

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 NE' has been introduced for the States of NE region from the 11th Plan onwards.

Problems in the Health Sector in the North Eastern States

- Shortage of trained 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.

22.2 NATIONAL RURAL HEALTH MISSION (NRHM)

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.

Achievements under NRHM in respect of NE Region

- A total of 227 CHCs, 885 PHCs and 124 Centres working as First Referral Units (FRUs) have been made operational on 24x7 basis since the inception of NRHM. Ayush facilities are available in 1076 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.

- 253 Specialists, 1059 Medical Officers, 2201 Paramedics, 4123 Staff Nurses and 7375 ANMs have been augmented under NRHM. Besides this, 55830 ASHAs have been selected under NRHM.

Forward Linkages to NRHM in the NE Region

With a view to complement the initiatives under the NRHM, the Scheme for Forward Linkages to NRHM in NE has been 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. An outlay of Rs. 748.00 crore has been made for the scheme in the 12th Plan. An amount of Rs. 142.99 crore has been released in this plan period so far. In FY 2015-16, an amount of Rs. 23.72 crore has been released till the third quarter.

22.3 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 advance and specialized medical facilities and to serve as a regional referral service for comprehensive health care. 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 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 7th 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. Fully Automated High Vacuum Double Door Steam Sterilizer unit (850-950 lts) and Washer Disinfectant (250 lts) have been installed.

The 12th meeting of the Governing Council of the Institute, which was held on 26th June, 2015, under the Chairmanship of Sh. Jagat Prakash Nadda, Hon'ble Health & Family Welfare Minister & Chairman has approved in principle starting of College of Paramedical and Dental Sciences at NEIGRIHMS.

12 Students admitted during the session 2012-13 successfully completed the Post Graduate (MD/MS) programme. 2 DM (Cardiology) students admitted during the session 2012-13 and have also successfully completed the programme.

The Institute had conducted online entrance examination for admission into MBBS course from the 18 North East Open Category seats in all the major cities of the North Eastern Region for the 2015-16.

At present, the Institute has 541 beds and presently offering super speciality services in the Department of Cardiology, Neurology, Neurosurgery, CTVS, Urology and speciality services in Gen. Surgery, Gen. Medicine, Paediatrics, Orthopaedics, Obst. & Gynae, Ophthalmology, ENT, Dermatology, Psychiatry, Oncology and Dentistry. These Department are very well supported by Department of Radiology, Anaesthesiology, Pathology, Microbiology, Forensic Medicine and Biochemistry.

Major project of NEIGRIHMS are as under:-

M/s HSCC has tendered for construction of Undergraduate Medical College & Hostel, Regional Cancer Centre, Guest House, Nursing College & Hostel at an estimated cost of Rs. 318.00 crore.

An amount of Rs. 165.98 crore was released as Health & Family Welfare during the financial year Grant-in-aid to the Institute by the Ministry of 2015-16.

Academic Programme at NEIGRIHMS

Sl. No.	Course	Year in which the course was started	Number of students currently studying	Total students passed out till date
1.	B.Sc. Nursing (50 intake)	2006	200	6 batches
2.	MBBS (50 intake)	2008	258	142
3.	MD Anaesthesiology	2009	10	14
4.	MS Obstetrics & Gynecology	2009	6	8
5.	MD Microbiology	2009	8	8
6.	MD Pathology	2009	7	8
7.	MD Radiodiagnosis	2013	6	--
8.	MS General Surgery	2013	6	--
9.	MD General Medicine	2014	6	--
10.	DM Cardiology	2012	6	2

Academic and research activities by the faculty of the Institute

Sl. No.	Academic Activity	2013-14	2014-15	2015-16
1.	Conference/Seminars/Workshop/CME Attended by faculty including the Number of oral papers presented	143	304	147 (From April, 2015 to February, 2016)
2.	Publication (International and National Journals)	109	137	105
3.	Research Projects : Ongoing Intramural research projects including thesis	84	134	55
	Ongoing Extramural Projects	33	25	12
	Completed extramural projects	--	8	-
	Complete intramural	--	36	11

Post Doctoral Course Intake Details

Sl. No.	Department	Seats
1.	Cardiology	2 (Recognized)

Post-Graduate (MD/MS) Courses Intake Details

Sl. No.	Department	Seats
1.	Anaesthesiology	4 (Recognized)
2.	Microbiology	3 (Recognized)
3.	Obstetrics & Gynaecology	2 (Recognized)
4.	Pathology	3 (Recognized)
5.	Radiology and Imaging	2 (Permitted)
6.	General Surgery	2 (Permitted)
7.	Anatomy	2 (Permitted)
8.	General Medicine	2 (Permitted)
Total		20

Under Graduate

MBBS	50
B.Sc (Nursing)	50

22.4 REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

Regional Institute of Medical Sciences was set up in 1976 and has been functioning under the Ministry of Health & Family Welfare since 1st 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 under-graduate and post-graduate courses. RIMS is a 1,074 bedded teaching Hospital equipped with modern state of the art equipment and teaching facilities. The Hospital provides services to a large number of patients both outdoor as well as indoor patients and admits over four thousand patients in a year. The institute has

an intake capacity of 100 Under-graduate and 150 Post-graduate students every year. It also runs the Ph. D. Courses in various subjects and M. Phil in Clinical Psychology.

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

A	MBBS	100 seats per annum	15% All India Quota
B	MD/MS/DCP	147 seats per annum	50% All India Quota
C	M. Ch.	03 seats per annum	50% All India Quota
D	M. Phil.	07 seats per annum	All Beneficiary states of RIMS
E	B. Sc. Nursing	50 seats per annum	All Beneficiary states of RIMS
F	BDS	50 seats per annum	15% All India Quota
G	BASLP	10 seats per annum	1 seat for All India Quota

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. As the progress of work allocated to M/s RDB Ltd., Kolkata was very slow in spite repeated extensions of time granted to them. Their contract has been terminated and the firm has been blacklisted. Project Consultants M/s HSCC Ltd. has retendered the work.
- (ii) Government has approved the proposal for creation of additional infrastructure for increasing the number of MBBS seats from 100 to 154 per annum at a total cost of Rs. 202 crore. The project is proposed to be executed in two packages.
 - Package-I comprises of Casualty Block, Forensic and Community Medicine Block, Maternity Ward Block, Blood Bank, Lecture

Halls. The contract of construction work has been awarded and foundation stone for the project has been laid by Hon'ble HFM on 6.2.2016.

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

The institute has procured and installed a number of equipments like Deep Freezer for IHBT, ICU ventilators, Mobile Operating Table for Neurosurgery, OT Table with accessories for Orthopaedics Deptt., etc.

Biometric System of attendance for its employees was introduced for its employees and has been extended to all the students. The institute is having a well connected network of computing system. The implementation of e-Hospital/Online registration System (ORS) in the institute is in process.

An amount of Rs. 230.54 crore was released to the Institute as Grant-in-aid by the Ministry of Health & Family Welfare during the financial year 2015-16.

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

The Regional Institute of Paramedical and Nursing Sciences (RIPANS), Aizawl was set up by the Ministry of Home Affairs, Govt. of India in 1995-96 to provide Nursing, Pharmacy and Paramedical education to the people of North East including Sikkim and to maintain the pace of nursing education and nursing services with other developments of medical and technological services in the North East. The Institute was transferred to the Ministry of Health & Family Welfare, Govt. of 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 05.08.2005 thus started functioning in 1996 with only 182 students. The strength of students as on 30.11.2015 is 687.

At present, the Institute is conducting the following courses as given below:-

- 1) B. Sc. (Nursing)
- 2) B. Sc. (Medical Laboratory Technology)
- 3) B. Pharm
- 4) B.Sc. (Optometry & Ophthalmic Techniques)
- 5) B. Sc. (Radio Imaging Technology)
- 6) M. Pharm

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).

The Major Projects of RIPANS are as under:-

- a) 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 was started on 07.05.2013. More than 46% of construction works has completed as on 31.01.2016.
- b) It has been decided by the Cabinet to upgrade RIPANS as 9th Regional Institute of Paramedical Sciences (RIPS). M/s HLL, the Project Management Consultant, has prepared the Detailed Project Report (DPR). DPR & SFC memo amounting to Rs. 481.22 Crore which is under consideration with the Ministry of Health & Family Welfare.

An amount of Rs. 28.21 crore was released to the Institute as Grant-in-aid by the Ministry of Health & Family Welfare during the financial year 2015-16.

22.6 LOKPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH (LGBRIMH), TEZPUR

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 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 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 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 (April – December, 2015)

- 81964 patients visited the OPD which included 44198 male patients and 37766 female patients.
- 1402 patients were admitted for in patient care and treatment of which included 1078 male patients and 324 female patients.
- A total of 150106 diagnostic tests were conducted.
- Tests in clinical psychology are routinely carried out in the institute along with other psychometric tests.

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 to extend mental health services at community level. A total number of 5123 patients received treatment.

Rehabilitation Attendance

- The rehabilitation services of the Institute comprises of clinical rehabilitation, occupational therapy, physio-therapy unit and wellness centre. Break-up of the number of sessions administered to each of the units for the benefit of patients from April, 2015 to December, 2015 is as follows:-
 - Clinical Rehabilitation – 2109 (no. of sessions)
 - Occupational Therapy – 1089 (no. of sessions)
 - Physiotherapy Unit – 5612 (no. of sessions)
 - Wellness Centre – 3717 (no. of sessions)

Student Intake

- A total number of 38 students were enrolled under different courses (i.e. M. Phil in

Psychiatric Social Work 6, M. Phil in Clinical Psychology 8, M. D. (Psychiatry) 2, M. Sc. Nursing (Psychiatric Nursing) 12 and DPN 10 for the various courses run by the institute during the session 2015-16.

- Statistics of students passed out during the last academic session is as follows M.D. – 2; DNB – 3; M.Sc. in Psych Nursing – 12; M .Phil in Clinical Psychology - 3; M. Phil in Psychiatric Social Work - 5 and Diploma in Psy. Nursing – 10.

Training in Mental Health

- Other than the regular courses conducted by the institute it has also been providing short term training in mental health for both medical and non-medical students. During the period April, 2015 to December, 2015, a total of 525 students benefited from this service.

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 out-patient department with all modern facilities. Package –II involves construction of academic block, residential quarters, Jr. residential hostel, Sr. residential hostel, cafeteria building, Director Residence, electric sub-station, STP, incinerator and other external services in the hospital campus. Package – III involves construction of auditorium and Nurses Hostel.

22.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

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. NE States including Sikkim being pre-dominantly tribal and having peculiar geographical conditions and inadequate eye-care infrastructure, are priority areas 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.

The performance of cataract surgeries in NE States during 12th Five Year Plan is given in the Table below:

Sl. No.	State	2012-13	2013-14	2014-15	2015-16
		No. of cataract surgeries performed	No. of cataract surgeries performed	No. of cataract surgeries performed	No. of cataract surgeries performed (upto 30.11.2015)
1	Arunachal Pradesh	1339	1651	1511	729
2	Assam	72295	64679	73081	36326
3	Manipur	4395	3715	3594	1959
4	Meghalaya	2014	1576	1337	500
5	Mizoram	2088	1898	2006	1408
6	Nagaland	905	651	862	177
7	Sikkim	428	303	210	278
8	Tripura	6743	6372	8180	4961
	TOTAL	90,207	80,845	90,781	46,338

22.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

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 1996-2014

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
2014	0.14	0.12	222	2.85

* *Plasmodium Falciparum*

State-wise situation of Malaria in NE States - 2014

Sl. No.	States	Pop. (in 000)	B.S.E.	Positive Cases	P.f. Cases	Pf%	ABER (%)	API (per 1000)	SPR (%)	SfR (%)	Death (No.)
1	Arunachal Pradesh	1415	123571	2338	6082	38.44	8.73	4.30	4.92	1.89	9
2	Assam	33226	3684068	11210	14540	77.10	11.09	0.44	0.39	0.30	11
3	Manipur	2856	66236	72	145	49.66	2.32	0.05	0.22	0.11	0
4	Meghalaya	3128	437741	37149	39168	94.85	13.99	12.52	8.95	8.49	73
5	Mizoram	1116	330882	21083	23145	91.09	29.65	20.74	6.99	6.37	31
6	Nagaland	2008	234653	647	1936	33.42	11.69	0.96	0.83	0.28	2
7	Sikkim	203	7970	18	35	51.43	3.93	0.17	0.44	0.23	0
8	Tripura	3862	606791	49653	51240	96.90	15.71	13.27	8.44	8.18	96
	Total	47814	5491912	122170	136291	89.64	11.49	2.85	2.48	2.22	222

The table shows that Meghalaya, Mizoram and Tripura 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, Long Lasting Insecticide Treated Nets (LLINs), insecticides/larvicides as per approved norms to all NE States as per their technical requirements.

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 & 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 and engaged 52446 of them in 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 Government of India under the programme.

As per the National Drug Policy, Chloroquine is used for treatment of all P.vivax cases. Artemisinin Combination Therapy (ACT) with Sulfadoxine Pyrimethamine (AS+SP) combination is being implemented for the treatment all Pf cases in the country. 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. 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 Lasing 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 &

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 2012 are as follows:-

Sl No.	Affected States	2012				2013				2014				2015 (Prov. upto 30.11.15)			
		AES Cases	Deaths	JE Cases	Deaths	AES Cases	Deaths	JE Cases	Deaths	AES Cases	Deaths	JE Cases	Deaths	AES Cases	Deaths	JE Cases	Deaths
1	Assam	1343	229	463	100	1388	272	495	134	2194	360	761	165	1323	260	614	135
2	Manipur	2	0	0	0	1	0	0	0	16	0	1	0	34	0	6	0
3	Nagaland	21	2	0	0	20	0	4	0	20	1	6	0	10	1	0	0
4	Arunachal Pradesh	0	0	0	0	0	0	0	0	102	11	32	3	73	2	30	2
5	Meghalaya	0	0	0	0	0	0	0	0	212	3	72	3	74	8	39	8
6	Tripura	0	0	0	0	211	0	14	0	323	0	14	0	350	4	23	4

For control of J.E., Government of India has established 28 sentinel sites in Assam and one each in Manipur, Nagaland, Tripura and 3 in Meghalaya for diagnosis of J.E. cases. 27 districts in Assam, 3 districts in Arunachal Pradesh, 8 districts in Manipur and 7 districts in Nagaland have been covered under J.E. vaccination programme in

children 1-15 years. Adult JE vaccination has been completed in 12 districts of Assam.

Dengue: NE States till few years back did not have problem of Dengue. Manipur reported Dengue cases for the 1st time in 2007. The state-wise details of dengue cases from 2011 are given below in the table.

Sl. No	Affected States	2011		2012		2013		2014		2015 (till 30th Nov)	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Assam	0	0	1058	5	4526	2	85	0	1011	1
2	Arunachal Pradesh	0	0	346	0	0	0	27	0	1933	2
3	Manipur	220	0	6	0	9	0	0	0	52	0
4	Meghalaya	0	0	27	2	43	0	0	0	13	0
5	Mizoram	0	0	6	0	7	0	19	0	43	0
6	Nagaland	3	0	0	0	0	0	0	0	9	0
7	Sikkim	2	0	2	0	38	0	5	0	21	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. No clinically suspect case has been reported from the State of Meghalaya since 2012.

Lymphatic Filariasis is endemic in severely affected 7 districts of Assam. 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. Out of these 7 endemic districts, 5 have successfully completed Transmission Assessment Survey (TAS) and stopped MDA while remaining 2 are going for TAS during 2015-16. The coverage of population since 2010 is as under:-

Year	Coverage (%)
2011	78.10
2012	81.19
2013	78.67
2014	90.66 (2 districts)

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 these States. Re-surveys done in the States of Arunachal Pradesh, Manipur, Sikkim and Mizoram have indicated a decline in the prevalence of IDD as a result of iodated salt

consumption. The consumption of adequately iodized salt at household/community level in the NE States is in the range of 83% to 100 % during the year 2014-15. The States of Mizoram, Nagaland and Sikkim has reported optimal Median Urinary Iodine Excretion (UIE) i.e. UIE >100 µg /L.

22.10 DEVELOPMENT OF MEDICAL EDUCATION

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

Sl. No.	State	Districts	Fund Released	Remarks
1.	Assam	Dhubri	Rs. 22 crore	Diphu is not approved as yet.
		Nagaon		
		North Lakhimpur		
		Diphu		
2.	Arunachal Pradesh	Naharlagun	Rs. 32.50 crore	
3.	Mizoram	Falkawn	Rs. 20 crore	
4.	Nagaland	Kohima	Rs. 27.5 crore	

It may be noted that Arunachal Pradesh, Mizoram & Nagaland will have their first medical collages.

22.11 DEVELOPMENT OF NURSING SERVICES

Opening of ANM /GNM Schools: CCEA has approved this Ministry's proposal for opening of 18 ANM schools and 21 GNM schools in the North East region 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
		Ukhrui
Meghalaya	Shillong Jaintia Hills	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	

An amount of Rs.1,67,45,000/- has been released for setting up of 1 ANM School at West Tripura.

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

National Programme for Prevention and Control of Fluorosis (NPPCF) is being implemented in 3 districts of Assam namely, Nagaon, 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 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 etc. in all 3 districts. Seminars have been conducted in Karbi Anglong and Medical Officers and paramedical have been trained in all three districts.

22.13 NATIONAL PROGRAMME FOR HEALTHCARE OF ELDERLY (NPHCE)

In the North Eastern region, the National Programme for the Healthcare 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. 278.11 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 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 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 established 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 2015-16 in the rest States of North East is under active consideration. It has been proposed to cover 18 new districts of North Eastern States during the current financial year.

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

The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010 with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral. A number of NCD clinics have been set up.

Functional status of NCD Cells/Clinics in North East:

- State NCD Cell established in 8 States;
- District NCD Cell established in 28 districts;
- District NCD Clinic established in 32 districts and
- Cardiac Care Units established in 9 districts.

Funds released: Rs. 48.17 crores released to 8 North-East States in 2015-16 under NCD Flexi-pool.

Tertiary Care Cancer Centres (TCCC) status under NPCDCS programme

- Proportional grant-in-aid of Rs. 14.64 crores

released on 02.12.2015 as 1st instalment of Government of India share under TCCC scheme of NPCDCS during the year 2015-16 for Mizoram, Civil Hospital, Aizawl.

22.15 ACTIVITIES OF NATIONAL CENTRES FOR DISEASES CONTROL UNDERTAKEN UNDER DIFFERENT SCHEMES/ PROGRAMMES

Integrated Disease Surveillance Programme (IDSP): Integrated Disease Surveillance Project (IDSP) was launched by Hon'ble Union Minister of Health & Family Welfare in November, 2004. It is a decentralized state based programme to strengthen surveillance system for epidemic prone diseases for early detection and control of 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 follows:

1. **IT Networking:** In North Eastern 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:-

Sl. No.	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
	Total	95/95	89/95	89/95

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

Sl. No.	States	Epidemiologists in position/sanctioned	Microbiologists in position/sanctioned	Entomologist in position/sanctioned	Veterinary Consultant
1.	Arunachal Pradesh	17/17	2/3	1/1	1/1
2.	Assam	22/28	7/11	1/1	1/1
3.	Manipur	2/10	0/2	0/1	0/1
4.	Meghalaya	2/8	0/2	1/1	1/1
5.	Mizoram	0/10	3/5	1/1	0/1
6.	Nagaland	12/12	3/3	1/1	0/1
7.	Sikkim	0/5	2/2	1/1	0/1
8.	Tripura	0/9	0/2	1/1	0/1
	Total	55/99	17/30	7/8	3/8

- The States have been requested to expedite the recruitment of contractual staff under IDSP.

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:

Sl. No.	States	Master Trainers Trained in ToT	2 Week Field Epidemiology Training Programme for District Surveillance officer
1.	Arunachal Pradesh	65	13
2.	Assam	98	34
3.	Manipur	41	15
4.	Meghalaya	47	12
5.	Mizoram	41	11
6.	Nagaland	46	9
7.	Sikkim	31	4
8.	Tripura	20	2

4. **Data Management Status:** IDSP presently receives weekly disease surveillance reports from about 98% of the districts of NE region (89 out of 91 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	16/16
2.	Assam	27/27	27/27
3.	Manipur	8/9	8/9
4.	Meghalaya	7/7	7/7
5.	Mizoram	9/9	7/9
6.	Nagaland	10/11	9/11
7.	Sikkim	4/4	4/4
8.	Tripura	8/8	8/8
	Total	89/91	86/91

- States have been requested to ensure reporting of weekly surveillance data by all reporting units in all Districts through IDSP Portal.

5. **Strengthening of Laboratories:** In North East States, process of establishing district priority laboratories and strengthening of 30 identified district laboratories are in progress. 14 out of these 30 labs have already procured the required equipments.

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 04.12.2015)

Sl. No.	States	Amount released (in lakhs)	Amount expenditure (in lakhs)
1.	Arunachal Pradesh	1068.29	1080.23
2.	Assam	1246.55	1282.41
3.	Manipur	375.30	319.26

4.	Meghalaya	366.30	333.64
5.	Mizoram	708.50	678.74
6.	Nagaland	862.70	835.14
7.	Sikkim	256.57	252.34
8.	Tripura	219.71	197.78
	Total	5103.92	4979.54

7. **Outbreaks detected:** The major component of the programme is to detect and respond to outbreaks in the early rising phase. In North East States, a total of 118 outbreaks have been detected through IDSP during 2015 (up to 11th November). The State-wise break-up is as under:

Sl. No.	States	No. of Outbreaks in 2015 (up to 8 th November)
1.	Arunachal Pradesh	17
2.	Assam	68
3.	Manipur	4
4.	Meghalaya	12
5.	Mizoram	4
6.	Nagaland	2
7.	Sikkim	3
8.	Tripura	8
	Total	118

- The State has been requested to report about outbreaks every week. Even 'Nil' report is mandatory.
- The SSOs have also been requested to send the full investigation report of each outbreak, including the etiological confirmation of diagnosis by sending the required clinical samples for appropriate lab tests.

22.16 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

The entire population of the North Eastern States is 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. 192 sub-districts TB Unit and 735 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 0.75 lakh to 1.25 lakh (as against 1.5 to 2.5 lakh range).

The States have shown improvement in programme performance in 2014, the annualized total case notification rate was 121 on average in the region and treatment success rate has been consistently maintained over 88%. RNTCP has initiated 57578 patients on treatment in 2014 in the North East Region.

The programme has collaborated with private and public sector health institutions in the area. More than 200 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 for collaborating with the Medical colleges in the region. Innovative methods have been successfully implemented with the tea gardens in Assam.

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 in the North East States as per Annual TB report 2014

Sl. No.	State	Population (in lakh) covered by RNTCP	Suspects examined per lakh population/ Qtr	Total patients registered for treatment	Annual total case notification rate	NSP Treatment success rate
1.	Arunachal Pradesh	15	189	2691	185	90%
2.	Assam	325	122	38317	118	85%
3.	Manipur	29	93	2198	77	84%
4.	Meghalaya	32	186	4944	155	82%
5.	Mizoram	11	237	1993	174	98%
6.	Nagaland	20	121	3298	164	91%
7.	Sikkim	6	392	1630	260	79%
8.	Tripura	38	187	2507	67	91%