

Activities in North East Region

22.1 INTRODUCTION

A separate North East (NE) Division in the Department and a Regional Resource Centre (RRC) at Guwahati have been set up to provide capacity building support to the States in the NE Region. 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 the secondary and tertiary healthcare infrastructure requirements of the NE States, a scheme namely 'Forward Linkages for NRHM in North East' has been introduced for the States of NE region from the 11th Plan onwards.

22.2 NATIONAL RURAL HEALTH MISSION (NRHM)

Eight North Eastern States namely Arunachal Pradesh, Assam, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim and Tripura are programming under the National Health Mission (NHM), [with its two Sub-Missions, of National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM)]. Regional Resource Centre for North Eastern States (RRC-NE) at Guwahati, has been set up under NHM.

Achievements under NHM in respect of NE region

As per Management Information System (MIS) Report, a total of 269 CHCs, 951 PHCs and 136 centres working as First Referral Units (FRU), have been made operational on 24x7 basis so far under NHM. Ayush facilities are available in 394 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.

236 Specialists, 1,171 Medical Officers, 3,520 Paramedics (Allied Health Professionals), 5,342 Staff Nurses and 7,720 ANMs have been augmented under NHM. Besides this, 58,179 ASHAs have been

selected under NHM.

Out of the 1,82,94,134 institutional deliveries reported, 7,20,447 institutional deliveries relate to States of NE and 8,61,000 Children fully immunized in NE States out of the all India figure of 2,88,25,000.

Forward Linkages to NRHM in the NE

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, to be financed from likely savings from other Health Schemes. This aims 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 10 projects are at various stage of Implementation.

So far an amount of Rs. 384.92 crore has been released under Forward Linkages Scheme to NE States. In FY 2017-18, an amount of Rs. 26.18 crore has been allocated.

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

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 Post-Graduate 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, 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 both Post-Graduate and Under Graduate Courses in Medical Sciences.

Academic achievements

- i. Till date, 8 batches of MBBS students have been admitted and 4 batches have passed out.
- ii. BSc Nursing Students 10 batches were admitted & 6 batches have passed out.

Management

The Institute is under the administrative control of the Director. NEIGRIHMS Prof. Devinder Mohan Thappa as the new Director w.e.f. 15.04.2017. 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, MoHFW. The other committees have also been constituted such as Standing Finance Committee, Standing Committees, Academic Committees, etc. The 39th Meeting of Standing Finance Committee under the Chairmanship of Secretary (H&FW) was held on 31.08.2017. The Institute has been advised to convene more such meetings for accelerated decision making.

Sanctioned Strength and Incumbency Position in the Institute

The Institute has recruited 1157 staffs including PWDs against the sanctioned strength of 1521. The Institute has been making efforts to augment the teaching faculties in different Departments of NEIGRIHMS. Recently, the Institute has successfully completed the process to appoint 16 candidates for the faculty posts.

Newly Procured Equipment/Instruments

- i) HD Laparoscopic set, -1,
- ii) Color Doppler Ultra Sound, -1,
- iii) Anesthesia Workstation, -2,
- iv) Basic Life Support Ambulance -1,
- v) High End Neuro Navigation with Campus Licensing, -1,
- vi) Operating Microscope -1,
- vii) Medical Oxygen Concentrator -1,
- viii) High End Plasma Sterilizer -1,
- ix) Motorised Research Microscope – 1,
- x) Mastorid Drill Machine, -1.

Major Projects of NEIGRIHMS

- (i) 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 with Hostel for 100 intake with hostels for 600 students for Rs. 249.54 crores and setting up of Regional Cancer Centre with 252 bed capacity with Patient Guest House of 28 rooms for Rs. 224.70 crores (Total cost is Rs. 474.24 crores).

The HSCC has awarded work to M/S Larsen & Toubro, Chennai Ltd at a cost of Rs. 363.98 crores with the approval of the Ministry and Standing Finance Committee. The work has commenced on site and the tentative period for completion of the project is 36 calendar months.

Budgetary Allocation for FY 2017-18

(Rs. In crores)

Head	Budget Estimates	Amount Released
General	40.00	30.57
Capital	60.00	Nil
Salary	100.00	70.03
Total	200.00	100.60

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

Regional Institute of Medical Sciences, Imphal set up in 1976, has been functioning under MoHFW since 1st April, 2007. RIMS is providing undergraduate and post-graduate courses, a 1,074 bedded hospital equipped with state of the art equipment and teaching. The hospital provides services to a large number of patients both outdoor as well as indoor patients, admitting over 40,000 patients in a year. The institute has so far produced 3,125 medical graduates and 1,459 specialists.

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

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

Academic Achievement

- i) 3 batches of M.Ch. Urology & Plastic & Reconstructive Surgery have passed out.
- ii) On the basis of the record maintained by the institute number of the students passed out so far as on 11.7.2016 is as under:

a)	Total no. of MBBS doctors passed out	3125
b)	Total no. of MD/MS/DCP passed out	1459
c)	Total no. of M.Ch. students passed out	08
d)	Total no. of M.Phil. (Clinical psychology)	45
e)	Total no. of B.Sc. (Nursing) Passed out	65

Management

The Institute and its teaching hospital is under the administrative control of the Director. Dr. A. Santa Singh has been appointed as Officiating Director in RIMS, Imphal w.e.f. 17.08.2017. 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, MoHFW. The other committees have also been constituted such as Finance Committee, Standing Committees, Academic 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 MS.

Major Projects of RIMS

RIMS Phase-II project having an approved estimated cost of Rs. 129.36 crores relates to purchase of equipment and construction of 5 (five) hostels and 1 (one) new OPD block. The works are executed through HSCC (I) Ltd as Project Consultant. The works was awarded to M/S RDB Reality and Infrastructure Limited, Kolkata and started in Feb., 2012. Out of these works, 1 hostel has been commissioned. However, all the other works came to a standstill after the work agency had to be expelled for slow progress in March, 2015. At the time of expulsion, the physical progress of the construction works was as under:

PG Gents Hostel	:	30%
PG Ladies Hostel	:	75%
Nursing Hostel	:	25%
UG Ladies Hostel	:	20%
OPD Block	:	45%

Budgetary allocation for FY 2017-18

(Rs. in crore)

Head	Budget Estimates	Amount Released
General	01.00	01.00
Capital	01.00	01.00
Salary	188.00	100.33
Total	190.00	102.33

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

Regional Institute of Paramedical and Nursing Sciences (RIPANS), Aizawl, Mizoram, was set up in 1995-96 under North Eastern Council (NEC). The objective of the Institute is to create and provide adequate Paramedical man-power to the various health sectors of the North Eastern Region in particular and other parts of India and overseas in general. The Institute was transferred to the MoHFW, Govt. of India w.e.f. 01.04.2007. It is situated in the outskirts of Aizawl city having a separate complex of 13.2 acres.

At present, the Institute is conducting five Bachelor Degree Courses and one Post Graduate Course as given below:

Sl. No.	Name of Courses	Intake per batch	Duration (yrs)	Total
1.	B.Sc. Nursing	33	4	132
2.	B.Sc. MLT (Medical Laboratory Technology)	33	4	132
3.	B. Pharm	33	4	132
4.	B.Sc RIT (Radio-Imaging Technology)	33	4	132
5.	B.Sc. OOT (Optometry & Ophthalmic Techniques)	33	4	132
6.	M. Pharm	10	2	20
Grand Total				680

The courses are affiliated to Mizoram University and are recognized by Indian Nursing Council (INC), Pharmacy Council of India (PCI) and All India Council for Technical Education (AICTE).

Academic achievements

- | | | | |
|-----|--|---|-----|
| i. | Students intake in the Academic Year 2016-17 | - | 187 |
| ii. | Present enrolment of students in various courses | - | 69 |

MANAGEMENT

- Board of Governors (BOG):** The BOG of the Institute is headed by the Union Minister of Health & Family Welfare as its President, which is the highest authority empowered to take all measures necessary for the attainment of the objects specified in the Memorandum of Association of the Institute.
- Executive Council (EC):** The Executive Council is headed by the Secretary, MoHFW as its Chairman to supervise the overall administration and take decision on question of policy specified in the Memorandum of Association.
- Director:** The Director, RIPANS, Aizawl is the Principal Executive Officer and Head of all Academic, Finance, Purchase & Tender, Recruitment for Group B & C posts and Core Committees. He is appointed on the recommendation of the Board of Governors or its President, Government of India.

Major Projects of RIPANS

- 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 has been approved.

The civil construction works of the project was started on 07.05.2013 and about 88% of the construction work is completed as on April, 2017.

- It has been decided to upgrade RIPANS by the Central Government. Accordingly, the 25th EC of RIPANS approved in principle the project for upgradation and development of RIPANS including 100 bedded Hospital in a phased manner. The project at the cost of Rs. 445.80 crore is under approval in consultation with Ministry of Finance.

Budgetary allocation for FY 2017-18

(Rs. in crore)

Head	Budget Estimates	Amount Released
General	17.00	Nil
Capital	16.50	2.9320
Salary	8.50	2.3417
Total	42.00	5.2737

22.6 LOKOPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH, TEZPUR, ASSAM

The LGBRIMH, Tezpur established in the year 1876, is a premier tertiary care psychiatric institute in the entire North East India. The institute has been playing an active role in manpower development and research in the field of mental health and allied sciences. Efforts are being made to establish the Departments of Neurology and Neurosurgery in LGBRIMH in the lines of NIMHANS.

The Institute has an attached hospital with inpatient care facilities for 336 patients. The patients are looked after by a team of mental health professionals, residents, nurses, warders and attenders. The treatment facilities are offered free of cost to all the patients. The Institute offers regular courses under Gauhati University with M.D. in Psychiatry, M.Sc. in Psychiatric Nursing, M. Phil in Psychiatric Social Work and M. Phil in Clinical Psychology and also Post-Basic Diploma course in Psychiatric Nursing.

The institute started PhD. programme in Psychiatric Social Work and Psychiatric Nursing under Gauhati University from 2017 session. The Institute also provides exposure training to visiting students from various medical, para-medical and non-medical institutions.

Patient care

- **OPD treatment:** From April to September, 2017, a total of 58,163 patients visited the OPD which included 32,156 male patients and 26,007 female patients.
- **Patient admission:** From April to September, 2017, a total of 924 patients were admitted for in patient care and treatment out of which 702 were male patients and 222 female patients.
- **Patient discharge:** From April to September, 2017, a total of 941 patients were discharged which included 713 male patients and 228 female patients.
- **Laboratory investigation:** A total of 1,01,798 diagnostic tests were conducted in the Central Laboratory from April to September, 2017 under

the department of Pathology, Microbiology, Biochemistry and Radiology.

- Tests in clinical psychology are routinely carried out in the Institute along with other psychometric tests.
- **Ongoing research activities:** For development and up-gradation of the Departments of Pathology, Biochemistry and Microbiology at LGBRIMH, the Institute has been running DBT (Department of Biotechnology, Ministry of Science and Technology, Govt. of India) sponsored project titled “Development and Up-gradation of Pathology, Microbiology and Biochemistry Departments at LGBRIMH” from 2010 onwards.
- The research project INCENSE has been initiated in 2011 in collaboration with Sangath, Goa with funding from Sir Dorabjee Tata Trust. The aim of this project is to design a model for care of persons with severe mental illness and further initiate the intersectoral collaboration for continued care and rehabilitation.
- To address the twin issues of estimating the burden of mental health problems in a nationally representative population and identifying current status of human resources and services available for mental health in the country, the Ministry of Health and Family Welfare (MoHFW) identified that undertaking a nationwide representative mental health survey is a priority area. LGBRIMH has been nominated to undertake the survey in the State of Assam.
- **Community Services programmes:** The Institute organizes community treatment services on a monthly basis in three different centres i.e. Sootea Extension Clinic, Jakhlabanda Extension Clinic and Missionary of Charity Extension Clinic and extends mental health services at community levels. A total number of 3059 patients received treatment during the period.
- **Rehabilitation Attendance:** The rehabilitation services of the Institute comprises of clinical

rehabilitation, occupational therapy and physiotherapy unit. A total number of 4879 physiotherapy sessions and 298 vocational sessions respectively were administered for the benefit of patients till September, 2017.

- **Student intake:** A total number of 43 students were enrolled under different courses (i.e. Ph. D. Psychiatric Nursing - 2, Ph. D. in Psychiatric Social Work - 3, M. Phil in Psychiatric Social Work – 6, M. Phil in Clinical Psychology – 8, M. D. (Psychiatry) – 7, M. Sc. Nursing (Psychiatric Nursing) – 2 and DPN – 5, during the session 2017-18.
- Statistics of students passed out during the last academic session is as follows
MD – 3;
DNB – 2;
M.Sc Nursing (Psychiatric nursing) – 11;
M .Phil in Clinical Psychology- 8;
M. Phil in Psychiatric Social Work- 6;
Diploma in Psychiatric Nursing – 6.
- **Training in Mental Health:** Other than the regular courses conducted by the institute it has also been providing training in mental health for both medical and non-medical students on a short term basis for students from the educational institutions in different parts of the country. During the year, a total of 642 students were benefited.
- **Infrastructure Development Activities:** The up-gradation project for development of infrastructure facilities of the Institute is going on. The Institute has engaged HSCC (India) Ltd. (A Govt. of India Enterprise), as consultant for undertaking construction work at LGBRIMH. The consultant agency divided the construction work in three packages. Package–I consists of construction of the main hospital building and outpatient department with all modern facilities. Package–II involves construction of academic block, residential quarters, junior residential hostel, senior residential hostel,

cafeteria building, Director Residence, electric substation, STP, Incinerator and other external services in the hospital campus. Package – III involves construction of Auditorium and Nurses Hostel.



Observation of 'Swachhata Hi Seva' in October, 2017



Observance of World Mental Health Day on 10.10.2017

22.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCBVI)

National Programme for Control of Blindness (NPCB) is a centrally sponsored scheme (with share of 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 needy population including tribal population. NE States including Sikkim being tribal predominant

and having peculiar geographical conditions and inadequate eye-care infrastructure, is a priority area under NPCB. With the aim to improve eye-care services in these States, following new initiatives have been introduced under NPCB:

1. Assistance for construction of dedicated Eye Wards & Eye OTs in District Hospitals.
2. Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors) in States on contractual basis.
3. 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.
4. Development of Mobile Ophthalmic Units in NE States, Hilly States & difficult Terrains for diagnosis and medical management of eye diseases.
5. Involvement of Private Practitioners in Sub District, Block and Village level.

The performance of cataract surgeries in NE States including Sikkim is as under:

Sl. No.	State	2016-17	2017-18 (Provisional)
1	Arunachal Pradesh	2243	414
2	Assam	67398	16790
3	Manipur	4378	2077
4	Meghalaya	1510	280
5	Mizoram	2210	485
6	Nagaland	1086	275
7	Sikkim	608	88
8	Tripura	9128	3034
	TOTAL	88561	23443

22.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDPC)

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 to Pf malaria.

The North-Eastern States namely Arunachal Pradesh, Assam, Meghalaya, Mizoram, Manipur, Nagaland, and Tripura together contribute about 4% of the country's population, 6% of malaria cases, 8% of Pf cases and 23 % of malaria deaths reported in the country of the year 2016. The epidemiological and malario-metric indices are given below:

Malaria Situation in the NE States				
Year	Cases (in million)		API	Deaths
	Total	Pf		
2015	0.57	0.48	6.18	215
2016	0.51	0.44	5.60	153
2017*	0.29	0.25	3.16	29

**Provisional*

State-wise situation of Malaria in NE States 2016

Sl. No.	States/ UTs	Pop. (in 000)	B.S.E.	Positive Cases	P.f. Cases	Pf%	ABER (%)	API (per 1000)	SPR (%)	SfR (%)	Deaths (%)
1	Arunachal Pradesh	1546	151590	3128	895	28.61	9.81	2.02	2.06	0.59	2
2	Assam	33157	3032997	7826	5686	72.66	9.15	0.24	0.26	0.19	6
3	Manipur	2930	94115	122	58	47.54	3.21	0.04	0.13	0.06	0
4	Meghalaya	3285	468254	35147	31867	90.67	14.25	10.7	7.51	6.81	45
5	Mizoram	1172	267747	7583	5907	77.9	22.85	6.47	2.83	2.21	9
6	Nagaland	2028	252232	828	316	38.16	12.44	0.41	0.33	0.13	0
7	Tripura	3940	351392	10546	9545	90.51	8.92	2.68	3	2.72	14
	Total	48058	4618327	65180	54274	446.05	80.63	22.56	16.12	12.71	76

The table shows that Meghalaya and Mizoram are having API more than 5.

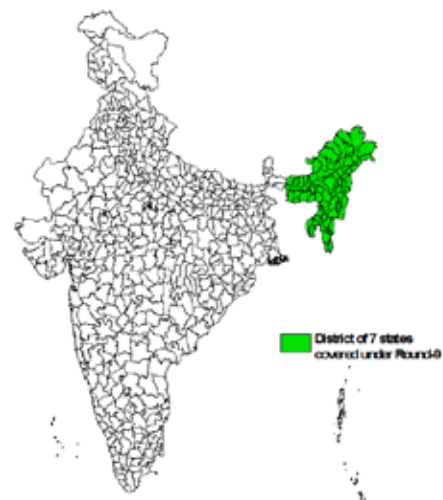
State-wise situation of Malaria in NE States 2017 (Provisional)

Sl. No.	States/ UTs	Pop. (in 000)	B.S.E.	Positive Cases	P.f. Cases	Pf%	ABER (%)	API (per 1000)	SPR (%)	SfR (%)	Deaths (%)
1	Arunachal Pradesh	1546	85527	946	286	30.23	5.53	0.61	1.11	0.33	0
2	Assam	33157	1628419	3029	2169	71.61	4.91	0.09	0.19	0.13	0
3	Manipur	2930	55721	33	9	27.27	1.9	0.01	0.06	0.02	0
4	Meghalaya	3285	236426	10459	9369	89.58	7.2	3.18	4.42	3.96	4
5	Mizoram	1172	111010	3042	2614	85.93	9.47	2.6	2.74	2.35	0
6	Nagaland	2028	138148	228	99	43.42	6.81	0.11	0.17	0.07	1
7	Tripura	3940	196476	4058	3756	92.56	4.99	1.03	2.07	1.91	2
	Total	48058	2451727	21795	18302	440.6	40.81	7.63	10.76	8.77	7

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

Additional 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 objective:

- (i) to increase access to rapid diagnosis and treatment in remote and inaccessible areas



through community participation,

- (ii) malaria transmission risk reduction by use of (LLINs) and
- (iii) to enhance awareness about malaria control and promote community, NGO and private sector participation.

For strengthening early case detection and complete treatment, more than 52,840 ASHAs have been sanctioned out of which 52,446 ASHAs are engaged in these areas. A total of 47,190 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 Government of India 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 of 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 of 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, 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 Long Lasting Insecticide Treated Nets (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.

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	2016				2017 (P) till 17.09.2017			
		AES		JE		AES		JE	
		C	D	C	D	C	D	C	D
1	Assam	1713	187	427	92	1823	165	555	82
2	Manipur	475	1	47	1	1051	11	186	11
3	Nagaland	0	0	0	0	35	2	9	2
4	Arunachal Pradesh	1	0	0	0	0	0	0	0
5	Meghalaya	164	4	47	4	78	4	28	4
6	Tripura	380	1	98	1	212	0	76	0

For control of J.E., Government of India has established 37 Sentinel Surveillance Hospitals in North-Eastern States of India for diagnosis of J.E. cases, of which 28 sentinel sites in Assam, 3 in Meghalaya, 2 each in Arunachal Pradesh and Manipur and 1 each in Nagaland and Tripura. Total 45 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 in Manipur and 7 districts in Nagaland. In addition, adult JE vaccination has been completed in 18 districts of Assam.

Dengue: NE States till few years back did not have problem of Dengue. Manipur reported case for the 1st time in 2007. The State-wise details of dengue cases from 2016 to 2017 are as follows:

Sl. No.	Affected States	2016		2017 (till 31 st August)	
		Cases	Deaths	Cases	Deaths
1	Assam	6157	4	422	0
2	Arunachal Pradesh	13	0	3	0
3	Manipur	51	1	96	0
4	Meghalaya	172	0	11	0
5	Mizoram	580	0	36	0
6	Nagaland	142	0	0	0
7	Sikkim	82	0	20	0

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

Sl. No.	Affected States	2016	2017
1	Assam	40	19
2	Arunachal Pradesh	239	15
3	Meghalaya	360	93
4	Sikkim	30	29

Lymphatic Filariasis is endemic in 7 districts of Assam, whereas other States in NE region are reported as non-filaria endemic. These districts are covered under the strategy of Annual Mass Drug Administration with Di-ethyl-carbamazine citrate (DEC) since 2004. However, since 2009, Albendazole was co-administered with DEC. All 7 endemic districts, have successfully completed Transmission Assessment Survey (TAS) and stopped MDA. The coverage of population from 2013 & 2014 is as under:

Year	Coverage (%)
2013	78.67
2014	90.66
2015	MDA Stopped
2016	

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 all the NE States. IDD prevalence surveys have been conducted in all the States. Resurveys done in the State of Arunachal Pradesh, Manipur, Sikkim and Mizoram have indicated a decline in the prevalence of IDD as a result of iodised salt consumption. The consumption of adequately iodized salt at household/ community level in the NE States is in the range of 96% to 100 % during the year 2016-17. The States of Mizoram, Nagaland and Sikkim have reported 100% optimal Median Urinary Iodine Excretion (UIE) i.e UIE >100 µg /L, while Assam state reported 45% (optimal) UIE > 100 µg /L.

22.10 DEVELOPMENT OF MEDICAL SERVICES

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
1.	Arunachal Pradesh	Naharlagun	Rs. 102.50 crore
2.	Assam	Dhubri Nagaon North Lakhimpur Diphu	Rs. 334.97 crore
3.	Mizoram	Falkwan	Rs. 127.02 crore
4.	Nagaland	Kohima	Rs. 76.03 crore
5.	Meghalaya	West Garo Hills (Tura)	Rs. 76.00 crore

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

22.11 DEVELOPMENT OF NURSING SERVICES

Opening of ANM/GNM Schools: CCEA has approved the Ministry's proposal for opening of 132 ANM Schools and 137 GNM Schools. For the North Eastern Region, the Ministry has approved 16 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	
	Kamrup	
Manipur		Bishnupur
		Chandel
		Senapati
		Tamenglong
		Thoubal
		Ukhroi
Meghalaya		East Garo Hills
		Ribhoi
		South Garo Hills
		West Khasi Hills
Mizoram	Aizwal	Champhai
	Lawngtlai	Kolasib
	Mamit	Saiha
		Serchhip
Nagaland	Zunheboto	Mon
	Kohima	Phek
	Mokokchung	Tuensang
Sikkim	East Sikkim	
	West Sikkim	
Tripura	West Tripura	

A sum of Rs.10 crore has been released during 2016-17 for opening of 3 ANM and 2 GNM Schools in the States of Nagaland and Mizoram.

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, Dhubri and Nalbari.

Except Dhubri (Administrative Approval in ROP-2015-16) and Nalbari (Administrative Approval in ROP-2017-18), the sanctioned contractual staff i.e. District Consultant, 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 HEALTHCARE OF ELDERLY (NPHCE)

The programme is being implemented in Assam, Sikkim, Mizoram, Manipur, Meghalaya, Nagaland, Tripura and Arunachal Pradesh.

Assam: For the financial year 2017-18, an amount of Rs. 567.60 lakhs has been approved in the ROP as communicated to the State by NHM Division for implementation of NPHCE in 27 districts of the State.

Sikkim: For the financial year 2017-18, an amount of Rs. 6.92 lakhs has been approved in the ROP as communicated to State for implementation of NPHCE in 04 districts of the State.

Mizoram: Funds to the tune of Rs. 103.35 lakhs have been approved in the ROP for the year 2017-18 by NHM Division for implementation of NPHCE in 05 districts.

Manipur: For the financial year 2017-18, an amount of Rs. 325.60 lakhs has been approved in the ROP as communicated to State for implementation of NPHCE in 07 districts of the State.

Meghalaya: NPHCE has started in the State from

the year 2017-18. An amount of Rs. 68.70 lakhs has been approved in the ROP by NHM Division for implementation of NPHCE in 05 districts.

Nagaland: NPHCE has started in the State from the year 2016-17. During the financial year 2017-18, an amount of Rs. 482.90 lakhs has been approved in the ROP as communicated to State for implementation of NPHCE in 11 districts of the State.

Tripura: NPHCE has started in the State from the year 2016-17. For the financial year 2017-18, an amount of Rs. 40.00 lakhs has been approved in the ROP as communicated to State for implementation of NPHCE in 04 districts of the State.

Arunachal Pradesh: For the financial year 2017-18, an amount of Rs. 331.20 lakhs has been approved in the ROP as communicated to State for implementation

of NPHCE in 12 districts of the State.

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, 2017 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	17	17	0	20	0
Assam	1	14	14	5	79	5
Manipur	1	9	8	0	5	1
Meghalaya	1	3	3	1	6	2
Mizoram	1	8	8	2	10	2
Nagaland	1	11	11	1	0	2
Sikkim	1	2	2	2	0	1
Tripura	1	4	4	0	8	0
Total	8	68	67	11	128	13

During 2016 - 2017, approximately 6.46 lakh people have been screened in the designated NCD Clinics at Districts and CHCs. Out of them, around 0.68 lakh (10.55%) were diagnosed to be Diabetics and 1.08 lakh (16.79%) were Hypertensive. Among these NCD Clinic attendees, around 0.07 lakh (1.06%) persons were diagnosed to be suffering from Cardiovascular diseases and over 0.02 lakh (0.37%) persons were detected with common cancers (including Oral, Cervical and Breast Cancers).

Strengthening of Tertiary Care Cancer Facilities Scheme

Under the 'Strengthening of Tertiary Care Cancer

Facilities 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 upto Rs. 120 crore and for TCCC is upto Rs. 45 crore. The cost sharing ratio between Centre and State is 90:10 for North East States.

So far two SCI at Cancer Hospital (RCC), Agartala, Tripura & Gauhati Medical College & Hospital, Guwahati, Assam and two TCCCs at Civil Hospital, Aizawl, Mizoram and District Hospital, Kohima, Nagaland are being supported as per following details:

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.	Assam	Gauhati Medical College & Hospital, Guwahati	SCI	38.43
3.	Mizoram	Civil Hospital, Aizawl	TCCC	14.64
4.	Nagaland	District Hospital, Kohima	TCCC	13.23

22.15 ACTIVITIES OF NATIONAL CENTRE FOR DISEASE CONTROL (NCDC) UNDERTAKEN UNDER DIFFERENT SCHEMES 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 Microbiologists, 8 posts of Entomologists and 8 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 reports from 97% of the districts of the NE region. 134 disease outbreaks were reported under the IDSP during 2017 (up to 22nd October, 2017)

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. 249 subdistrict TB units and 673 RNTCP Designated Microscopy centres have been established till 2nd Quarter 2017. As the NE region has large proportion of tribal, hilly and hard to reach areas, the norms for establishing Microscopy centres 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, 63 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

2016 is given in the table below:

State	Population (in lakh)	Annual Total case notification rate	Treatment Success rate (for new cases)
Arunachal Pradesh	15.25	183	86%
Assam	333.23	123	86%
Manipur	29.44	83	83%
Meghalaya	33.50	145	86%
Mizoram	11.85	184	93%
Nagaland	20.3	179	91%
Sikkim	6.37	290	79%
Tripura	38.66	63	88%

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.

Under the Programme, various incentives have also been linked to the patients accessing care in the tribal and difficult areas. Earlier incentive of Rs 250 per patient and one attendant in tribal area has been increased to Rs 750 now. Also incentives have



Shri Arun Kumar Jha, Economic Adviser giving Vote of Thanks on World TB Day, 2017 function

been linked for transport of sputum sample in tribal and difficult areas. All TB patients receive free and affordable quality assured diagnostics and treatment services.

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



ACF activity being carried out in the NE region.

among other vulnerable population and door to door case finding efforts are carried out. Phase 1 of the campaign was executed in January, 2017 and the 2nd Phase was implemented in July-August, 2017. During this campaign, the programme screened more than 3 lakh target tribal population in the North eastern States and diagnosed more than 200 additional TB cases.

In addition to the routine performance monitoring, there is enhanced focus on monitoring of North Eastern States, CTD 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 include Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. North Eastern States of India contribute 6% of the total PLHIV estimates in country. Manipur is estimated to have the highest burden of PLHIV (24,457) among the North-Eastern States followed by Assam (12,090) and Nagaland (11,050). Tripura and Mizoram are

estimated to have around 7,200 and 5,700 PLHIV respectively. The estimated adult prevalence continues to be much higher than national average (0.26%) in States of Manipur (1.15%), Mizoram (0.80%) and Nagaland (0.78%). Sikkim (0.23%) and Tripura (0.31%) reported to have estimated adult prevalence almost similar to national (0.26%) average but with a long term rising trend.

North Eastern States contributed around 4% of total new infections among adults during the year 2015. The decline in new infections in this region has been observed to be slower (16% during 2007-15) than the rest of country (29% during 2007-15). Tripura & Assam has around 1900 annual new infections among adults that contribute around 60% of total new infections in north east; another 30% of new infections are from Nagaland & Manipur.

Progress of the programme and schemes in the North- Eastern States during 2016-17 (till September, 2017)

Targeted Interventions (TI): There are 231 functional NGOs and 90 Opioid Substitution therapy (OST) centers 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 2017-18 (upto September, 2017)

State	FSW	MSM	IDU	HTG	Core Composite	Migrants (Dest.)	Truckers	Total TIs functional
Arunachal Pradesh	4	1	2	-	7	6	-	20
Assam	29	1	6	-	11	2	2	51
Manipur	2	1	37	-	13	2	-	55
Meghalaya	3	-	4	-	2	-	-	9
Mizoram	1	1	18	-	7	4	-	31
Nagaland	2	3	23	-	15	1	1	45
Sikkim	3	-	3	-	-	-	-	6
Tripura	8	-	2	-	-	1	3	14
Total	52	7	95	0	55	16	6	231

State-wise and Typology-wise Coverage of High Risk Groups under the Targeted Interventions programme during the FY 2017-18 (September, 2017)

State	Core Group				Bridge Population	
	FSW	MSM	IDU	HTG	Migrants (Dest.)	Truckers
Arunachal Pradesh	2194	620	1062	-	66022	
Assam	15699	2558	2800	291	1192	5417
Manipur	5727	1137	16703	-	4640	-
Meghalaya	1268	270	1946	-	-	-
Mizoram	690	532	8579	-	87992	
Nagaland	2884	1273	15614	-	470	422
Sikkim	809	-	1138	-	-	-
Tripura	5016	196	581	-	32411	-
Total	34287	6586	48423	291	192727	5839

Number of Opioid Substitution Therapy (OST) Centres for IDUs under the Targeted Interventions programme during the FY 2017-18 (upto September, 2017)

State	No. of Centers	Coverage
Arunachal Pradesh	2	112
Assam	2	175
Manipur	27	2191
Meghalaya	5	816
Mizoram	17	1646
Nagaland	31	2164
Sikkim	3	215
Tripura	3	349
Total	90	7668

Integrated Counseling and Testing Centres (ICTC): The Integrated Counseling and Testing programme offering Counseling and Testing services for HIV includes three main components – Integrated Counseling and Testing Centres (ICTC), Prevention of Parent to Child Transmission (PPTCT) and HIV-TB collaborative activities. Upto September, 2017, there are 946 ICTCs have been established in NE States, of which 65 (8%) are functioning under Public-Private Partnership (PPP) model. Of the total facilities NE States, 372 (42%) are functioning as confirmatory sites for HIV.

Further, NACO is encouraging low performing NE States to establish more HIV Screening Facilities at CHCs and PHCs to reach the unreached population groups.

The list of State-wise progress made during 2017-18 (as on September, 2017) has been provided below.

State-wise performance of the ICTC programme during 2017-18 (upto September, 2017)

States	Number of ICTCs			Tested for HIV seropositive		Diagnosed with HIV		No. Mother & baby received ARV drug (Option B)
	Stand Alone	F-ICTC	PPP	Gen. Client	Pregnant Women	Gen. Client	Preg. Women (new)	
Arunachal Pradesh	37	20	4	10,924	6,768	16	3	2
Assam	103	201	38	99,257	263,459	716	95	82
Manipur	64	36	10	40,716	24,332	636	28	29
Meghalaya	24	37	0	23,748	20,883	371	69	29
Mizoram	37	44	12	29,435	12,932	1,110	75	82
Nagaland	71	66	0	41,823	9,498	934	99	78
Sikkim	13	17	0	9,977	4,632	9	1	0
Tripura	23	88	1	42,578	19,166	127	12	10
Total	372	509	65	298,458	361,670	3,919	382	312

Private sector involvement- In the State of Assam, 8.2 Lakhs Pregnancies are estimated annually, which is nearly 74% of the estimated pregnant women in all NE States. To support the State to achieve the Elimination of MTCT of HIV, PLAN India has been involved as one of the PR from Global fund to support the PPTCT programme in Assam.

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-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. During FY 2016-17, State TB HIV Coordination Committee meeting was held only in Mizoram and Nagaland and State Technical Working Group was held in Arunachal Pradesh, Meghalaya, Mizoram, Nagaland and Tripura. Access and uptake of HIV testing and counselling for all TB patients are constantly increasing in these States.

Intensified TB case finding activities in ICTC and ART Centre (upto August, 2017)

States	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)
India	8%	84%	85%
Arunachal Pradesh	6%	100%	100%
Assam	6%	96%	46%
Manipur	3%	74%	95%
Meghalaya	1%	70%	44%
Mizoram	6%	88%	79%
Nagaland	4%	16%	52%
Sikkim	1%	100%	100%
Tripura	3%	100%	85%

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 having presumptive TB. In view of monitoring TB HIV collaborative activities including single window delivery of TB and HIV services in all ART Centres, supervisory visits have been conducted in Assam and Tripura during April, 2017 and Manipur during September, 2017.

Newer Initiatives

i. 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. In the first phase, the data verification and validation exercise for EMTCT has been initiated in the 6 States viz. Andhra Pradesh, Karnataka, Maharashtra, Mizoram, Tami Nadu and Telangana, through ICMR-NIE, Chennai and ICMR-NARI Pune as a lead agencies to implement.

Among NE States, Mizoram has been selected in the 1st phase of e-MTCT validation and remaining NE States need to be put under EMTCT once it matches the validation criteria as recommended by WHO.

ii. Community Based Testing 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 1st December, 2016.

For high prevalent States like, Manipur, Meghalaya, Mizoram and Nagaland the community based test approach will help cover unreached population and providing HIV testing 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.

First table of next page shows the batch grouping of participants for the 3 ToTs.

iii. HIV TB Collaborative activities

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.

Management of STI/RTI in North East: Control and management of STI is one of the most cost

State-wise details of Training of Trainers (ToT)

Batch	States	No of Counselors for training	DIS	NETSU PO & Mentors	Total participants
Batch 1	Arunachal Pradesh	10	1	5	42
	Assam	25	1	7	
	Meghalaya	5	--	5	
Batch 2	Nagaland	20	10	5	39
	Sikkim	5	--	1	
	Tripura	7	1	3	
Batch 3	Mizoram	10	4	3	40
	Manipur	20	6	4	
Total Participants= 154					

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. The Programme has launched Elimination of Congenital Syphilis in all these States where there is need to universalise syphilis and HIV testing and treatment for all the pregnant women and their partner. State-wise key physical indicators as on September, 2017 has been provided in the table below.

State-wise Progress in Achievement of Physical Targets during the FY 2017-18 (upto Sept 2017)

State	No. of DSRC /STI Clinic	Number of STI/RTI Patients managed
Arunachal Pradesh	18	8,532
Assam	29	49,794
Manipur	10	30,962
Meghalaya	10	10,996
Mizoram	10	12,929
Nagaland	12	34,958
Sikkim	6	2,724
Tripura	18	22,801
Total	113	1,73,696

Care, Support & Treatment Programme: Currently, 39 ART Centers are functional in 8 North-Eastern

States providing HIV care to 37,754 PLHIV out of which 33,000 are on ART. There are 40 Link ART Centers, 24 CSC and 28 CD4 Machines (including 12 PoC) in North-East Region. The list of State-wise progress may be seen in the table on the next page.

Major areas of focus in NE States

- **Retention cascade:** The continuum of care or retention cascade refers to the sequential stages of care through which a client passes during HIV care. The cascade is being closely followed to improve the overall retention. Nationally the linkage from testing to treatment facility is 90% and ART initiation is also 80%. However, retention at 12 months is around 72% which needs to be improved and focused on.
- **Uptake of “Test and Treat” policy:** Government of India has taken a significant step and rolled out “test and treat” policy in April, 2017. Following this, instruction was given to all ART centers to call patients who were in pre-ART and initiate ART after proper counselling.

Based on the analysis of monthly progress report submitted by all States since March, 2017, only around 15% PLHIV from pre-ART pool have been initiated on ART in NE States. App 80% of such clients are in State of Manipur, Nagaland and Mizoram.

State wise progress under the Care, Support, and Treatment programme during the FY 2017-18 (till August, 2017)

State	ARTC	LAC	CSC	CD4 machines	PLHIV on ART	PLHIV in pre-ART
Arunachal Pradesh	1	4	1	1	89	14
Assam	6	11	4	4	5,278	920
Manipur	13	11	11	12	11,997	778
Meghalaya	1	3	1	1	1,566	217
Mizoram	6	3	3	3	5,908	880
Nagaland	8	6	6	5	6,889	1906
Sikkim	1	1	1	1	164	1
Tripura	3	1	1	1	1,109	38
Total	39	40	28	28	33,000	4754



Hon'ble Union Minister for Health & Family Welfare Shri J.P. Nadda on Launch of Test and Treat Strategy for all people living with HIV

- Intensified Lost to Follow Up (LFU) Drive:** There are approx. 13,000 LFU reported in all NE States. The intensified LFU drive is ongoing in all States. First part of data cleaning drive has been completed in all North-Eastern States. App 15% has definitive outcome and 14% are in contact. Rests 45% of LFU are found untraceable. In next phase de-duplication is planned.
- Service expansion:** NACO recently approved setting up of an ARTC at NEIGRIHMS, Shillong as it is a tertiary care centre and provides treatment to patients from neighboring countries as well.
- Differentiated care models:** One of the major challenges that is articulated from clients is difficult terrain and connectivity which poses challenges when it comes to coming on monthly basis to ART centers for ART refills. CST division is currently planning to introduce differentiated care for making services more client friendly. All States in North-East has been instructed to plan State level interventions like ART services through TI/CSC in addition to National strategy. Currently, Mizoram has submitted proposal for piloting differentiated care.

