

## ACTIVITIES IN NORTH EAST REGION

### 18.1 INTRODUCTION

A separate North East (NE) Division in the Department and a Regional Resource Centre at Guwahati has 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 health care infrastructure requirements of the NE States, a scheme namely 'Forward Linkages for NRHM in NE' has been introduced for the State of NE region from the 11<sup>th</sup> Plan onwards.

#### Problems in the Health Sector in the North Eastern States

- Shortage of trained medical manpower;
- Providing access to sparsely populated, remote, far flung areas;
- Improvement of Governance in the Health sector;
- Need for improved quality of health services rendered;
- Making effective and full utilization of existing facilities;
- Effective and timely utilization of financial resources available;
- Morbidity and Mortality due to Malaria;
- High level of tobacco consumption and the associated high risk to cancer and

- High incidence of HIV/AIDS in Nagaland, Manipur and the increasing incidence in Mizoram and Meghalaya.

### 18.2 NATIONAL RURAL HEALTH MISSION (NRHM) IN NORTH EAST

The National Rural Health Mission (2005-12) was launched to provide effective healthcare to rural population throughout the country with special focus on 18 States, which have weak public health indicators and weak infrastructure. These 18 States include all the 8 North Eastern States namely Arunachal Pradesh, Assam, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim and Tripura. NRHM has been approved for continuation during the 12<sup>th</sup> Plan period also.

The Mission seeks to provide universal access to equitable, affordable and quality health care which is accountable at the same time responsive to the needs of the people. Reduction of child and maternal mortalities population stabilization and reduction of disease burden on account of communicable disease like TB, Vector Borne Diseases, Leprosy etc. are some of turn key goals of the Mission.

#### Achievements under NRHM (2014-15)

- Beginning from 2005-06 total number of ASHAs selected in the NE States up till 2014-15 comes to 55420;
- 810 PHCs functioning on 24×7 basis in the NE States;
- 209 CHCs functioning on 24×7 basis in the NE States;

- 117 centres operational as First Referral Units (FRU), including DHs, SDHs, CHCs & other levels;
- Ayush facilities is available in 1064 Centres, including DHs, CHCs, PHCs and other health facilities above SCs but below block level;
- 1.49 lakh Institutional Deliveries done;
- 36.52 lakh beneficiaries of JSY recorded and
- 1.84 lakh Children fully immunized.

### 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 has been introduced during the 11<sup>th</sup> 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. An outlay of Rs. 748.00 crore has been made for the scheme in the 12<sup>th</sup> Plan.

An amount of Rs. 30 crore has been allocated for the year 2014-15 under the Forward Linkages Scheme.

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

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS) Shillong was set up in 1987 with the objective of providing *inter-alia* specified medical care to the people of entire North Eastern Region and to produce trained medical manpower. Initially, the Institute was envisaged as a Post Graduate Medical Institute on the lines of AIIMS, Delhi and PGIMER, Chandigarh. With expended mandate, the Institute has also started MBBS course from 2008-09 with annual intake of 50 students that is now recognized course by Medical Council of India vide Notification dated 7<sup>th</sup> November, 2013.

The Institute is presently well equipped with all basic equipments as well as advanced equipments like Lithotripsy Machine, CT Scan, 1.5 Tesla MRI and Digital Mammography System. The Institute has also been acquiring more advanced equipments in order to keep pace with the latest technology so that the people of entire North Eastern Region can be provided the best medical facilities.

The Institute has incurred an expenditure of Rs. 106.25 crore as grants-in-aid out of the Budget allocation of Rs. 140.00 crore during the year 2013-14.

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

Regional Institute of Medical Sciences was set up in 1976 and has been functioning under the control of Ministry of Health & Family Welfare 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 1074 bedded teaching Hospital equipped with modern state of the art equipment and teaching facilities having an intake capacity of 100 undergraduate and 150 Post Graduate. It also runs the Ph. D. courses in various subjects and M. Phil. in Clinical Psychology as well.

The courses being run alongwith intake capacity in the institute are as follow:

<b>A</b>	MBBS	100 seats per annum	15% AIQ
<b>B</b>	MD/MS/DCP	147 seats per annum	50% AIQ
<b>C</b>	M.Ch.	03 seats per annum	50% AIQ
<b>D</b>	M. Phil.	07 seats per annum	
<b>E</b>	B.Sc. Nursing	50 seats per annum	
<b>F</b>	BDS	50 seats per annum	15% AIQ

RIMS has projected an outlay of Rs. 2527.37 crore during the 12<sup>th</sup> Plan period. This amount will be used

for procurement of medical equipments, expansion and development of infrastructure of the Institute and for enhancement of annual intake of the students in various courses. The Project components under this phase are (a) Hospital Repair/Renovation (b) Water Supply, Drainage & Sewerage (c) Compound Wall/Fencing (d) Guest House (e) Hostel Accommodation (f) New OPD (g) Nursing College (h) Dental College etc.

The Institute has incurred an expenditure of Rs. 227.40 crore as grants-in-aid out of the Budget allocation of Rs. 230.24 crore during the year 2013-14. Against the requirement of Rs. 430.00 crores for 2014-15, the Ministry has provided a sum of Rs. 230.00 crores only in the B.E. 2014-15.

**The major projects of RIMS are as under:**

- (i) The Project for up-gradation of RIMS to bring it at par with AIIMS, New Delhi (Phase-II) at an estimated cost of Rs. 129.00 crore is under implementation, which is also monitored by the PM Office on monthly basis.
- (ii) Increasing the number of undergraduate seats from 100 to 150 for which EFC proposal at a cost of Rs. 202.00 crore has already been approved.

**18.5 LOKPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH (LGBRIMH), TEZPUR, ASSAM**

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), established in the year 1876 in the Sonitpur district of Assam, is one of the three standalone tertiary care institutes in the field of mental health and behavioural sciences in the whole country administered and funded by the Government of India.

The LGBRIMH has played an important role in providing mental health services in the North

Eastern Region (NER) States and the eastern region of the country. The Institute is modelled after NIMHANS, Bengaluru and is expected to be developed into a tertiary care neuro psychiatric set up under the tutelage of the Government of India.

Key areas of expertise of LGBRIMH are Treatment, Teaching, and Research activities in the field of mental health and allied disciplines. 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. Other than these, the Institute provides exposure training to visiting students from various medical, para-medical and non-medical institutions. The students and staff are also engaged in various consultancy activities organized by different governmental and non-governmental organizations.

**Patient care statistics of the Institute:**

**OPD Treatment:**

- From April 2014 to October 2014, a total of 58638 patients visited the OPD which included 31705 male patients and 26933 female patients.

**Patient Admission:**

- From April 2014 to October 2014, a total of 1028 patients were admitted for in-patient care and treatment of which 786 were male patients and 242 female patients.

**Patient Discharge:**

- From April 2014 to October 2014, a total of 1074 patients were discharged which

included 823 male patients and 251 female patients.

#### **Laboratory Investigation:**

- A total of 117150 diagnostic tests were conducted in the Central Laboratory from April 2014 to October 2014 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:**

- The ongoing community project entitled "Integration of Mental Health Service towards Development of Community Based Rehabilitation" has entered the final phase.
- For development and up-gradation of the Departments of Pathology, Biochemistry and Microbiology at LGBRIMH, Tezpur (Assam), 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, Tezpur (Assam)," 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.
- The Department of Psychiatric Social Work is a consultant for collaborative programme by IGSSS (Guwahati) for the intervention programme titled "Psychosocial care for

persons affected by communal violence in Assam and Mizoram." The Department also signed a TOR with IGSSS for a 6 month psycho social care programme with persons affected by disaster at Karbianglong.

#### **Community Services programmes:**

- The institute organizes community treatment services on a monthly basis in three different centres i.e. Sootea Extension Clinic, Jakhalabanda Extension Clinic and Missionary of Charity Extension Clinic and extends mental health services at community levels. A total number of 4923 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 4543 physiotherapy sessions and 1563 vocational sessions respectively were administered for the benefit of patients till October 2014.

#### **Important Financial indicators during the year (2014-15)**

- The Proposed Budget for the year was Rs. 66 crore;
- The approved budget for the period was Rs. 66 crore and
- The overall expenditure during the session was Rs. 32 crore (up to Nov'14).

#### **Student Intake:**

- A total number of 34 students were enrolled under different courses (i.e. M. Phil. in Psychiatric Social Work-5, M. Phil. in Clinical Psychology-4, M. D. (Psychiatry)-2, D.N.B. (Psychiatry)-4, M. Sc. Nursing (Psychiatric Nursing)-12 and



DPN-7 for the various courses run by the institute during the session 2014-15.

- Statistics of Students passed out during the last academic session is as follows MD- 3; DNB-2; M. Sc. in Psych Nursing-11; M.Phil. in Clinical Psychology-2; M. Phil. in Psychiatric Social Work-2; Diploma in Psy. Nursing-3.

#### **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 in a short term basis for students from the educational institutions in the different parts of the country. During the year, a total of 491 students were benefited.

#### **Infrastructure Development activities:**

- The up-gradation project for development of infrastructure facilities of the institute is going on. HSCC has been appointed as consultant for undertaking the construction work. The total work is divided into two packages i.e. Package I & Package II. Package I is allotted to M/S Brahmaputra Infrastructure Ltd., whereas Package II is allotted to M/S KMV Projects Ltd.



*All officials, faculty, staff and students participating in the Clean India Campaign on 02.10.14*

## **18.6 REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES (RIPANS), AIZAWAL, MIZORAM**

The Regional Institute of Paramedical & Nursing Sciences (RIPANS) Aizawl was set up by the Ministry of Home Affairs, Govt. of India in 1992-93 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 of medical and technological services. The Institute was transferred to the Ministry of Health & Family Welfare Govt. India with effect from 01.04.2007.

The Regional Paramedical and Nursing Sciences Training Institute (RP&NTI) which was later renamed as Regional Institute of Paramedical and Nursing Sciences (RIPANS) on 5.8.2005, thus started functioning in 1996 with 182 students. The strength of students as on 31.3.2014 is 581.

#### **At present the Institute is conducting following courses as given below:**

- B. Sc. (Nursing)
- B. Sc. (Medical Laboratory Technology)
- B. Pharm
- B.Sc. (Optometry & Ophthalmic Techniques)
- B.Sc. (Radio Imaging Technology)
- M. Pharm.

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

The Institute has incurred an expenditure of Rs. 41.09 crore as grants-in-aid out of the Budget allocation of Rs. 47.43 crore during the year 2013-14.

**The major projects of RIPANS are as under:**

- (i) The Project for creation of additional facilities of Hostel accommodation, academic block, library-cum-examination hall etc. at an estimated cost of Rs. 76.03 crore has been approved. The work on the project has since started.
- (ii) It has been decided by the Central Cabinet to upgrade RIPANS as 9<sup>th</sup> Regional Institute of Paramedical Sciences (RIPS). M/s. HLL, the Project Management Consultant has prepared the Detailed Project Report (DPR). The Institute has also prepared EFC Memo for the Project which is under consideration.

**18.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB) IN NE STATES**

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% Centrally Sponsored Scheme (CSS) 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 and
5. Involvement of Private Practitioners in Sub District, Block and Village level.

Due to improvement/strengthening of eye-care infrastructure and ophthalmic manpower, the performance of cataract surgeries has progressively improved from 79,390 cataract surgeries during 2011-12 to 80,845 cataract surgeries during 2013-14 as per the details given below:

S. No	State	2011-12 No. of cataract surgeries performed	2012-13 No. of cataract surgeries performed	2013-14 No. of cataract surgeries performed	2014-15 No. of cataract surgeries performed (upto 17.11.2014)
1	Arunachal Pradesh	1059	1098	1651	665
2	Assam	63555	62463	64679	15601
3	Manipur	1448	4405	3715	1468
4	Meghalaya	2512	2014	1576	526
5	Mizoram	1867	2088	1898	970
6	Nagaland	1008	905	651	290
7	Sikkim	510	428	303	189
8	Tripura	7431	6743	6372	2182
	<b>Total</b>	<b>79390</b>	<b>80144</b>	<b>80845</b>	<b>21891</b>

## 18.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDP) IN NE STATES

### Malaria situation in North Eastern States

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 and
- pre-dominance of Pf as well as prevalence of chloroquine resistant pf malaria.

The North-Eastern States namely Arunachal Pradesh, Assam, Meghalaya, Mizoram, Manipur, Nagaland, Sikkim and Tripura together contribute about 4% of the country's population and 7.8% of malaria cases, 12.0% of Pf cases and 21.8 % of malaria deaths reported in the country of the year 2012. The epidemiological and malario-metric indicators are given below:

### Malaria Situation in the NE States during 1996-2013

Year	Cases (in million)		Deaths	API
	Total	Pf		
1996	0.28	0.14	142	8.01
1997	0.23	0.12	93	6.51
1998	0.19	0.09	100	5.12
1999	0.24	0.13	221	6.40
2000	0.17	0.08	93	4.49
2001	0.21	0.11	211	5.29
2002	0.18	0.09	162	4.57
2003	0.16	0.08	169	3.93
2004	0.14	0.08	183	3.36
2005	0.15	0.09	251	3.64
2006	0.24	0.15	901	5.67
2007	0.19	0.12	581	4.58
2008	0.19	0.13	349	4.38
2009	0.23	0.18	488	5.19
2010	0.17	0.13	290	3.80
2011	0.11	0.09	162	2.49
2012	0.08	0.06	113	1.80
2013	0.07	0.05	119	1.53

### State-wise situation of Malaria in NE States-2012

SN	States	Pop. (in 000)	B.S.E.	Positive Cases	P.f. Cases	Pf%	ABER (%)	API (per 1000)	SPR (%)	SfR (%)	Deaths (No.)
1	Arunachal Pradesh	1369	150707	8368	2789	33.91	9.38	4.86	5.18	1.76	5
2	Assam	32459	3973341	29999	20579	66.63	12.97	0.97	0.75	0.50	13
3	Manipur	2723	115257	255	83	32.55	4.23	0.09	0.22	0.07	0
4	Meghalaya	3067	354574	20834	19805	95.13	11.34	6.73	5.94	5.65	52
5	Mizoram	1179	168421	9883	9437	95.05	16.24	9.59	5.90	5.61	25
6	Nagaland	1981	214943	2891	821	28.40	10.58	1.46	1.35	0.38	1
7	Sikkim	203	6574	77	14	18.18	3.48	0.41	1.17	0.21	0
8	Tripura	3694	268189	11565	10915	94.71	7.07	3.09	4.37	4.14	7
	<b>Total</b>	<b>46674</b>	<b>5252006</b>	<b>83872</b>	<b>64443</b>	<b>76.83</b>	<b>11.25</b>	<b>1.80</b>	<b>1.60</b>	<b>1.23</b>	<b>113</b>

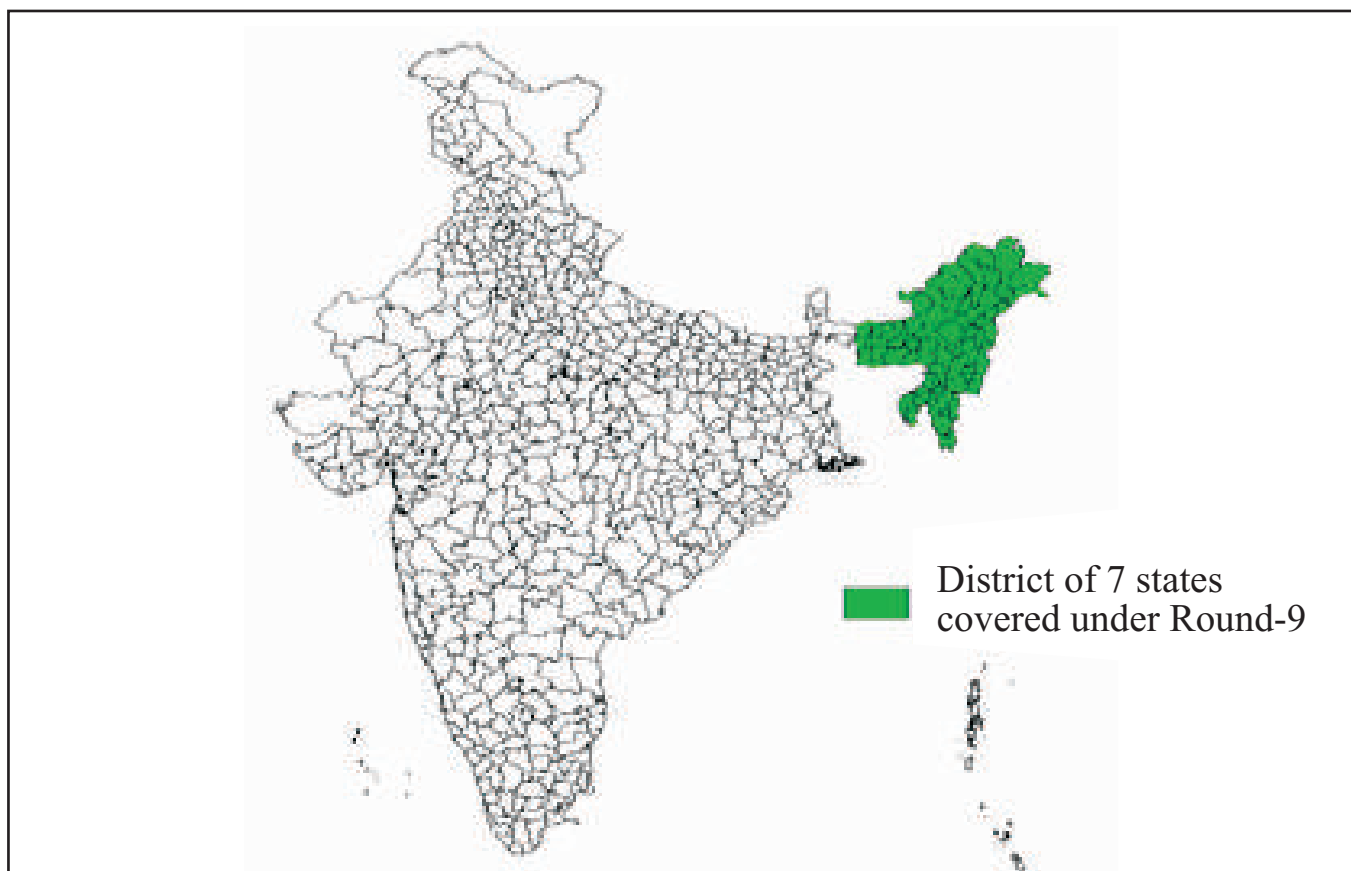
The table shows that Meghalaya and Mizoram are having API more than 5.

### State-wise situation of Malaria in NE States-2013

SN	States	Pop. (in 000)	B.S.E.	Positive Cases	P.f. Cases	Pf%	ABER (%)	API (per 1000)	SPR (%)	SfR (%)	Deaths (No.)
1	Arunachal Pradesh	1340	112455	6398	2181	34.09	8.39	4.77	5.69	1.94	21
2	Assam	32919	3895330	19542	14969	76.60	11.83	0.59	0.50	0.38	7
3	Manipur	2855	92762	120	42	35.00	3.25	0.04	0.13	0.05	0
4	Meghalaya	3162	360044	24727	22885	92.55	11.39	7.82	6.87	6.36	62
5	Mizoram	1088	229818	11747	10340	88.02	21.12	10.80	5.11	4.50	21
6	Nagaland	1998	224571	2285	519	22.71	11.24	1.14	1.02	0.23	1
7	Sikkim	198	11136	39	13	33.33	5.62	0.20	0.35	0.12	0
8	Tripura	3811	257760	7396	6998	94.62	6.76	1.94	2.87	2.71	7
	<b>Total</b>	<b>47371</b>	<b>5183876</b>	<b>72254</b>	<b>57947</b>	<b>80.20</b>	<b>10.94</b>	<b>1.53</b>	<b>1.39</b>	<b>1.12</b>	<b>119</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 as per approved norms to all NE States as per their technical requirements. The assistance provided since 2010-11 is at [Appendix-N.E.-I](#)





The 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 objectives:

- (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 52840 ASHAs have been sanctioned are engaged in 52446 these areas. Out of them, 47190 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-malaria drugs and funds for training are provided by Govt. of India under the programme.

As per the National Drug Policy, Chloroquine is used for treatment of all *P.vivax* cases. And Artemesin in 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 and so, as per the advice of Technical Advisory Committee, effective

combination of Artemether-Lumefantrine (ACT-AL) has been recommended for the treatment of *Pf* cases in the North Eastern States.

**Indoor Residual Spraying (IRS):** Under integrated vector control initiative, IRS is 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).

**The strategies of the project are:**

- Early diagnosis and prompt treatment with special reference to the drug resistant pockets;
- 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
- Training the health workers and community volunteers.

**Japanese Encephalitis (JE)** is mainly endemic in Assam, Manipur and Nagaland as these States are regularly reporting JE/AES cases. The details of AES/JE cases from 2011 are as follows:

SN	Affected States	2011				2012				2013 (Prov. upto 18.10.13)			
		AES Cases	Deaths	JE Cases	Deaths	AES Cases	Deaths	JE Cases	Deaths	AES Cases	Deaths	JE Cases	Deaths
1	Assam	1319	250	489	113	1343	229	463	100	1341	268	487	129
2	Manipur	11	0	9	0	2	0	0	0	1	0	0	0
3	Nagaland	44	6	29	5	21	2	0	0	20	0	4	0

For control of J.E., Government of India has strengthened 9 sentinel sites in Assam and one each Manipur and Nagaland for diagnosis of J.E. cases. Regarding JE vaccination, 16 districts in Assam, 1 district in Arunachal Pradesh, 5 districts in Manipur and 3 districts in Nagaland have been covered under

J.E. vaccination programme since 2006.

**Dengue:** NE States till few years back did not have problem of Dengue. Manipur has reported for the 1<sup>st</sup> time in 2007. The state-wise details of dengue cases from 2010 are as follows:

SN	Affected States	2010		2011		2012		2013 (Prov. upto 18.10.13)	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Assam	237	2	0	0	1058	5	2516	2
2	Arunachal Pradesh	0	0	0	0	346	0	0	0
3	Manipur	7	0	220	0	6	0	0	0
4	Meghalaya	1	0	0	0	27	2	1	0
5	Mizoram	0	0	0	0	6	0	7	0
6	Nagaland	0	0	3	0	0	0	0	0
7	Sikkim	0	0	2	0	2	0	38	0

**Chikungunya:** Assam, Arunachal Pradesh, Manipur, Mizoram, Nagaland and Tripura are not endemic for Chikungunya. However in Meghalaya for the first time, has reported 16 Clinically suspected Chikungunya cases from West Garo Hills district during 2010. During 2011, the state has reported 168 clinically suspected and 32 confirmed cases from West Garo Hills district. No death has been reported due to Chikungunya. Since 2012, no clinically suspected case has been reported from the state of Meghalaya.

**Lymphatic Filariasis** is endemic in 7 districts of Assam, whereas other states in NE region are reported as non-filaria endemic. The strategy of Elimination of Lymphatic Filariasis with annual single dose of mass administration of DEC is being implemented since 2004. The coverage of population from 2010 is as under:

Year	Coverage (%)
2010	82.72
2011	78.10
2012	81.19
2013	78.67

## Statement Showing Central Assistance provided to North Eastern States under NVBDCP

(Rs in lakhs)

State	2012-13			2013-14			2014-15		
	Cash	Kind	Total	Cash	Kind	Total	Cash	Kind	Total
Arunachal Pradesh	357.48	477.95	835.43	1016.31	0.00	1016.31	0.00	42.91	42.91
Assam	68.31	1633.45	1701.76	3315.29	498.16	3813.45	945.73	32.38	978.11
Manipur	148.15	80.20	228.35	211.63	0.00	211.63	0.00	30.77	30.77
Meghalaya	263.13	507.08	770.21	445.54	0.00	445.54	695.15	38.05	733.20
Mizoram	422.83	314.79	737.62	614.19	0.00	614.19	863.35	12.95	876.30
Nagaland	486.43	443.72	930.15	439.06	0.26	439.32	664.82	113.35	778.17
Tripura	0.00	905.64	905.64	722.76	12.58	735.34	977.60	0.00	977.60
Sikkim	31.12	2.18	33.30	27.36	0.00	27.36	0.00	2.43	2.43
<b>Total</b>	<b>1777.45</b>	<b>4365.01</b>	<b>6142.46</b>	<b>6792.14</b>	<b>511.00</b>	<b>7303.14</b>	<b>4146.65</b>	<b>272.84</b>	<b>4419.49</b>

## Allocation and Releases made to North Eastern States during 2014-15 (as on 31.10.2014)

(Rs in lakhs)

State	Allocation			Releases (till 31.10.14)		
	Cash	Kind	Total	Cash	Kind	Total
Arunachal Pradesh	991.00	300.00	1291.00	0.00	0.00	0.00
Assam	2336.00	700.00	3036.00	945.73	0.00	945.73
Manipur	841.00	250.00	1091.00	0.00	0.00	0.00
Meghalaya	862.00	300.00	1162.00	695.15	0.00	695.15
Mizoram	948.00	300.00	1248.00	863.35	0.00	863.35
Nagaland	983.00	550.00	1533.00	664.82	0.00	664.82
Tripura	969.00	490.00	1459.00	977.60	0.00	977.60
Sikkim	70.00	0.00	70.00	0.00	0.00	0.00
<b>Total</b>	<b>8000.00</b>	<b>2890.00</b>	<b>10890.00</b>	<b>4146.65</b>	<b>0.00</b>	<b>4146.65</b>

### 18.9 NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP) IN NE STATES

The National Iodine Deficiency Disorders Control Programme (NIDDCP) is being implemented in all the North Eastern States. IDD prevalence surveys

have been conducted in all the states. State level IDD Control Cell and IDD Monitoring Laboratory have been set up, in all the NE 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 iodated salt consumption.

## 18.10 DEVELOPMENT OF NURSING SERVICES & UP-GRADATION/ STRENGTHENING OF NURSING SERVICES

**Opening of ANM/GNM Schools:** CCEA has approved this Ministry's proposal for opening of 132 ANM Schools and 137 GNM Schools. For the North Eastern Region, this 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 (Papampur)
Assam	Baksa	Bongaigaon
	Udalguri	
	Chirang	
	Kamrup	
Manipur		Bishnupur
		Chandel
		Senapati
		Tamenglong
		Thoubal
		Ukhrui
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. 19,46,42,500/- has been released during 2014-15 for opening of 6 ANM and 4 GNM Schools in the States of Assam and Arunachal Pradesh.

## 18.11 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS (NPPCF) IN NE STATES

National Programme for Prevention and Control of Fluorosis (NPPCF) is being implemented in Assam in 3 districts namely, Nagaon, Karbi-Anlong and Kamrup.

The sanctioned contractual staff i.e. District Consultant, Laboratory Technician and Field Investigator (latter for six months) have been engaged and Laboratories established along with Ion meters in the 3 districts. The district Nodal Officer, District Consultant (Fluorosis) and Laboratory Technician of all districts have been trained at National Institute of Nutrition, Hyderabad on the implementation of NPPCF.

Surveys regarding fluorosis have been undertaken and IEC activities done by distributing leaflets, putting up posters, hoardings, signboards etc. in all 3 districts. Seminars have been conducted Karbi Anlong and street plays in Kamrup, Medical Officers and paramedical have been trained in Karbi Anlong.

The funds released under the programme for Nagaon are Rs. 34.97 lakh (2009-10 & 2013-14); for Karbi Anlong Rs. 42.10 (2010-11) and for Kamrup Rs. 42.10 (2010-11).

## 18.12 NATIONAL PROGRAMME FOR HEALTH CARE OF ELDERLY (NPHCE) IN NE STATES

In the North-Eastern Region, the National Programme for the Health Care of Elderly (NPHCE) is in operation in Assam, Sikkim and Mizoram. In Assam, the Programme has been implemented in five districts, viz. Dibrugarh, Jorhat, Lakhimpur, Sibsagar and Kamrup. In Sikkim, it is implemented in two districts viz. East Sikkim and South Sikkim and during the year 2014-15, two districts of

Mizoram viz. Aizawl and Lunglei also covered under NPHCE.

Funds amounting to Rs. 810.54 lakh to State of Assam, Rs. 247.03 lakh to State of Sikkim and Rs. 119.06 lakh to State of Mizoram have been released under NPHCE so far. In Assam, the Guwahati Medical College (GMC) is one of the eight Regional Geriatric Centres (RGC) selected under NPCHE in the country during 11<sup>th</sup> Five Year Plan which functions as referral units with 30 bedded Geriatric Department and OPD facilities. So far, an amount of Rs.373.65 lakh has been released to the RGC in Assam under the programme.

In Assam, daily Geriatric OPD and 10 bedded Geriatric Ward has been started in all the five Districts. Bi-weekly geriatric clinics have also been started in various Community Health Centres under the five Districts. At the Regional Geriatric Centre, 30 bedded Geriatric Ward and daily geriatric OPD have been established.

In Sikkim, daily Geriatric OPD and 10 bedded Geriatric Ward has been started in the two Districts. Bi-weekly geriatric clinics at Community Health Centres and Weekly geriatric clinics at Primary Health Centres have also been started in the two districts.

Proposals for implementing the NPHCE during 2014-15 in the rest States of North East is under active consideration.

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

NPCDCS was initiated in 2010 and is being implemented in 36 States/UTs. A total of 364 districts have been taken up for implementation since beginning. During the 12<sup>th</sup> Plan the components of NPCDCS till the district level and

below have been brought under the umbrella of NHM. It is proposed to take up all the 650 districts by the end of 12<sup>th</sup> Five Year Plan.

#### **Functional Status of NCD Cells/Clinics**

- State NCD Cell established in 6 States;
- District NCD Cell established in 22 districts;
- District NCD clinic established in 25 districts and
- Cardiac care units established in 6 districts.

**Screening for Diabetes:** Funds have been released for purchase of glucometer kits and referral cards. The states are in the process of procuring these items at the local level as per the procurement rule followed in each state.

**Funds released:** Rs. 22.41 crores released to 8 North-East States in 2014-15 under NCD Flexi-pool.

Regional Review Meeting for NPCDCS for NE region was held in Guwahati on 29<sup>th</sup> & 30<sup>th</sup> April 2014.

### **18.14 ACTIVITIES OF NATIONAL CENTRES FOR DISEASES CONTROL UNDERTAKEN UNDER DIFFERENT SCHEMES / PROGRAMMES IN THE NE**

#### **Integrated Disease Surveillance Project (IDSP)**

Integrated Disease Surveillance Programme (IDSP) was launched in 2004 with the objective to strengthen surveillance system for epidemic prone diseases for early detection and control of disease outbreaks. As on date, all States and Union Territories including North Eastern States are implementing IDSP. The component wise details of status/achievements in North East states are as under:

1. **IT networking:** In N.E States, IDSP is establishing linkages with all states/districts



HQ & all Govt. medical colleges on a satellite broadband hybrid network. The state wise details are as under:

S. N.	State	Data Centre	Broadband Connectivity	Video Conference Facility
1.	Arunachal Pradesh	14/14	14/14	13/14
2	Assam	27/27	27/27	26/27
3.	Manipur	11/11	9/11	11/11
4.	Meghalaya	9/9	7/9	9/9
5.	Mizoram	10/10	10/10	10/10
6.	Nagaland	12/12	10/12	12/12
7.	Sikkim	6/6	6/6	4/6
8.	Tripura	6/6	6/6	4/6
	<b>Total</b>	<b>95/95</b>	<b>89/95</b>	<b>89/95</b>

2. **Manpower Status:** Since July 2010, manpower recruitment has been decentralized and state wise break up of technical manpower is as under:

S N	States	Epidemiologists in position/sanctioned	Microbiologists in position/sanctioned	Entomologist in position/sanctioned
1.	Arunachal Pradesh	16/17	2/3	1/1
2.	Assam	14/28	4/7	0/1
3.	Manipur	2/10	0/2	0/1
4.	Meghalaya	0/8	2/2	1/1
5.	Mizoram	1/10	3/3	1/1
6.	Nagaland	12/12	3/3	0/1
7.	Sikkim	1/5	1/2	1/1
8.	Tripura	0/5	1/2	0/1
	<b>Total</b>	<b>56 / 95</b>	<b>16/24</b>	<b>4/8</b>

3. **Training Status:** Training of Trainers (ToT) of State and District Rapid Response Teams

(RRT) has been completed for eight North Eastern States. State wise details are as under:

SN	States	Master Trainers Trained in Training of Trainers	2 week Field Epidemiology Training Programme for District Surveillance Officer
1.	Arunachal Pradesh	61	13
2.	Assam	94	23
3.	Manipur	41	9
4.	Meghalaya	38	6
5.	Mizoram	41	6
6.	Nagaland	40	6
7.	Sikkim	29	2
8.	Tripura	20	1

4. **Data Management Status:** IDSP presently receives weekly disease surveillance reports from about 96% of the districts of NE region (84 out of 87 districts). Data analysis and action are being taken by respective districts.

Sl. No.	States	Districts reporting/ Total districts	Portal reporting/ Total districts
1.	Arunachal Pradesh	16/16	15/16
2.	Assam	27/27	26/27
3.	Manipur	8/9	8/9
4.	Meghalaya	5/7	5/7
5.	Mizoram	9/9	3/9
6.	Nagaland	11/11	10/11
7.	Sikkim	4/4	4/4
8.	Tripura	4/4	4/4
	<b>Total</b>	<b>84/87</b>	<b>75/87</b>

5. **Strengthening of Laboratories:** General Hospital Naharlagun, at Arunachal Pradesh, K. K. Civil Hospital, Golaghat, at Assam, District Hospital Churachandpur, at Manipur, district priority lab at Tura, at Meghalaya, two district priority labs at Lunglei and Aizawal at Mizoram, two district priority labs at Dimapur and Kohima, Nagaland, district priority labs at Gangtok, Sikkim and district priority lab at Kailashahar, Tripura are supported by a microbiologist and funds for consumables (4 lakhs/annum) for investigation of epidemic prone diseases on routine basis and during outbreaks.

Further, a State referral lab network is being established in Assam, Tripura and Manipur by utilizing existing functional labs at Medical colleges and various other major centres in the States and linking them with the adjoining districts for providing diagnostic services for Epidemic Prone Disease. Annual grant of Rs. 2 lakhs for maintenance of performance standards is provided to each lab during outbreaks. In addition, the tests conducted for outbreaks are reimbursed with a ceiling of Rs. 3 lakhs annually.

6. **Finance:** The Grants-in-aid released and expenditure incurred in last 7 years i.e. starting from the inception of the project till now is as under.

(as on 14.11.2014)

Sl. No.	States	Amount released (In lakhs)	Amount expenditure (In lakhs)
1.	Arunachal Pradesh	751.05	851.30
2.	Assam	846.77	1035.13
3.	Manipur	229.05	207.16
4.	Meghalaya	316.30	293.05
5.	Mizoram	546.18	606.75
6.	Nagaland	680.20	683.69
7.	Sikkim	214.07	211.16
8.	Tripura	153.04	156.45
	<b>Total</b>	<b>3736.66</b>	<b>4044.69</b>

7. **Outbreaks detected:** The major component of the project is to detect and respond to outbreaks in the early rising phase. In North East states a total of 100 outbreaks have been detected through IDSP during 2014 (up to 12<sup>th</sup> October 2014). The state wise break up is as under:

SN	States	No. of Outbreaks in 2014 (up to 12.10.2014)
1.	Arunachal Pradesh	7
2.	Assam	72
3.	Manipur	4
4.	Meghalaya	3
5.	Mizoram	2
6.	Nagaland	0
7.	Sikkim	3
8.	Tripura	9
	<b>Total</b>	<b>100</b>

### 18.15 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

The entire population of the North Eastern States including Sikkim has been covered under the Revised National TB Control Programme (RNTCP).

- Over the years, a strong network of RNTCP diagnostic and treatment services has been established in NE States through the general health system. 168 sub-district TB Unit and 644 RNTCP Designated Microscopy centres have been established till third quarter of 2014. 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 .75 to 1.25 lakh (as against 1.5 to 2.5 lakh range).

- The states have shown considerable improvement in programme performance and in 2013, the annualized total case notification rate was 150.6 on average in the region, treatment success rate has been consistently maintained over 87%.
- RNTCP has initiated 54976 patients on treatment in 2013 in the North East Region.
- The programme has collaborated with private and public sector health institutions in the area. More than 800 NGOs and PPs have been involved in the entire region and 9 medical colleges have been engaged proactively, including establishment of Zonal Task Force in the region. Innovative methods have been successfully implemented with the tea gardens in Assam. Collaboration with the health services under the Defence Forces has also been achieved in some of the States.
- HIV-TB coordination activities have been implemented in all North Eastern States. Cross referral activities are being reported by all states. Quality sputum microscopy is an important component of RNTCP. All the states in North Eastern States have initiated Programme Management for Drug Resistant TB (PMDT) services.
- Infrastructural requirement as per needs of the programme with enhancement for North Eastern States on account of hilly region and difficult terrain are accorded on priority. In addition to the routing performance monitoring, 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 necessary corrective action, if required.

Performance of the programme as per the Annual TB Report 2014 is as under:

State	Population (in lakh) covered by RNTCP	Suspects examined per lakh population	Total patients registered for treatment	Annual total case notification rate	Treatment Success Rate
Arunachal Pradesh	14	187	2500	174	86%
Assam	320	112	35624	111	84%
Manipur	28	72	2329	83	85%
Meghalaya	31	198	5002	160	80%
Mizoram	11	190	2005	178	89%
Nagaland	20	181	3339	167	90%
Sikkim	6	310	1637	264	88%
Tripura	37	134	2540	68	86%