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 framework is 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/or weak infrastructure. These 18 States includes 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 deaths as well as population stabilization, gender and demographic balance. In this process, the Mission would help achieve goals set under the National Health Policy and the Millennium Development Goals.

Achievements under NRHM (2012-13):

- Total number of ASHAs selected in the NE States till 2012-13 is 53785.
- 698 PHCs functioning on 24X7 basis in the NE States.
- 202 CHCs functioning on 24X7 basis in the NE States.
- 109 centres operational as First Referral Units (FRU), including DHs, SDHs, CHCs & other levels.
- Ayush facilities is available in 835 Centres, including DHs, CHCs, PHCs and other health facilities above SCs but below block level.
- 2.98 Lakh Institutional Deliveries done.

- 2.70 Lakh beneficiaries of JSY recorded.
- 3.85 Lakh Children fully immunized.

Forward Linkages to NRHM in the North East

With a view to complement the initiatives under the NRHM Programme, the Scheme for Forward Linkages to NRHM in NE 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 amount of Rs.110.00 crore has been allocated for the year 2012-13 under the Forward Linkages Scheme.

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

NEIGRIHMS is now a thriving tertiary care medical and teaching Institute under the Department of Health and Family Welfare that offers MBBS, B.Sc Nursing and MD/MS course in the Department of Anaesthesiology, Microbiology, Obstetrics & Gynecology and Pathology. Super Speciality course in DM (Cardiology) has been started from the academic session (2012-13)

The Medical Council of India considered the assessment report of the Inspection team that visited the Institute from 15th May to 17th may 2012 and granted recognition of the PG course in MD Microbiology and Pathology, Obstetrics & Gynaecology. Recognition of MD (Anesthesiology) is expected soon.

The staff position as on 31st September 2012 is as hereunder:

Faculty	47
Group A	27
Group B	473
Group C	167
Group D	171
SRD's	74
JRD	44

The brief hospital Statistical report

a)	Out patients -	97803
b)	in-patients -	7262
c)	patient from outside state - Out-patient-	3340
	in-patient-	615
d)	Deaths -	322
e)	Births –	506
f)	Mortuary section is also available for public service	
g)	Operations performed Minor	49
	Main	1100
	Major	1102

Out of the sum of Rs.150.00 crore earmarked for NEIGHRIMS, Shillong in the BE 2012-13, a sum of Rs62.30 crore as grant-in-aid has been released to this institute.

18.4 REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL

The Regional Institute of Medical Sciences (RIMS), Imphal was established in the year 1972. It is an institution of regional importance catering mostly to the needs of the North-eastern region in the field of imparting undergraduate and post graduate medical education in all important branches of medical specialties.

The institute has an intake capacity of 100 undergraduate and 147 post graduate degree/diploma seats. 15 seats in MBBS are earmarked for All India Quota. 50% of the P.G. seats are earmarked for All India Quota students. The Institute also conducts M. Phil course in Clinical Psychology with an annual intake of 7 students per annum. A 10-month diploma course in hearing, language and speech (DHLS) with an intake of 20 students per batch is conducted in the institute in association with the All India Institute of Hearing & Speech, Mysore.

The Institute also runs M.Ch. course in Urology (2 seats) and Plastic & Reconstructive Surgery (1 seat). A nursing college for conducting B.Sc. Nursing Course with an intake capacity of 50 students per annum. A Dental College with an intake capacity of 50 BDS students has been started.

The institute has so far produced 2696 MBBS doctors and 913 Post graduate doctors as on 31-8-2012. The Institute participate in many of the national programmes related to health. It conducts training of MBBS doctors in life saving anaesthetic skills for emergency Obstetric care to enable them in implementing NRHM.

The institute has a 1074 bedded teaching hospital. OPD/IPD attendance during the year 2011-12 is 289000 and 35000 respectively.

Out of the sum of Rs.178.25 crore earmarked for RIMS Imphal in the BE 2012-13, a sum of Rs.88.62 crore as grant-in-aid has been released to this institute as on 30-09-2012.

18.5 L.G.B. REGIONAL INSTITUTE OF MENTAL HEALTH, TEZPUR, ASSAM

Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) is a premier Mental Health Institute in Northeast India. The Institution was established in the year 1876 and is recognized as one of the oldest centers providing quality mental health care and treatment. The Institute is mandated to be a tertiary care institute of Clinical Neuroscience and it is under the administrative control of the Ministry of Health & Family Welfare, Govt. of India. Regular academic course in the Institute started in the year 2001 with the introduction of one year Diploma in Psychiatric Nursing (DPN). The DNB course in Psychiatry was started in the year 2006. This was followed by the M. Sc Nursing (Psychiatric Nursing) in 2007; M. Phil in Psychiatric Social Work in 2009, M.D. (Psychiatry) in 2010 and M. Phil in Medical and Social Psychology in 2011. The hospital has emerged as the main centre in mental health care in the entire Northeast India.



Observance of World Mental Health Week

18.6 REGIONAL INSTITUTE OF PARAMEDICAL & NURSING SCIENCES, AIZAWL (MIZORAM)

The Regional Institute of Paramedical & Nursing Sciences (RIPANS) was established in 1996 under North Eastern Council (NEC). The management of the Institute was taken up by the Ministry of Health & Family Welfare with effect from 1st April, 2007. RIPANS cater to the education in the field of Paramedical, Nursing and Pharmacy for the various students of the whole North Eastern States. The projection under 12th Plan for this Institute is Rs. 568.43 crore.

- 2. The two diploma courses of the Institute namely –
- a) Diploma in Optometry (OT)
- b) Diploma in Radio Imaging & Cardio Instrumentation Technology (RICIT) Have been up graded to degree courses as:
- i. Bachelor in Optometry & Ophthalmic Techniques (BOOT)
- ii. Bachelor in Radio Imaging Technology (BRIT)
- 3. The total strength of students in the various courses is 85. The Institute is presently conducting five degree courses. RIPANS Aizawl has been identified as the 9th Regional Institute of Paramedical Sciences (RIPS). Accordingly the Institute has taken up necessary measures for starting various new paramedical courses apart from the present 5 degree courses.
- 4. Staff strength in the Institute.

Sl.	Total	Post	Filled	Vacancy position	
No.	Staff	Sanctioned	up		
1.	RIPANS	85	79	6	

5. Budget Estimate & Expenditure for the year 2011-2012 (Rs. In crore)

(Rs. in crore)

Name of the Institute	Allocation Estimate 2011-12	released as on 05.12.2011
RIPANS	32.00	NIL

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:

 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, Blocks and Village Level.

As a result, the performance of cataract surgery in North East Region has improved from 66,460 surgeries in 2009-10 to 73,769 surgeries in 2011-12 as per state-wise performance given below:

Sl. No.	State	2	010-11	2011-	12	2012-13 (upto 19.11		
1100		Target	Ach.	Target	Ach.	Target	Ach.	
1	Arunachal Pra	desh 2000	1627	3400	1059	2000	247	
2	Assam	50000	56332	114000	63555	85000	20174	
3	Manipur	2000	2297	5300	1448	5300	1461	
4	Meghalaya	2000	1948	5000	2512	2000	712	
5	Mizoram	3000	1991	4000	1867	4000	763	
6	Nagaland	1500	972	2850	1008	1750	281	
7	Sikkim	800	375	1700	510	800	288	
8	Tripura	7000	7193	8500	7431	7000	3606	
	TOTAL	68300	72735	144750	79390	107850	7532	

18.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME IN NORTH EASTERN STATES

Malaria situation in Northeastern 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 9% of malaria cases, 13% of Pf cases and 22% of malaria deaths reported in the country of the year

2011. The epidemiological and malario-metric indicators for the last 5 years are given below:

Malar	ria Situation	n in the NE St	ates during	1996-2011
Year	Cases (i	in million)	Deaths	API
	Total	Pf		
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

The state-wise situation of malaria in year 2011 is given below:

State-wise situation of Malaria in NE States-2011

S.N.	STATES/ UTs	Pop. (in 000)	B.S.C.	B.S.E.	Positive Cases	P.f. Cases	Pf%	ABER	API	SPR	SfR	Deaths
1	Arunachal	1200	107626	10500	12070	1056	24.01	1504	10.02	5 .06	2.46	15
	Pradesh	1288	197626	197626	13950	4856	34.81	15.34	10.83	7.06	2.46	17
2	Assam	32031	4130216	4130216	47397	34707	73.23	12.89	1.48	1.15	0.84	45
3	Manipur	2723	120615	120615	714	314	43.98	4.43	0.26	0.59	0.26	1
4	Meghalaya	3057	391397	391397	25143	24018	95.53	12.80	8.22	6.42	6.14	53
5	Mizoram	1033	213149	213149	8861	8373	94.49	20.63	8.58	4.16	3.93	30
6	Nagaland	1981	205520	205520	3363	950	28.25	10.37	1.70	1.64	0.46	4
7	Sikkim	189	6969	6969	51	14	27.45	3.69	0.27	0.73	0.20	0
8	Tripura	3671	288076	288076	14417	13812	95.80	7.85	3.93	5.00	4.79	12
	Total	45973	5553568	5553568	113896	87044	76.42	12.08	2.48	2.05	1.57	162

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

State-wise situation of Malaria in NE States-2012 (upto September)

S.N.	STATES/ UTs	Pop. (in 000)	B.S.C.	B.S.E.	Positive Cases	P.f. Cases	Pf%	ABER	API	SPR	SfR	Deaths
1	Arunachal Pradesh	1288	81276	81276	4307	1462	33.94	6.31	3.34	5.30	1.80	3
2	Assam	32031	3160117	3160117	25304	17347	68.55	9.87	0.79	0.80	0.55	10
3	Manipur	2723	93067	93067	225	67	29.78	3.42	0.08	0.24	0.07	0
4	Meghalaya	3057	273552	273552	16539	15847	95.82	8.95	5.41	6.05	5.79	33
5	Mizoram	1033	123996	123996	7716	7345	95.19	12.00	7.47	6.22	5.92	20
6	Nagaland	1981	166585	166585	2395	654	27.28	8.41	1.21	1.44	0.39	1
7	Sikkim	189	5240	5240	64	8	12.50	2.77	0.34	1.22	0.15	0
8	Tripura	3671	212630	212630	9650	9123	94.54	5.79	2.63	4.54	4.29	2
	Total	45973	4116463	4116463	66200	51853	78.32	8.95	1.43	1.61	1.26	69

Assistance to States: Government of India provides 100% central assistance for programme implementation to the Northeastern States Including Sikkim. The Govt. of India also supplyed commodities like drugs, LLINs, insecticides/ larvicides as per approved norms to all NE States as per their technical requirements. The assistance provided since 2009-10 is at Appendix – N.E.-I.

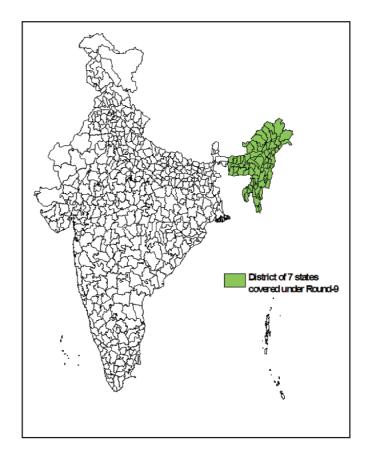
The additional support under Global Fund for AIDS, Tuberculosis and Malaria (GFATM) is provided to all NE States except Sikkim for implementation of intensified Malaria Control Project (IMCP), with the objectives:

- (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 Gol under the programme.

As per the National Drug Policy, Cholorquine is used for treatment of all *P.vivax* cases. However, at present Artemesinin Combination Therapy (ACT) with Sulfadoxine Pyrimethamine (AS+SP) combination is being implemented for the treatment all Pf cases in the country.

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 Lasing 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.

The GFATM has been supporting the programme under round - 4 (2005-06 to 2009-10). In 106 districts of Northeastern States & Jharkhand, Orissa and West Bengal. The support for enhancing supervision and monitoring by providing consultants at the state and national level is also provided under the project. GFATM Round – 9 project for malaria control in seven north eastern states except Sikkim has been approved as a continuation of Round – 4 project is being implemented.

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 2009 are as follows:

S1. No					2010				:	2011			2012(P)till 21.11.2012				
		AES Cases		JE Cases		AES Cases		JE Cases		AES Cases		JE Cases	Deaths		Deaths	-	Deaths
1	Assam	462	92	218	46	469	117	142	40	1319	250	489	113	1343	229	463	100
2	Manipur	6	0	1	0	118	15	45	5	11	0	9	0	2	0	0	0
3	Nagaland	9	2	9	2	11	6	2	0	44	6	29	5	21	2	0	0

For control of J.E., Government of India has identified five sentinel sites in Assam and one each Manipur and Nagaland for diagnosis of J.E. cases. Besides, 13 districts in Assam, 1 district in Arunachal Pradesh, 5 districts in Manipur and 2 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 2009 are as follows:

Sr. No.	Affected States	2009)	2010			11	2012 (ti	ll 15 th per 2012.)
1100		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Assam	0	0	237	2	0	0	262	4
2	Arunachal Pradesh	0	0	0	0	0	0	156	1
3	Manipur	0	0	7	0	220	0	6	0
4	Meghalaya	0	0	1	0	0	0	11	2
5	Mizoram	0	0	0	0	0	0	6	0
6	Nagaland	25	0	0	0	3	0	0	0
7	Sikkim	0	0	0	0	2	0	2	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.

Lymphatic Filariasis is endemic in 7 districts of Assam, whereas other states in NE region are not reported to be

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 2009 is as under:

Coverage (%)
MDA not done
76.08
86.73

Appendix – N.E.-I

Statement Showing Central Assistance provided to North Eastern States Under NVBDCP

(Rs in lakhs)

State		2009-	10		2010-	11		2011-12	
	Cash	Kind	Total	Cash	Kind	Total	Cash	Kind	Total
Arunachal Pradesh	742.05	221.19	963.24	614.00	266.69	880.69	706.53	820.29	1526.82
Assam	700.16	2505.90	3206.06	1264.60	3645.43	4910.03	1059.87	2714.52	3774.39
Manipur	195.31	44.44	239.75	340.00	262.04	602.04	338.31	72.45	410.76
Meghalaya	96.36	514.93	611.29	278.50	810.54	1089.04	371.13	258.99	640.12
Mizoram	316.52	310.60	627.12	369.20	404.91	774.11	362.97	339.34	702.31
Nagaland	434.45	238.12	675.57	490.70	797.21	1287.91	578.48	419.25	997.73
Tripura	238.23	526.92	765.15	318.80	1111.74	1430.54	253.61	148.21	401.82
Sikkim	7.97	3.86	11.83	10.91	126.80	137.71	12.00	10.60	22.60
Total	2731.05	4365.96	7100.01	3686.71	7425.36	11112.07	3682.90	4783.65	8476.55

Allocation and Releases made to N.E. States during 2012-13

(Rs in lakhs)

State	Allocation			Rele	Releases (as on 31.10.12)		
	Cash	Kind	Total	Cash	Kind	Total	
Arunachal Pradesh	454.10	1120.00	1574.10	140.80	139.37	280.17	
Assam	1540.50	3325.00	4865.50	68.31	688.81	757.12	
Manipur	439.20	250.00	689.20	148.15	27.32	175.47	
Meghalaya	524.80	820.00	1344.80	26.14	392.12	418.26	
Mizoram	478.60	790.00	1268.60	197.82	81.48	279.30	
Nagaland	667.20	520.00	1187.20	148.94	119.59	268.53	
Tripura	410.60	1170.00	1580.60	0.00	647.69	647.69	
Sikkim	72.00	5.00	77.00	31.12	1.48	32.60	
Total	4587.00	8000.00	12587.00	761.28	2097.86	2859.14	

18.9 NATIONAL LEPROSY ERADICATION PROGRAMME

The problem of leprosy is very little in most of the North Eastern (NE) states except Assam. In the state of Assam there're four districts wherein high annual new case detection rate (ANCDR) is more than 10 cases per 100,000 populations.

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 North Eastern (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 AND UP-GRADATION/ STRENGTHENING OF NURSING SERVICES

CCEA has approved this Ministry's proposal for opening of 132 ANM Schools and 137 GNM Schools for XI plan period. A Sum of Rs. 64.03 crore has been released during 2012-13 for Opening of 3 ANM and 14 GNM Schools in Andhra Pradesh, Odisha, Uttarakhand, Gujarat and Jharkhand States. For the North Eastern Region, a sum of Rs. 26.93 crore has been approved so far for release under the scheme to the State of Nagaland for opening three ANM and one GNM Schools and to Meghalaya for opening of 4 GNM Schools.

18.12 NATIONAL PROGRAMME FOR CONTROL OF FLUROSIS

The National Programme for Prevention and Control of Flurosis (NPPCF) is being implemented in one district i.e. Neygaon of Assam 2009-10. The Programme was expanded in two another districts i.e. K. Long and Kamrup of Assam in the year 2010-11. Guidelines for establishment of laboratory, appointment of staff, procurement of equipment etc. for implementation of NPPCF has been provided to State Nodal Officer and District Nodal Officer Assam.

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, five districts, viz. Dibrugarh, Jorhat, Lakhimpur, Sibsagar and Kamrup. In Sikkim State, two districts viz. East Sikkim and South Sikkim has been selected under the programme. Both the States have signed MoU with the Government of India to take up the programme activities.

An amount of Rs.668.27 lakh has so far been released to Assam under NPHCE since the inception of the programme. Rs.203.03 lakh has so far been released to Sikkim. Further, Guwahati Medical College (GMC), Assam is one of the eight Regional Geriatric Centres selected under NPCHE in the country for establishment of 30 bedded Geriatric Department with OPD facilities. So far, an amount of Rs.373.65 lakh has been released to the Institute under the programme.

As per reports received so far, Geriatric OPD has been opened at the Guwahati Medical College, Assam.

The status of the implementation of the programme in the above two States and GMC, Assam has been reviewed in a meeting with Nodal Officers of the Institute and the States on 5th (with Institutes) and 6th (with States) July, 2012 under the Chairmanship of Special Secretary (Health). A National Orientation Workshop for the State Financial-cum-Logistic Officers under the programme has been held on 12th October, 2012 under the Chairpersonship of Joint Secretary (SK) to enrich the accounting procedures under the NCD Control programmes including NPHCE.

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

NPCDCS is being implemented in 100 districts spread over 21 states during 2010-11 & 2011-12 including the two states of Assam and Sikkim in the North East. The districts have been selected keeping in to account their backwardness, inaccessibility & poor health indicators.

18.15 ACTIVITIES OF NATIONAL CENTRES FOR DISEASES CONTROL UNDERTAKEN UNDER DIFFERENT SCHEMES/PRORGAMMES

- A. Yaws Eradication Programme (YEP) is being implemented in North Cachar Hills district of Assam. The last case of Yaws was reported during 2002. Since then no case has been reported from Assam.
- B. Sero survey in children 1-5 years of age are being undertaken in Assam to demonstrate that Yaws is no longer transmitting. An amount of Rs. 4.00 lacs was released to the state of Assam during 2012-13
- C. Integrated Disease Surveillance Project (IDSP) is being implemented in all North-Eastern states. The component-wise details of status/achievements in North-Eastern states are as under:
- i. In N.E. states, IDSP is establishing linkages with all states/districts HQ and all Government Medical colleges on a satellite broadband hybrid network.
- ii. Manpower recruitment has been decentralized and a total number of 39 Epidemiologists, 13 Microbiologists and 6 Entomologists are in position as on 31.12.2012 in N.E. states.
- iii. Training of State/Districts Surveillance Teams/ Rapid Response Teams (RRT) has been completed in all North Eastern States.
- iv. IDSP presently receives weekly disease surveillance reports from about 94% of the districts of NE region (82 out of 87 districts). Data analysis and action are being taken by respective districts.
- v. In North East States, 10 identified district laboratories are being strengthened under IDSP. Eight out of these ten labs have been equipped and a trained Microbiologist has been engaged in each of these labs.
- vi. In North East States a total of 90 outbreaks have been detected through IDSP during 2012.

18.16 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

The entire population of the North Eastern States has been covered under Revised National TB Control Programme.

- All officials of state and district level including Drug Resistant TB Centres and C-DST Labs from the north eastern states were trained in at the National level in Guidelines for Programmatic Management of Drug Resistant TB (PMDT). These master trainers then trained the key staff in the PMDT Guidelines in all districts of NE states.
- Central PMDT Appraisals were conducted in all the districts of all states of the North East.
- Approval to roll out PMDT services in all districts of the states of North East have been provided from CTD.
- Complete coverage of PMDT services in North-East (all States and districts) has been achieved.
- The following C-DST laboratories are certified or under proficiency testing under RNTCP in North East:
- a. IRL Guwahati, Assam Certified for LPA and under process for Solid and Liquid C-DST
- b. Nazereth Hospital Laboratory, Shillong, Meghalaya- Certified for LPA
- c. IRL Imphal, Manipur Under process for LPA and Solid C-DST
- d. IRL Naharlgun, Arunachal Pradesh Under Process for Solid C-DST
- e. Kamrup, Assam and Kohima, Nagaland Under pilot implementation of CB-NAAT
- The Drug Resistant TB Centres under RNTCP are functional in North East sites of Guwahati, Assam; Naharlgun, Arunachal Pradesh; Tura, Meghalaya; Shillong, Meghalaya; Imphal, Manipur; Kohima, Nagaland; Agartala, Tripura and Aizwal, Mizoram.
- Since the introduction of PMDT services in various states of North East upto 2012, a total of 366 lab confirmed MDR TB cases have been identified

and 362 of them have been initiated on treatment under RNTCP.

• Performance of North East areas in RNTCP in the year 2012 is as per Table given below:

RNTCP: Performance in Year 2012, North East areas

State	Population (in lakh) covered by RNTCP	No. of suspected examined	Suspected Examined per lakh population per quarter	Annual total case notification rate	3 month conversion rate of new smear positive patients	Success rate of new smear positive patients
Arunachal						
Pradesh	14	10808	191	167	87%	87%
Assam	316	137110	108	113	87%	83%
Manipur	28	11996	108	99	87%	84%
Meghalaya	30	24500	202	168	84%	83%
Mizoram	11	8324	188	211	92%	99%
Nagaland	20	14926	187	177	90%	91%
Sikkim	6.1	7574	309	299	84%	84%
Tripura	37	21176	143	69	89%	87%
Grand Total (North East)	462	236414	128	119	90%	87%