

ACTIVITIES IN NORTH EAST REGION

18.1 INTRODUCTION

A separate North East Division in the Department and a Regional Resource Centre at Guwahati has been set up to provide capacity building support to the NE States. 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. A scheme under the nomenclature 'Forward Linkages for NRHM in NE' has been specifically launched to take care of the secondary and tertiary care, infrastructure requirements of the NE States.

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.
- 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 12th 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 (2013-14):

- Beginning from 2005-06 total number of ASHAs selected in the NE States up till 2013-14 comes to 54439.
- 767 PHCs functioning on 24x7 basis in the NE States.
- 199 CHCs functioning on 24x7 basis in the NE States.
- 125 centres operational as First Referral Units (FRU), including DHs, SDHs, CHCs & other levels.
- AYUSH facilities is available in 1007 Centres, including DHs, CHCs, PHCs and other health facilities above SCs but below block level.
- 1.35 lakh Institutional Deliveries done.
- 31.14 lakh beneficiaries of JSY recorded.
- 1.68 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 11th Five year Plan with an outlay of Rs. 900 crore, 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 made for the scheme in the 12th Plan.

An amount of 110.00 crore has been allocated for the year 2013-14 under the Forward Linkages Scheme.

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

NEIGRIHMS is a super specialty teaching institute under the Ministry of Health & Family Welfare established in 1987 under the Meghalaya Regulation of societies Act 1983.

The objective of the institutes to provide advanced and specialized medical facilities of the highest level in the selected specialties and to serve as a regional referral service centre for comprehensive health care. The Institute is also conducting both the Post Graduate and Under Graduate courses in medical sciences. The B.Sc. Nursing programme started by the Institute is the first technical graduate programme in the state of Meghalaya.

At present, the Institute has 467 beds. The number of beds will be increased to 500 with opening of new department. The institute at present is offering super specialty services in Cardiology, Neurology, CTVS, Urology and Gynaecology, ENT, Orthopaedics and Ophthalmology. These departments are very well supported by the department of Radiology, Anaesthesiology, Pathology, Microbiology, Forensic Medicine and Biochemistry.

MD/MS Programme in NEIGRIHMS

The Ministry of Health & Family Welfare has approved starting of MD/MS course in four disciplines i.e. Anaesthesiology, Obstetrics & Gynaecology, Pathology and Microbiology with two seats in each respective department. The MD/MS courses in these department has started in the current academic year with the

recruitment of faculty PG course will be initiated in most department.

A sum of Rs. 106.25 crore has been released to NEIGRIHMS during the year 2013-14.

The major projects of NEIGRIHMS are as under:

- i) Expansion of Nursing College and Hostel at a total cost of Rs.61.89 crore was approved by the Standing Finance Committee (SFC) in its meeting held on 30-10-2013 under the chairmanship of Secretary (H&FW) and also approved by Hon'ble HFM. Administrative approval of the Competent Authority (HFM) has been conveyed to NEIGRIHMS on 16-01-2014. The institute has already initiated the process.
- ii) Two EFC proposals that is Establishment of Under Graduate Medical College with Hostel and Setting up of Regional Cancer Centre at an estimated cost of Rs. 377.16 crore is under pipeline.

18.4 REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

RIMS Institute along with the attached RIMS Hospital was transferred from the Society which managed the Medical College to the Ministry of Home in August, 1976. It was transferred from Ministry of Home to North Eastern Council (NEC) by a decision of the Government of India. When the Ministry of DoNER was formed and NEC was allotted to it, RIMS came under the Ministry of DoNER. RIMS again transferred from the Ministry of DoNER to the Ministry of Health & Family Welfare on 1st April, 2007 on the basis of Sidhu Committee recommendation and on the basis of MoU between NEC, DoNER and Ministry of Health & Family Welfare.

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. course in various subjects and M.Phil. in Clinical Psychology as well.

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

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

RIMS has projected an outlay of Rs. 2527.37 crore during the 12th 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 as (a) Hospital Repair/Renovation (b) Academic Complex & Library (c) Bio Medical Waste Disposal (d) Water Supply, Drainage & Sewerage (e) Compound Wall/Fencing (f) Guest House (g) Hostel Accommodation (h) New OPD (i) Nursing College (j) Dental College etc.

A sum of Rs. 227.40 crore has been released to RIMS during the year 2013-14.

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

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) is a tertiary care standalone speciality care institute in the field of mental health and allied sciences under the Ministry of Health and Family Welfare, Government of India. The LGBRIMH was established in the year 1876 in the Sonitpur district of Assam. It caters to the needs of the country with special

emphasis to the North Eastern Region. The institute is modelled after NIMHANS and it is expected to become a comprehensive neuro psychiatric unit during the forthcoming years.

The LGBRIMH has been set up as an autonomous institute by the Govt. of India with key areas of expertise in the Treatment, Teaching, and Research activities in the field of mental health and allied sciences. The institute has an attached hospital with inpatient care facilities for 336 patients of different diagnostic groups for both male and female patients. The inpatient facilities are offered free of cost to all the patients and the patients are also provided free food, medicines, diagnostic facilities, linen and other aids of daily living during their stay in the hospital. The institute offers regular post-graduate and post-masters courses under the Gauhati University in Psychiatry, M. Sc. in Psychiatric Nursing, M. Phil in Psychiatric Social Work and M. Phil in Clinical Psychology courses, and also Post-Basic Diploma course in Psychiatric Nursing. Other than these the institute also offers short term training for the students of various institutions across the country. The institute is also engaged in various research activities in the field of mental health as stipulated by the requirements of the training courses.

During the year, the institute has contributed significantly in its assigned role of patient care, manpower development, collaborative ventures and research in the field of mental health. The institute has also initiated certain innovative welfare programmes for the community in large. The following summary and presented statistics are reflective of the activities undertaken by the institute during the last year.

Patient care statistics of the Institute:

OPD Treatment:

- From April 2013 to October 2013, a total of 55180 patients visited the OPD which included 29652 male patients and 25528 female patients.

Patient Admission:

- From April 2013 to October 2013, a total of 911 patients were admitted for in patient care and treatment of which 705 were male patients and 206 female patients.

Patient Discharge:

- From April 2013 to October 2013, a total of 902 patients were discharged which included 686 male patients and 216 female patients.

Student Intake during the last year:

- A total number of 35 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)-2, M. Sc. Nursing (Psychiatric Nursing)-12 and DPN-10 for the various courses run by the institute during the session 2013-14.
- Statistics of Students passed out during the last academic session is as follows MD-3, M. Sc. in Psych nursing-10; M. Phil in Clinical Psychology-3; M. Phil in Psychiatric Social Work-3; Diploma in Psy. Nursing-3.

Financial indicators during the year:

- The Budget for the year Rs. 64.00 crore
- The Revised estimate is Rs. 118.00 crore
- The overall expenditure during the session was Rs. 48.55 crore (Up to Nov. 2013)

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

Regional Institute of Paramedical and Nursing Science (RIPANS), Aizawl was set up by the Ministry of Home Affairs, Government 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, medical and technological services.

The Regional Paramedical and Nursing Sciences Training Institute (RP&NTI) which was later renamed as Regional Institute of Paramedical and Nursing Sciences (RIPANS) on 05.08.2005 thus started functioning in 1996 with 182 students. The institute has been transferred to Ministry of Health and Family Welfare w.e.f. 01.04.2007.

At present the institute is conducting five Degree Courses as given below:

Sl. No.	Name of Course	Duration
1	B.Sc. (Nursing)	4 years
2	B.Sc. MLT	4 years
3	B. Pharm	4 years
4	Bachelor of Sciences in Radio Imaging Technology (B.Sc.R.I.T)	4 years
5	Bachelor of Sciences in Optometry & Ophthalmic Techniques (B.Sc. OOT)	4 years

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).

A sum of Rs. 41.09 crore has been released to RIPANS during the year 2013-14.

The major projects of RIPANS are as under:

- 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 work on the project has since started.
- It has been decided to upgrade RIPANS as 9th Regional Institute of Allied Health Services (RIAHS). The Institute has engaged M/s HLL as their Project Management Consultant. The Consultant has prepared the concept plan. The concept plan was discussed and deliberated in the Ministry and it has been decided that the project be taken up for its appraisal.

18.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS IN NORTH EAST STATES

National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100% centrally sponsored scheme 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.

As a result, the performance of cataract surgery in NE Region has improved from 79,390 surgeries in 2011-12 to 1,18,050 surgeries in 2013-14, State-wise breakups for which are as under:

S. No.	State	2011-12		2012-13		2013-14	
		Target	Ach.	Target	Ach.	Target	Ach.
1	Arunachal Pd.	3400	1059	2000	1098	3500	1651
2	Assam	114000	63555	85000	62463	85000	53764
3	Manipur	5300	1448	5300	4405	12500	3174
4	Meghalaya	5000	2512	2000	2014	3000	1026
5	Mizoram	4000	1867	4000	2088	4000	1423
6	Nagaland	2850	1008	1750	905	1750	494
7	Sikkim	1700	510	800	428	800	303
8	Tripura	8500	7431	7000	6743	7500	6372
	TOTAL	144750	79390	107850	80144	118050	68207*

*=Report for the months of February and March, 2014 are awaited from most of the States.

18.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME IN NORTH EASTERN 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,
- 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 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 malaria-metric indicators are given.

Malaria Situation in the NE States during 1996-2012				
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

The state-wise situation of malaria in year 2012 is given below:

State-wise situation of Malaria in NE states-2012

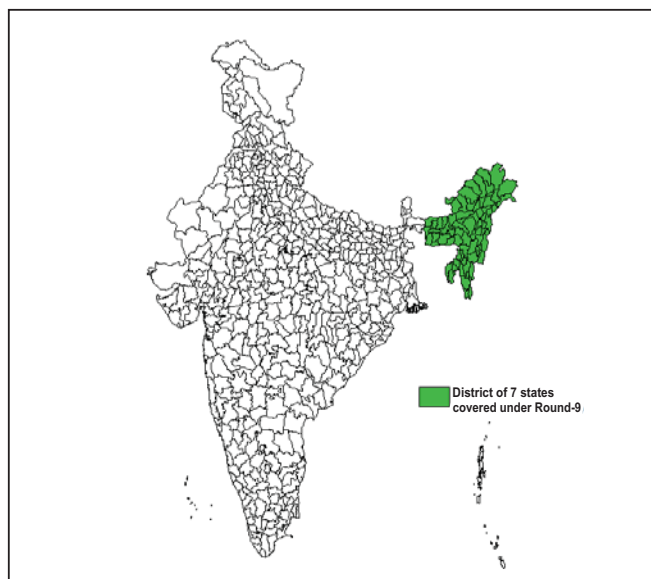
S. N.	States/ UTs	Pop. (in 000)	B.S.E.	Positive Cases	P.f. Cases	Pf%	ABER (%)	API (per 1000)	SPR (%)	SfR (%)	Deaths (No.)
1	Arunachal Pradesh	1369	150707	8368	2789	33.91	9.38	4.86	5.18	1.76	5
2	Assam	32459	3973341	29999	20579	66.63	12.97	0.97	0.75	0.50	13
3	Manipur	2723	115257	255	83	32.55	4.23	0.09	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
	Total	46674	5252006	83872	64443	76.83	11.25	1.80	1.60	1.23	113

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

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 54520 ASHAs have been sanctioned are engaged in 53713 these areas. Out of them, 43667 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 Artemisinin

Combination Therapy (ACT) with Sulfadoxine Pyrimethamine (AS+SP) combination is being implemented for the treatment all Pf cases in the country. However, in North-Eastern states early signs of resistance to currently used SP-ACT, has been noticed 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:

- i. Early diagnosis and prompt 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 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:

Sl. No	Affected States	2011				2012				2013 (P)			
		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	1388	272	495	134
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 1st time in 2007. The state-wise details of dengue cases from 2010 are as follows:

Sr. No.	Affected States	2010		2011		2012		2013 (P)	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Assam	237	2	0	0	1058	5	4526	2
2	Arunachal Pradesh	0	0	0	0	346	0	0	0
3	Manipur	7	0	220	0	6	0	9	0
4	Meghalaya	1	0	0	0	27	2	43	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, the state 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 Mass administration of DEC is being implemented since 2004. The coverage of population from 2010 is as under:

Year	Coverage (%)
2010	84.37
2011	87.92
2012	85.53
2013	86.87

Appendix - N.E.-I

Statement Showing Central Assistance provided to North Eastern States under NVBDCP

(Rs in lakhs)

State	2010-11			2011-12			2012-13		
	Cash	Kind	Total	Cash	Kind	Total	Cash	Kind	Total
Arunachal Pradesh	614.00	266.69	880.69	706.53	820.29	1526.82	357.48	477.95	835.43
Assam	1264.60	3645.43	4910.03	1059.87	2714.52	3774.39	68.31	1633.45	1701.76
Manipur	340.00	262.04	602.04	338.31	72.45	410.76	148.15	80.20	228.35
Meghalaya	278.50	810.54	1089.04	371.13	258.99	640.12	263.13	507.08	770.21
Mizoram	369.20	404.91	774.11	362.97	339.34	702.31	422.83	314.79	737.62
Nagaland	490.70	797.21	1287.91	578.48	419.25	997.73	486.43	443.72	930.15
Tripura	318.80	1111.74	1430.54	253.61	148.21	401.82	0.00	905.64	905.64
Sikkim	10.91	126.80	137.71	12.00	10.60	22.60	31.12	2.18	33.30
Total	3686.71	7425.36	11112.07	3682.90	4783.65	8476.55	1777.45	4365.01	6142.46

Allocation and Releases made to N.E. States during 2013-14*(Rs in lakhs)*

State	Allocation			Releases		
	Cash	Kind	Total	Cash	Kind	Total
Arunachal Pradesh	1278.60	598.05	1876.65	1016.31	0.0	1016.31
Assam	3516.64	1651.55	5168.19	3315.29	498.16	3813.45
Manipur	662.70	344.71	1007.41	211.63	0.00	211.63
Meghalaya	261.80	385.16	1146.96	445.54	0.00	445.54
Mizoram	885.60	512.89	1398.49	614.19	0.00	614.19
Nagaland	830.20	848.05	1678.25	439.06	0.26	439.32
Tripura	1110.60	669.28	1779.88	722.76	12.58	735.34
Sikkim	50.00	0.00	50.00	27.36	0.00	27.36
Total	8596.14	5009.69	14105.83	6792.14	511	7303.14

18.9 NATIONAL LEPROSY ERADICATION PROGRAMME

All the States of North East Region have achieved elimination of leprosy. As on March 2014, there were 1239 leprosy cases on record in these states giving a PR of 0.26/10,000 population. During the year, 1345 new leprosy cases were detected with Annual New Case Detection Rate of 2.8/1,00,000 population. North East Region contributes to 3.76% of country's population and only 1.05% of country's new cases detected during the year. Out of total 87 districts in the region, only 4 districts in Assam are High Endemic with >10/100,000 population new cases detected annually. Leprosy services have already been integrated with General Health Care system in all NE states and leprosy diagnosis and treatment (MDT) services are available in all the PHCs and Government hospitals/dispensaries. All the Medical Officers and GHC staff are being adequately trained in leprosy. The district nucleus teams are being actively involved in programme monitoring and supervision.

18.10 NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME

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.

18.11 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 XI plan period. For the North Eastern region, this Ministry has approved 16 ANM schools and 21 GNM schools. A sum of Rs.3.349 crore has been approved for release during 2013-14 under the new scheme of opening of ANM/ GNM Schools to the State of Mizoram for opening two ANM schools.

18.12 NATIONAL PROGRAMME FOR CONTROL OF FLUORSIS

National Programme for Prevention and Control of Fluorosis (NPPCF) is being implemented in Assam in 3 districts namely, Naugaon, Karbi-Anglong 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 Districts 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. So far, surveys regarding Fluorosis have been undertaken in Nagaon and Kamrup.

The funds released under the programme for Nagaon is Rs. 34.97 lakh (2009-10 & 2013-14).

18.13 NATIONAL PROGRAMME FOR HEALTH CARE OF ELDERLY

In the North-Eastern Region, the National Programme for the Health Care of Elderly (NPHCE) is in operation in Assam and Sikkim. 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.

Funds amounting to Rs. 668.27 lakh to Assam and Rs. 203.03 lakh to Sikkim 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 11th 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 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 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 2013-14 in the States of Arunachal Pradesh, Manipur, Mizoram and Nagaland have been received from the respective State governments which are under consideration.

18.14 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE (NPCDCS)

In the 11th Five Year Plan, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was taken up in 100 districts spread over 21 States including the two States of Assam and Sikkim in the North East. In the 12th Five Year Plan, NPCDCS is being implemented in the 35 States/UTs from 2013-14, including all the states of North East.

18.15 ACTIVITIES OF NATIONAL CENTRES FOR DISEASE CONTROL UNDERTAKEN UNDER DIFFERENT SCHEMES/PROGRAMMES IN THE NORTH-EASTERN STATES

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

Sl No	States	Epidemiologists in position/ sanctioned	Microbiologists in position/ sanctioned	Entomologist in position/ sanctioned
1.	Arunachal Pradesh	16/17	2/2	1/1
2.	Assam	23/28	5/7	0/1
3.	Manipur	2/10	0/2	1/1
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	2/2	1/1
8.	Tripura	0/5	1/2	0/1
	Total	55 / 95	18/23	5/8

3. **Training Status:** Training of Trainers (ToT) of State and District Rapid Response Teams (RRT) has been completed for eight North Eastern States.

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	6/9
6	Nagaland	11/11	10/11
7	Sikkim	4/4	4/4
8	Tripura	4/4	4/4
	Total	84/87	78/87

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 Aizawalat 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 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 centers 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 6 years i.e. starting from the inception of the project till now is as (as on 31.03.2014).

Sl. No.	States	Amount released (in lakhs)	Amount expenditure (in lakhs)
1	Arunachal Pradesh	751.05	776.20
2	Assam	777.80	826.07
3	Manipur	229.05	200.61
4	Meghalaya	271.30	265.87
5	Mizoram	536	555.36
6	Nagaland	630	185.53
7	Sikkim	176.57	136.03
8	Tripura	139.71	128.16
	Total	3511.48	3588.51

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 91 outbreaks have been detected through IDSP during 2013. The state wise break up is as under:

Sl. No.	States	No. of Outbreaks in 2013 (up to 29 th September)
1.	Arunachal Pradesh	7
2.	Assam	70
3.	Manipur	4
4.	Meghalaya	1
5.	Mizoram	1
6.	Nagaland	1
7.	Sikkim	3
8.	Tripura	4
	Total	91

18.16 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 Units and 638 RNTCP

Designated Microscopy centres have been established till second quarter of 2013. 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 100,000 population to 50,000 and the TB Units for every 250,000 (as against 500,000).

- The states have shown considerable improvement in programme performance and in 2012, the annualized total case notification rate was 162.9 on average in the region, treatment success rate has been consistently maintained over 87%.
- RNTCP has initiated 56254 patients on treatment in 2012 in the North East Region.
- The programme has collaborated with private and public sector health institutions in the area. More than 573 NGOs and PPs have been involved in the entire region and 43 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 Defense Forces has also been achieved in some of the states.
- HIV-TB coordination activities have been implemented in all the North Eastern states. Cross referral activities are being reported by all the states.
- Quality sputum microscopy is an important component of RNTCP. All the states in North East have implemented the External Quality Assurance (EQA) protocol. All the North-Eastern States have initiated Programme Management for Drug Resistant TB (PMDT) services.

As a special case, transportation of drugs by air from GMSDs to the North Eastern States has been provisioned for under the programme. 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

are done using focused periodic revision. 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

Performance of the programme in the region based on the Annual reports of 2012 is as below:

State	Population (in lakh) covered by RNTCP1	Total patients registered for treatment	No of Smear positive patients diagnosed ²	Annual total case notification rate	Annual new smear positive case notification rate	Treatment Success rate of new smear positive patients
Arunachal Pradesh	14.1	2357	1231	167.0	56.8	87%
Assam	316.0	35788	21901	113.3	49.0	83%
Manipur	27.7	2744	1183	99.2	31.1	84%
Meghalaya	30.4	5114	2619	168.2	52.4	83%
Mizoram	11.1	2337	777	210.6	51.0	99%
Nagaland	19.9	3525	1755	177.1	60.4	91%
Sikkim	6.1	1832	782	298.5	80.5	84%
Tripura	37.0	2557	1798	69.1	37.6	87%
Grand Total	462.3	56254	32046			
Average				162.9	52.4	87%

Overall performance of the programme in Arunachal Pradesh, Assam, Nagaland, Meghalaya and Sikkim is good. In other States (Manipur, Mizoram and Tripura)

also the programme performance is gradually improving.

State-wise statement of NE States for the financial year 2012-13 and 2013-14 is as follows:

(Rs. in lakh)

State	2012-13				2013-14 Cash Release upto 24.07.2013
	Allocation	Release	Expenditure	Closing balance as on 31.03.2013	
Arunachal Pradesh	396.52	387.4	362.33	17.1	314.28
Assam	1088.95	871.95	876.5	-53.32	894.71
Manipur	330.91	218.44	251.31	4.01	255.87
Meghalaya	243.62	138.24	207.24	-62.11	200.16
Mizoram	278.63	277.56	291.65	9.54	228.93
Nagaland	305.3	291.74	286.12	38.79	233.18
Sikkim	162.01	95.73	117.82	-8.03	--
Tripura	194.07	118.94	111.24	3.71	156.03
Total	3000.01	2400	2504.21	-50.31	2283.16

