every 0.75 to 1.25 lakh (as against 1.5 to 2.5 lakh range). In addition, 95 rapid molecular test machines, CBNAAT, has been installed across the NE region.

The total number of patients initiated on treatment by RNTCP, the annualized total case notification rate and the treatment success rate of the region for the year 2018 is given in the table below:

**RNTCP – Activities in North Eastern Region**

North Eastern States	State Projected population (Lacs)- 2018	TB patients notified from Public sector-2018	TB patients notified from Private sector-2018	Total TB cases notified-2018	Annualized TB case notification rate- Public Sector (2018)	Annualized TB case notification rate- Private sector (2018)	Annualized TB case notification rate (Total) (2018)	Total TB patients Notified (notified cases based on current PHI)- 2017	TB cases with treatment outcome - Success	Treatment success rate (among TB notified cases)
Arunachal Pradesh	15.82	3417	2	3419	216	0.13	216	3462	2203	64%
Assam	341.84	37936	4960	42896	111	14.51	125	41146	28366	69%
Manipur	30.34	2151	776	2927	71	25.57	96	2841	1634	58%
Meghalaya	35.05	4382	485	4867	125	13.84	139	4062	2005	49%
Mizoram	12.23	2513	57	2570	205	4.66	210	2539	1569	62%
Nagaland	20.50	3542	727	4269	173	35.46	208	3270	1737	53%
Sikkim	6.50	1418	20	1438	218	3.08	221	1219	722	59%
Tripura	38.93	2575	4	2579	66	0.10	66	2072	1400	68%
North Eastern States	501	57934	7031	64965	116	14	130	60611	39636	65%

The North eastern States with a population of 501 lakhs, have notified 64,965 TB patients in the year 2018 with maximum patients notified in the State of Assam. The Annualized case notification rate is highest in the State of Sikkim with 221 TB cases notified per lakh population, followed by Mizoram (210) and Nagaland (208). Among the TB patients notified in the State, contribution from private sector is maximum in the State of Manipur where 27% (776 TB patients out of 2927 total TB patients) of the total TB patients notified are from private sector. The State of Assam leads among the North eastern States with respect to treatment success rate and have achieved 69%.

The programme has collaborated with various private and public sector health institutions in the area. More than 200 NGOs and PPs have been involved in the entire region and 10 medical colleges have been engaged proactively, including establishment of Zonal task force in the region for collaborating with the Medical Colleges in the region.

Daily regimen for all TB patients has been initiated for all the North Eastern States since October, 2017. Sikkim was one of the States to pilot the launch of Daily regimen. All the States in the region have already initiated Programmatic Management of Drug Resistant TB (PMDT) services. Universal

DST is being piloted in the first phase in the States of Arunachal Pradesh, Sikkim, Meghalaya, Manipur, Mizoram and Tripura.

Also, along with the passive approach, the programme would intensify its case finding activities through systematic active TB screening among clinically and socially vulnerable population in campaign mode. Here, the tribal districts of the State are mapped among other vulnerable population and door to door case finding efforts are carried out.

In addition to the routine performance monitoring, there is enhanced focus on monitoring of North Eastern States, Central TB Division regularly monitors the activity through analysis of quarterly performance reports from the districts and feedback is given for any corrective action, if required.

## 22.17 NACO ACTIVITIES IN NORTH-EASTERN STATES

**HIV Epidemic Scenario:** The North-Eastern States of India contribute 3.95% of the total People Living with HIV (PLHIV) estimates in the country. Manipur is estimated to have the highest burden of PLHIV (31,549) among the North-Eastern States followed by Nagaland (17,029), Mizoram (16,773) and Assam (13,539). The estimated adult prevalence continues to be much higher than

### Estimates of Epidemiological Indices of HIV in North-Eastern States

States	Adult (15-49 yrs.) HIV Prevalence (%)	No. of HIV Infections	No. of NEW Infections among Adults (15+)	AIDS related death
Arunachal Pradesh	0.06	588	76	19
Assam	0.06	13,539	1,387	266
Manipur	1.43	31,549	1,612	1,621
Meghalaya	0.11	2,141	191	23
Mizoram	2.04	16,773	1,503	474
Nagaland	1.15	17,029	1,232	537
Sikkim	0.05	230	17	2
Tripura	0.09	2,678	206	65
<b>NE-Total</b>	-	<b>84,527</b>	<b>6,215</b>	<b>3,007</b>

Source: India HIV Estimation-2017



national average (0.22%) in States of Manipur (1.43%), Mizoram (2.04%) and Nagaland (1.15%). North Eastern States contributed around 7.09 % of total new infections among adults. Mizoram & Manipur has around 3115 annual new infections among adults that contribute around 50.12% of total new infections in north east; another 42.14% of new infections are from Assam & Nagaland.

**Targeted Interventions (TI):** There are 220 functional NGOs and 91 Opioid Substitution therapy (OST) centres in the North Eastern states implementing NACO's targeted Interventions

(TI) programme. NACO is concerned about the rising HIV prevalence among the People Who Inject Drugs (PWID). It is of the view that merely sustaining the present efforts will not be enough to achieve epidemic control and stop deaths from AIDS in the next few years. Therefore, 'Project SUNRISE' has been developed in collaboration with NACO, State AIDS Control Societies (SACS), NGOs, community networks and other key stakeholders to accelerate the response to HIV in NE region. Details of Typology-wise TIs supported by NACO in North Eastern States is given below:

**State-wise and Typology-wise distribution of Targeted Interventions (TIs) supported by NACO during the FY 2018-19 (April, 2018 to March, 2019)**

States	FSW	MSM	IDU	TG	CC	MIGRANT*	TRUCKERS	Total
Arunachal Pradesh	4	1	2		7	6		20
Assam	17	1	5		17	1	2	43
Manipur	2	1	37		12	2		54
Meghalaya	3		4		2			9
Mizoram	1	1	18		8	4		32
Nagaland	2	3	22		14	1	1	43
Sikkim	3		3					6
Tripura	5		1		4	3		13
<b>Total</b>	<b>52</b>	<b>7</b>	<b>95</b>		<b>55</b>	<b>16</b>	<b>3</b>	<b>220</b>

**State-wise and Typology-wise Coverage of High Risk Groups under the Targeted Interventions programme during the FY 2018-19 (March, 2019)**

State	Core Group				Bridge Population	
	FSW	MSM	IDU	TG	Migrant	Truckers
Arunachal Pradesh	3,513	362	994		54,252	
Assam	16,104	3,749	3,674	353	63,282	58,422
Manipur	7,089	1,698	21,477		48,386	
Meghalaya	1,553	282	1,343			
Mizoram	1,161	595	10,074		13,699	
Nagaland	3,887	1,776	21,741		28,668	2,347
Sikkim	919		1,437			
Tripura	4,933	303	819	35	6,132	
<b>Total</b>	<b>39,159</b>	<b>8,767</b>	<b>61,559</b>	<b>388</b>	<b>21,4419</b>	<b>60,769</b>

**Number of Opioid Substitution Therapy (OST) Centers for IDUs under the Targeted Interventions programme during the FY 2018-19 (March, 2019)**

States	No. of OST Centres	Coverage
Arunachal Pradesh	4	1
Assam	17	1
Manipur	2	1
Meghalaya	3	0
Mizoram	1	1
Nagaland	2	3
Sikkim	3	
Tripura	5	0
<b>Total</b>	<b>37</b>	<b>7</b>

**Integrated Counselling and Testing Centres (ICTC):** The Integrated Counselling and Testing programme offering services for HIV includes three main components – Integrated Counselling and Testing Centres (ICTC), Prevention of Parent to Child Transmission (PPTCT) and HIV-TB collaborative activities. Upto March, 2019, there are 1437 ICTCs established in NE States, of which 102 (7%) are functioning under PPP model. Of the total facilities NE States, 378(26%) are functioning as confirmatory sites. Further, NACO is encouraging low performing NE States to establish more HIV Screening Facilities at CHCs and PHCs to reach the unreached population groups.

**State-wise performance of the ICTC programme during Jan, 2018 to March, 2019**

States	Number of HCTS Facilities				Tested for HIV seropositive		Diagnosed with HIV		No. Mother & baby received ARV drug (Option B)
	CBS	Stand Alone	F-ICTC	PPP	Gen. Client	Pregnant Women	Gen. Client	Preg. Women (new)	
Arunachal Pradesh	21	37	50	4	27,760	19,926	43	7	8
Assam	9	103	207	59	278,471	654,686	1,898	193	142
Manipur	64	64	40	10	109,832	60,944	1,226	89	101
Meghalaya	9	24	141	1	60,953	74,091	939	171	93
Mizoram	36	43	50	10	83,398	31,322	2,900	247	176
Nagaland	54	71	123	10	115,112	26,557	2,057	235	198
Sikkim	1	13	26	0	23,355	10,425	35	1	2
Tripura	16	23	110	8	122,539	60,220	366	41	13
<b>Total</b>	<b>210</b>	<b>378</b>	<b>747</b>	<b>102</b>	<b>821,420</b>	<b>938,171</b>	<b>9,464</b>	<b>984</b>	<b>733</b>

**Private sector involvement- In the State of Assam:** 8.2 lakh pregnancies are estimated annually in Assam, which is nearly 74% of the estimated pregnant women in all NE States.

**EMTCT-Elimination of Mother to Child Transmission of HIV:** Government of India is committed to the global target of eliminating new HIV infections among children by 2020 by eliminating mother to child transmission (EMTCT). This initiative has been proposed to be implemented in a phase wise manner through ICMR-NIE, Chennai and ICMR-NARI Pune as a lead agency to implement. In the first phase, the data verification and validation exercise for EMTCT has been initiated in the 6 States in India, and among those states Mizoram was selected for this exercise. In the second phase of EMTCT, NACO has identified 13 more states and started the exercise from September, 2018 onwards. Assam and Manipur were selected in phase-II of e-MTCT Programme assessment.

**Community Based Screening Approach:** National AIDS Control Organization (NACO) has adopted the Global 90-90-90 target by 2020. In order to identify 90% of the estimated 2.1 million PLHIV in India, NACO has included several innovative testing strategies in the new National HIV Counselling and Testing Services Guidelines 2016, released on 1<sup>st</sup> December, 2016.

For high prevalent States like, Manipur, Meghalaya, Mizoram and Nagaland the community based screening approach will help to cover unreached & hard-to-reach population and providing HIV screening services to them. For implementation of community based screening, regional Training of Trainers (ToT) were conducted in different region of country to create master pool for implementing the down level training. Till date, around 154 master trainers are trained from 8 States and field level training is in process.

All the TI's of North East except Sikkim are implementing Community based Screening. Which is also being implemented through project

Sunrise in their Social Network Model in Nagaland and Manipur.

### Management of STI/RTI in North East:

Control and management of STI is one of the most cost effective means of preventing new HIV infection in all the North Eastern States. STI clinics have been established at all the existing District Hospitals, Medical Colleges and select sub divisional hospitals. Free STI drugs, syphilis test kits and one counsellor are provided at each of these health facilities and there is one Regional STI Laboratory at Guwahati. State-wise key physical indicators as on March, 2019 has been provided in the table below.

### State-wise Progress in Achievement of Physical Targets during the FY 2018-19 (from Jan, 2018 till March, 2019)

State	No. of DSRC/STI Clinic	Number of STI/RTI Patients managed
Arunachal Pradesh	18	23,047
Assam	29	99,876
Manipur	10	68,123
Meghalaya	10	19,561
Mizoram	10	24,669
Nagaland	12	58,712
Sikkim	6	4,713
Tripura	18	49,283
<b>Total</b>	<b>113</b>	<b>3,47,984</b>

**HIV TB Collaborative Activities -** TB disease is the commonest opportunistic infection among HIV- infected individuals and leading cause of death among PLHIV. Thus, while the country is dealing effectively with HIV burden, TB associated HIV epidemic is posing a great challenge. Broadly the national HIV/TB response includes intensified TB case finding at HIV testing and care settings,

### Intensified TB case finding

States	At ICTC (Jan, 2018-March, 2019)	At ART (March, 2019 MPR)	
	Proportion of Presumptive TB cases referred to RNTCP (at ICTC)	Proportion of PLHIV who underwent (4S) screening (at ARTC)	Proportion of PLHIV with presumptive TB, tested for TB (at ARTC)
Arunachal Pradesh	24%	71%	100%
Assam	6%	100%	60%
Manipur	4%	94%	100%
Meghalaya	2%	98%	57%
Mizoram	6%	100%	76%
Nagaland	4%	80%	95%
Sikkim	1%	100%	100%
Tripura	3%	95%	90%
India	7%	93%	85%

intensified TB-HIV package and strategy for TB prevention among PLHIV. These activities are closely guided through duly constituted HIV-TB Coordination Committee, Technical Working Group at national and state level and district level Coordination Committees.

- People Living with HIV need early diagnosis and treatment of active TB disease. Cartridge Based Nucleic Acid Amplification Test (CBNAAT) is recommended as the initial diagnostic test for cases having presumptive TB.
- Isoniazid Preventive Therapy: IPT is one of the 3I strategy globally recommended for prevention of incident TB among HIV infected individuals. Hon'ble Union Minister of Health & Family Welfare, Shri J.P. Nadda, launched Isoniazid Preventive Therapy on World AIDS Day, 2016. People living with HIV who are unlikely to have active TB should receive at least six months of IPT from ART centres as part of a comprehensive package of HIV care under Single window

delivery mechanism. IPT Coverage among eligible PLHIV in North-Eastern States is 27% as on March, 2019.

### Care, Support and Treatment

The major aim for CST services under NACP is to *improve the survival and quality of life of Person Living with HIV (PLHIV) with Universal access to Comprehensive HIV care*. The terrain and geographical conditions of North Eastern region results in need of specific focus and interventions.

The services which include free universal access to lifelong standardized Anti Retro Viral Therapy (ART), free Lab Diagnostic and Monitoring services (baseline tests, CD4 testing, targeted viral load), facilitation of long term retention in care, prevention-diagnosis-management of opportunistic infections and linkages to social protection scheme are being provided through facilities like ART Centers, Link ART Centers and Care & Support Centers. The summary of facilities and beneficiaries in North Eastern Region is as below:

### State wise progress under the Care, Support, and Treatment Programme during the FY 2018-19 (till March, 2019)

States	ART Centers	Link ART Centers	Care & Support centers	PLHIV on ART	PLHIV in Preparedness phase
Arunachal Pradesh	1	4	1	135	15
Assam	6	8	4	6752	335
Manipur	13	9	12	12864	475
Meghalaya	2	3	1	2324	67
Mizoram	6	3	3	8568	296
Nagaland	8	4	5	8093	347
Sikkim	1	1	1	184	2
Tripura	3	3	1	1389	5
<b>Total</b>	<b>40</b>	<b>35</b>	<b>28</b>	<b>40,309</b>	<b>1,542</b>

**Differentiated Care:** Country is committed to work towards achieving targets of 90-90-90 by 2020 and due to vulnerability north east region is specifically focused. “Test and Treat” launched in 2017 is one of the landmark steps in increasing access to life saving ART. However, achieving optimum adherence and retention in the HIV care is crucial to achieve maximal viral suppression among PLHIV.

Differentiated care is client-centered approach that simplifies and adapts HIV services across the cascade to reflect the preferences and expectations of various groups of people living with HIV (PLHIV) while reducing unnecessary burdens on the health system. Difficult terrain and connectivity remain one of the key factors impacting retention and adherence to treatment and increases need of such intervention in North East Region. Keeping needs of PLHIV community in center, NACO has implemented differentiated care models in North Eastern States in form of following:

- **Multi Month Dispensation:** All stable clients can now avail three months of ART

dispensation. This initiative saves time and money for patients by reducing travel need and at the same time helps preventing overcrowding at ART centers.

- **Fast Track Model:** OPD management models have been implemented at high load ART centers such as Aizawl, where separate flow is being maintained for stable and unstable clients. This allows fast tracking of stable clients decreasing their waiting time and provides opportunities for health care providers to give more time and focus on unstable clients.
- **Co-located OST and ART:** HIV positive PWID on Opioid Substitution Therapy has shown higher rates of linkage loss. Considering their specific need and vulnerability models have been developed where OST as well as ART is being provided at single window.
- **Community Based Dispensations:** Dispensations of ART beyond ART center, in community led settings which are managed

by community groups is also being piloted in NE region.

**Mission “SAMPARK”:** To the extend the benefit of test and treat policy and reach out to all those “who are aware of their HIV positive status” but “are not on ART” and linking them back as much as possible for HIV care, Government of India took the initiative in the form of Mission Sampark, launched on 1<sup>st</sup> December 2017. Under Mission Sampark, it was planned to focus on three specific groups:

- **New registrations after April, 2017:** Almost 89% of new registrations in NE region has been initiated on ART.
- **Patients in pre-ART care:** After launch of “test & treat” policy most of PLHIV in pre ART phase has been followed up and initiated on ART. Currently app 1500 PLHIV are in preparedness phase and are being followed up for ART Initiation.

### North-East Multimedia Campaign 2018

First North-East Multi Media Campaign was organized in-collaboration with NACO & hosted by NSACS on 18.02.2019, at Khuochiezie, Local Ground, Kohima, Nagaland. The event indeed marked a big success as the total number of audience was more than 10,000.

The main objectives of the Campaign were to:

- Provide greater visibility for the issue of HIV/AIDS,
- Encourage safe and responsible behaviour among the youth,
- Reduce the level of stigma and discrimination by demystifying HIV/AIDS,
- Promote HIV/AIDS related services, specially HIV testing and
- Increase general awareness about HIV/AIDS.

### MoU signed between North Eastern Council (NEC) and NACO

The 17<sup>th</sup> Memorandum of Understanding (MoU) was signed between National AIDS Control Organization (NACO) and North Eastern Council (NEC), Ministry of Development of North Eastern Region (M/o DoNER) on 08<sup>th</sup> March, 2019 at M/o DoNER, Vigyan Bhawan Annexe, New Delhi.

The MoU was signed by Shri Ram Muivah, Secretary on behalf of North Eastern Council (NEC), Ministry of Development of North Eastern Region and Shri Sanjeeva Kumar Additional Secretary & Director General, NACO & RNTCP, MoH&FW in the august presence of Dr. Jitendra Singh, Hon’ble Minister, MOS (IC) M/o DoNER and Dr. Inder Jit Singh, Secretary, M/o DoNER, Govt. of India.

This partnership aims to strengthen HIV/ AIDS response in North Eastern Region (NER) in collaboration of NEC, MDONER and NACO primarily:

- Reaching out large number of people with HIV/AIDS awareness information through NEC, DONER,
- Enhance involvement of SHGs in reaching out to High Risk Group and Youth in accessing prevention and testing services,
- Enhance coordination and advocacy with State Governments in North Eastern Region for garnering support through major meetings,
- Reduce social stigma and discrimination against people infected and affected by HIV,
- Enhance access of social protection by PLHIVs.

This partnership is viewed with great importance in order to strengthen HIV/AIDS response in eight states of North Eastern Region. North Eastern Council (NEC) is the nodal agency for the economic and social development of the North Eastern Region consists of the eight States of



Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura.

### **Regional Workshop on ‘Strengthening Public and Private Sector Response in NACP IV’ in Gangtok, Sikkim**

A regional workshop on ‘Strengthening Public and Private Sector Response in NACP IV’ was organized by NACO in collaboration with International Labour Organization and Sikkim SACS in Gangtok, Sikkim from 26<sup>th</sup> to 27<sup>th</sup> September, 2018. The two-day workshop was inaugurated by Sh. Arjun Kumar Ghatani, Hon’ble Minister, Health & Family Welfare, Government of Sikkim. The inaugural function was also graced by presence of Dr. Naresh Goel, Deputy Director General, NACO; Ms. Zug Castillo Brigitte, Senior Technical Specialist, International Labour Organization Geneva; Dr. Pempa Tshering Bhutia, Health Principal Director, Government of Sikkim.

The regional workshop was organized for eight states of north eastern region with the objective to mobilize various stakeholders include industries of public and private sector, employer organization, trade union, departments to garner support for awareness generation on HIV/AIDS and to strengthen the Public and Private Sector response to HIV/AIDS.

### **22.18 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)**

The MoHFW, Government of India launched National Programme for Prevention and Control of Deafness (NPPCD) on the pilot phase basis in the year 2006-07 (January 2007) covering 25 districts as a 100% centrally sponsored scheme (now 60:40 in all states and 90:10 in NE States) because current burden of disease as per NSSO survey is that 291 persons per one lakh population are suffering from deafness and as per WHO estimates 6.3 crore in India people are already disabled.

The programme is being implemented in a decentralized manner through respective State/ District Health Societies. Benefits of the scheme are meant for all including tribal population. The aim of the programme is to improve ear-care services in these states. At present all districts have been sanctioned for implementation of NPPCD programme in Nagaland, Mizoram, Assam, Manipur, Sikkim and Tripura. 15 out of total 20 districts in Arunachal Pradesh and 3 out of total 11 districts in Meghalaya have been sanctioned for implementation of NPPCD programme.

