Suraksha Bima Yojana (RSBY) in Delhi which will be conducted by Health Financing Unit.

### 15.45.6. National Child Health Resource Centre (NCHRC)

The centre established aims at strengthening the focus on child health and related maternal health, mainstreaming child health agenda in public health. Ongoing tasks include analysis of the data collected from the field on Home-based care of newborns and mothers by ASHAs, development of digital gallery of IEC/BCC materials, and holding national workshop on prioritizing areas of operational research in maternal, newborn and child health.

### 15.45.7. Public Health Education & Research Consortium (PHERC) Network and Partnership

638 institutions are the members in this consortium which includes 179 Medical Colleges, 173 Nursing Colleges, 51 SIHFWs/CTIs, and 214 NGOs and 21 other institutes/ organizations. CDs along with relevant material has been distributed to them for information sharing. They are working in collaboration with NIHFW in studies on health system research. Twenty four studies had been conducted by the Partner Institutions and three are in progress. This is helping in the capacity building of the partner institutions.

### 15.45.8. NIHFW: A Part of Global Development Learning Network

NIHFW has now become a part of the Global Development Learning Network (GDLN), initiated by the World Bank. The GDLN is a global partnership consisting of more than 100 learning centres (GDLN Affiliates) that offer the use of advanced information and communication technologies to the people working in development sectors around the world. Through videoconferencing, high-speed internet resources, and interactive facilitation and learning techniques, GDLN enables their members to hold co-ordination, consultation, and training events in a timely and cost-effective manner. GDLN clients include academic institutions offering distance learning courses on development issues; development agencies seeking dialogue with key partners across the globe; and non-governmental organizations co-ordinating with their partners world-wide.

### 15.45.9. Clinical Services

The Institute is providing clinical services on infertility management along with adequate laboratory support. The clinic also providing family planning services , MCH services, conducting adolescents and youth clinic.

### 15.45.10. NRHM/RCH-II Project

MOHFW has given an approval for extension to National Institute of Health & Family Welfare to act as the Nodal Agency for training under the RCH programme and NRHM till the year 2012. It has been pursuing the responsibility of coordinating and monitoring the training activities under both RCH & Diseases Control Programme, with the help of 18 collaborating training institutions (CTIs) in various parts of the country:

**RCH Unit**

- **Central Training Plan (CTP)**

A Central Training Plan has been developed by NIHFW on the six thematic areas - Maternal Health, Child Health, Family Planning, ARSH, Disease Control and other Programmes based on the state's PIPs & ROPs. The CTPs has been developed for the purpose of development of training curriculum, monitoring of trainings and data analysis under NRHM and is available on the Website – www.nihfw.org.

- **MCH Centres Mapping**

Consultants from RCH unit, NIHFW participated in mapping of MCH centres in 261 high focuss districts around 22 states of India along with representatives of MOHFW & NHSRC. The exercise was undertaken with the objective of upgrading & strengthening the identified facilities, to provide maternal and neonatal care services round the clock to improve maternal and child health status of the district. The teams did the gap analysis in terms of infrastructure, human Resources, equipments & Instruments and training status of health personnel and prepared the plan for additional inputs including budget for developing these centres as L-1, L-2 and L-3 centres.

- **Monitoring Visit**

Ten different checklists have been developed by NIHFW in consultation with MOHFW for monitoring the health facilities, trainings and identifying the gaps at state, district and block level.

NIHFW's RCH consultants visited 60 districts in the 9 High Focus States with the aim of monitoring and mid – course correction.

- Navjat Shishu Suraksha Karyakaram (NSSK)

NIHFW assisted MOHFW, GoI in developing module for NSSK training. So far 135 participants have been trained in 4 batches in collaboration with Indian Academy of Paediatrics (IAP).

### 15.45.11. National Nodal Agency for Specialized Projects

**Annual Sentinel Surveillance for HIV Infection**

NIHFW is coordinating and supervising the Annual Sentinel Surveillance for HIV Infection in the country in 2010 through identified Regional Institutes, Central team members and SACS. NIHFW have been involved in doing data triangulation exercise assigned by NACO, for the states of Gujarat and Jharkhand. District wise reports were prepared about the vulnerability of HIV for 25 Districts and 2 Municipalities of Gujarat. Reports are under preparation for the 25 districts of Jharkhand.

### 15.45.13. National Health Information Collaboration

The National Health Information Collaboration (NHIC) is a National Health Information Repository, designed to serve as a one-point source for authentic and relevant health information on all health topics. It is targeted to serve health professionals viz. health service providers, researchers and policy makers. The portal has been facilitated by WHO which jointly with Indian Council of Medical Research is hosted at www.nhicindia.org and is being administered by the National Institute of Health and Family Welfare, New Delhi.

### 15.45.14. Publications

During the year, the Institute has come up with publications, such as:

- National Iodine Deficiency Disorders Control Programme
- National leprosy Eradication Programme
- National Mental Health Programme
- Modules of Health Promotion Course.

The Institute has made efforts for digitization of various Committtee's Reports in Health Sector and uploaded on its Website.

### 15.45.15. Journals of Institute

The Institute like every year published its quarterly journal, 'Health and Population: Perspectives and Issues', with articles on research studies conducted all over the country and it has been abstracted/indexed by national and international abstracting agencies. The Journal is indexed/ abstracted by 9 National and International abstracting agencies. The journal is also available on the Institute's web site i.e., www.nihfw.org. The Institute published the quarterly Journal - Indian Journal of Community Medicine (IJCM), an official publication of Indian Association of Preventive & Social Medicine, on line with articles on research studies on Public Health and it has been abstracted/indexed with Pubmed. Prof. Deoki Nandan, Director, NIHFW is the Chief Editor of the Journal. Dhaarna the Hindi Publication of the Institute which continues with articles contributed by faculty and staff members of the Institute on the issues related to Health & Family Welfare. Now it will be published half-yearly.

**15.45.17. The Transcendence:** The quarterly newsletter is informative, educative and useful to the readers. Recently, NIHFW has published quarterly Newsletter Vol.XII No.3, July-September, 2010. Also available on the Institute's website i.e. www.nihfw.org.

### 15.45.18. Upgraded Facilities in the Institute Computer Facilities

The Institute has provided computer access to all its faculty, research staff, students and administrative staff. About 250 Pentium IV Desktops and 50 Laptops are provided to staff of the Institute. The Institute has a computer lab facility.

### 15.45.19. National Documentation Centre

NDC has developed a computerised, well balanced and up-to-date collection of over 60,000 documents; including books, periodicals, technical reports, annual reports, statistical reports, conference proceedings, modules, non-book materials i.e. CD-ROM, online databases etc.

## 15.46. RURAL HEALTH TRAINING CENTRE, NAJAFGARH, NEW DELHI

Rural Health Training Centre, Najafgarh, New Delhi was set up as a health unit in 1937 and evolved for the next 50 years to become a national Scientific institute.

The Major Activities of RHTC Najafgarh are as follows:

**Training Activities:-**

There are a number of training activities going on RHTC, Najafgarh i.e. Training to Medical Interns under ROME Scheme. Around 350 unpaid Medical Interns undergone

rural posting from this Centre. Training to ANM 10+2 (Voc.) Students is with intake capacity of 40 students per academic session. Community Health Nursing Training to BSc/MSc/GNM students of various Nursing Institutions like College of Nursing, Safdarjung Hospital, RML Hospital, Lady Hardinge Medical College, Holy Family Hospital, Batra Hospital, Apollo Hospital and various other Govt./State Govt./Pvt. Institutions. Nearly 1000 trainees were trained during the period, Promotional Training for Nursing Personnel, Health Education to the PGDHE Students & One Day Observation Visit.

RHTC Najafgarh has been **providing Health Services** to the low socio-economic group of people of 64 villages and 9 town of Najafgarh through it's three Primary Health Centre and 16 Sub-Centre including 24x7 Emergency Services in PHC Najafgarh.

It conducts **field studies** aspects of Health & Family Welfare, RCH, Nutrition, Health Education and Communicable Diseases and also provides field services for research work to the various health institutions, i.e. NIHAI, AIIMS in public health.

There are a number of additional programme under NRHM implemented by RHTC, Najafgarh. RHTC Najafgarh has implemented the NRHM in its three PHCs and 16 sub-centres in collaboration with CDMO (South-West), Govt. of NCT Delhi. The following programmes had organized/conducted in RHTC Najafgarh.

Village Health Nutrition Days were organized in different sub-centres under PHC Najafgarh and PHC Ujwa. VHNDs were organized with the help of Anganwari workers at Sub-centre level. Key services provided by RHTC Najafgarh in the VHND: (i) Maternal Health check up, (ii) Check up of Child Health Infant upto 1 year, Children aged 1-3 yrs. and all children below 5 yrs. (iii) Family Planning, RTI/STDs, (iv) Sanitation (v) Communicable Disease (vi) Health Promotion (vii) special emphasis on Nutritional Demonstration-Diseases due to malnutrition and its precaution (viii) Hygienic & correct cooking practice (ix) weighing of infants & children and (x) Importance of nutritional supplement. Nutritious food items also demonstrated to the community keeping in view the above points. So far 21 VHND camps have been organised.

## 15.47. GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST (GIRHFWT)

Established in 1964 the Health and Family Welfare Training Centre at GIRHFWT is one of 49 such training centres in the country. It trains Health and Health related functionaries working in Primary Health Centres, Corporations / Municipalities, Tamil Nadu Integrated Nutrition Projects. The type of training programmes included – orientation training, refresher training, skill training on different Health & Family Welfare issues for various categories of health personnel which is affiliated to Tamil Nadu Dr. M.G.R Medical University.

## 15.48. HINDUSTAN LATEX LTD (HLL)

### Introduction

HLL Lifecare Ltd. (formerly Hindustan Latex Ltd.) is a Mini Ratna (Category I-PSE) Schedule B enterprise under the Ministry of Health and Family Welfare Government of India, operating in the area of Contraceptives, Hospital products and Healthcare services.

### Capital Structure

The issued and paid-up share capital of the Company was Rs. 15.53 Crore as on 31st March 2010. The reserves and surplus of the Company as on that date was Rs. 124.71 Crore and the capital employed Rs. 221.08 Crore.

### Marketing and Exports

Revenue from direct marketing (excluding Govt. sales) was Rs.200.68 cr contributing to 45% of the total turnover and achieved 22% growth compared to last year.

### Consumer Business Division:

Division's flagship brand 'MOODS' is now one of the strongest consumer brands in India and contributes to 55% of the total revenue. The consumer business division also launched 'Herbs & Berries' – Chyavanules (granular chyavanprash) in Kerala and Delhi.

### Hicare Division:

HCD has achieved sales revenue of Rs. 336.36million of which Blood bag contributed to 67% of the total revenue .Blood bag achieved a value growth of 27% and unit growth of 11%.Surgical sutures registered revenue of Rs.44.51million. Traded products contributed 64.14 million of total Turnover.

**International Business Division:**

International Business Division has achieved sales revenue of Rs. 582.86 million contributing 13% of the company's turnover.

**Consultancy Services**

**Procurement Consultancy Services:**

HLL is acting as Procurement Consultant in the field of medical equipment, analytical & research equipment, insecticides, larvicides, drugs, vaccines, hospital furniture etc. with reputation and satisfaction to our esteemed group of clients from the government sector.

**Research & Development**

The R&D projects are carried out as stand-alone projects at HLL, or as collaborative projects with institutions of repute. HLL R&D is presently engaged in researches that range from novel and path breaking to incremental progression in nature. Projects are also in progress to improve existing product lines such as condoms, blood bags and diagnostic kits.

**Modernisation of Blood Bag manufacturing unit:** The capacity of blood bag production increased to 11.75 M. Pcs from the present 6 M. Pcs.

**New projects**

- Medipark - an exclusive industrial park for the medical technology sector
- Integrated Vaccine Complex
- Revival of DPT Vaccine manufacturing facility at Central Research Institute, Kasauli, Himachal Pradesh
- Sanitary Napkin (SN) Manufacturing Project
- HINDLABS -Diagnostic Services
- Hindlabs MRI Scan Centres

HLL had set up Hindlabs MRI Scan Centre in three Medical College Hospitals at Thrissur, Kottayam and Alappuzha in accordance with a MoU inked with Government of Kerala.

**Joint Venture Company**

**LifeSpring Hospitals Pvt. Ltd.**

During year 2009-10, LifeSpring Hospitals Private Limited – *the 50:50 joint venture company formed by HLL and Acumen Fund Inc., USA* had set up three more hospitals, one each at Boduppal (Hyderabad), Bowenpally and Chilkalguda (both in Secunderabad) raising the total number of LifeSpring Hospitals to nine (9). The present paid up capital of the company is Rs.15.67 Cr held equally between HLL and Acumen Fund Inc.

**Hindustan Latex Family Planning Promotion Trust (HLFPPT)**

A not-for profit organisation promoted by HLL, HLLPPT has been supporting implementation of reproductive and child health and HIV/AIDS prevention and care programmes in partnership with international development agencies, state governments and MOHFW.

## 15.49. REGIONAL OFFICES

There are 19 Regional Offices of Health & Family Welfare functioning under the DGHS. Located in various State Capitals and headed by a Regional Director. The essential units of the ROH & FW are: (i) Malaria operation field Research Scheme (MOFRS), (ii) Entomological Section, (iii) Malaria Section, (iv) Health Information Field Unit (HIFW) and (v) Regional Evaluation Team (RET).

Roles and Responsibilities of ROH & FW:

- Liaison of Centre-State activates in the implementation of National Health Programme.
- Cross-Checking of the quality of the Malaria work, Maintenance of free Malaria Clinic in the Office Premises and review/analysis of the technical reports related to NVBDCP.
- Checking of the Records in respect of Family Welfare Acceptors and other registers maintained during the tour and provide feed back related to Family Welfare Programme activities.
- Organizing training for laboratory technicians, medical and Para-medical Staff as well as other categories of staff on Orientation in various National Health Programmes.
- Specified responsibilities are undertaken by Regional Evaluation Team (RET), Health Information Field Unit (HIFU) Malaria Operational Field Research Scheme (MOFRS).

# Facilities For Scheduled Castes And Scheduled Tribes

## 16.1 INTRODUCTION

The Scheduled Castes and Scheduled Tribes Cell in the Ministry continued to look after the service-interests of these categories of employees during 2010-2011. The Cell assisted the Liaison Officer in the Ministry to ensure that representation from Scheduled Castes/Scheduled Tribe, OBCs and Physically Handicapped Persons in the establishment/services under this Ministry received proper consideration.

The Cell circulated various instructions/orders received from the Department of Personnel and Training on the subject to the peripheral units of the Ministry for guidance and necessary compliance. It also collected various types of statistical data on the representation of Scheduled Castes/Scheduled Tribes/OBCs/Physically Handicapped Persons from the Subordinate Offices/Autonomous/ Statutory Bodies of Deptt. of Health & Family Welfare as required by the Department of Personnel and Training, National Commission for Scheduled Castes and Scheduled Tribes etc. The Cell also rendered advice on reservation procedures and maintenance of reservation particularly post based rosters.

During 2010-2011 inspection of rosters was carried out in respect of thirteen offices namely:-

| | | |
|---|---|---|
| 1. | Central Government Health Scheme | Jaipur |
| 2. | Regional Office for Health & F.W, | Jaipur |
| 3. | Port Health Organisation | Kolkata |
| 4. | Airport Health Organisation | Kolkata |
| 5. | Government Medical Store Organisation | Kolkata |
| 6. | Central Drugs Standard Control Organisation | Kolkata |
| 7. | All India Institute of Hygiene & Public Health | Kolkata |
| 8. | Assistant Drugs Controller (I) | Kolkata |
| 9. | Central Drugs Laboratory | Kolkata |
| 10. | Serologist & Chemical Examiner | Kolkata |
| 11. | Central Food Laboratory | Kolkata |
| 12. | Central Government Health Scheme | Kolkata |
| 13. | Chittaranjan National Cancer Institute | Kolkata |

The salient aspects of the scheme of reservation were emphasised to the participating units/offices. Suggestions were made to streamline the maintenance and operation of rosters in these Institutes/Organizations. The defects and procedural lapses noticed were brought to the attention of the concerned authorities, for immediate rectification.

The representation of Scheduled Castes, Scheduled Tribes and Other Backward Classes in (i) the Central Health Services Cadre (administered by Deptt. of Health & Family Welfare) and (ii) the Department of Health & FW its Attached and Subordinate Offices as on 1.1.2010 is as follows:-

| Name of Cadre | Total Employees | SC | ST | OBC |
|---|---|---|---|---|
| (i) Central Health Services : (All Group A Posts) | 3610 | 358 | 134 | 218 |
| (ii) Deptt. of Health &FW- its Attached and Subordinate Offices. | 16350 | 5468 | 1023 | 1344 |

*Note: This statement relates to persons and not to posts. Posts vacant etc. have not, therefore, been taken into account.*

## 16.2. PRIMARY HEALTH CARE INFRASTRUCTURE:

**16.2.1** Given the concentration of Tribal inhabitation in far-flung areas, forest lands, hills and remote villages,

the population norms have been relaxed at different levels of health facilities for better support infrastructure development as under:

| Centre | Population Norms | |
|---|---|---|
| | Plain Areas | Hilly/Tribal/ Difficult Areas |
| **Sub- Centre** | 5,000 | 3,000 |
| **Primary Health Centre** | 30,000 | 20,000 |
| **Community Health Centre** | 1,20,000 | 80,000 |

**16.2.2**: **Under the Minimum Needs Programme**: 24952 Sub Centres, 3504 Primary Health Centres and 750 Community Health Centres have been established in tribal areas as on 31.03.2009.

## 16.3 NATIONAL RURAL HEALTH MISSION (NRHM)

**16.3.1** In order to provide effective health care to the rural population throughout the country with special focus on 18 States with poor health indicators and weak health infrastructure, the Government launched the National Rural Health Mission (NRHM) in April, 2005. The Mission adopts a synergistic approach by relating health to determinants of good health.The Mission seeks to establish functional health facilities in the public domain through revitalization of the existing infrastructure and fresh construction or renovation wherever required. The Mission also seeks to improve service delivery by putting in place enabling systems at all levels addressing issues relating to manpower planning as well as infrastructure strengthening.

**16.3.2** The Mission also aims at bridging the gap in Rural Health care services through a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The ASHA would reinforce community action for universal immunization, safe delivery, newborn care, and prevention of water-borne and other communicable diseases, nutrition and sanitation. ASHA is provided in each village in the ratio of one per 1000 population. For tribal, hilly, desert areas, the norm could be relaxed for one ASHA per habitation depending on the workload.

**16.3.3** The NRHM also provides an overreaching umbrella to the existing programmes of Health & Family Welfare including RCH-II, Vector Borne Disease Control Programme, Blindness, Iodine deficiency, Leprosy and Integrated Disease Surveillance Programme. It addresses the issue of health in the context of sector-wide approach with focus on sanitation and hygiene, nutrition and safe drinking water.

**16.3.4** The Primary Health care Services in Primary Rural Health Care Services are provided through a network of 145920 Sub Centres, 23391 Primary Health Centres, 4510 Community Health Centres across the country as on September, 2010. The services being provided through the above centres are available to all sections of population including SC/ST.

## 16.4. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP):

Under National Vector Borne Disease Control Programme, the service for prevention and control of Malaria, Kala-Azar, Filaria, Japanese Encephalitis, Dengue/Dengue Hemorrhagic Fever (DHF) and Chikungunya are provided to all sections of the community without any discrimination, however, since vector borne diseases are more prevalent in low social economic group , the focused attention is given to areas dominated by the tribal population in North Eastern states and some parts of Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra Orissa & Karnataka. The additional inputs under externally assisted projects from Global Fund to N.E states and World Bank to other States especially for control of malaria is provided. For Kala-azar elimination in the states of Bihar, Jharkhand and West Bengal World Bank support is also being provided. In addition, the N.E. states are being provided 100% central assistance for implementation of the programme from domestic budget.

## 16.5. NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP):

**16.5.1** Under the NLEP, free leprosy diagnosis and treatment services are provided uniformly to all sections of the society irrespective of caste and religion including Scheduled Castes and Schedules Tribes population. Intensified IEC activities are carried out through the rural media to cover population residing in remote, inaccessible and tribal areas as one of the target Groups where awareness generation activities are more focused.

Dressing material, supportive medicines and Micro-Cellular Rubber (MCR) footwear are provided for prevention of disability among persons with insensitive hands and feet. Re-constructive Surgery (RCS) services are being provided for correction of disability in leprosy affected persons. An amount of Rs. 5000/- is also provided as incentive to each leprosy affected persons from BPL families for undergoing re-constructive surgery in identified Govt./NGO institutions to compensate loss of wages during their stay in hospital. Medical facilities are provided to leprosy affected persons throughout the country residing in self settled colonies. Funds are also allocated to NGOs under Survey Education Treatment (SET) scheme, most of which are working in tribal areas for providing services like IEC, prevention of disability and follow up of cases for treatment completion.

**16.5.2** Disaggregates data on SC and ST population is also collected under the programme through monthly reports from States/UT's. During the year 2009-10, the population of SC and ST cases among newly detected cases was 18.54% and 13.33% respectively at national level. During the year 2010-11 (up to Sept., 2010) SC 18.88% and ST 13.71% cases were detected among the new cases.

## 16.6. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

**16.6.1** Under RNTCP, the benefits of the programme are available to all sections of the society on a uniform basis irrespective of caste, gender, religion. etc. The sputum microscopy and treatment services including supply of anti TB drugs are provided free of cost to all for full course of treatment. However, in large proportion of tribal 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). To improve access to tribal and other marginalized groups, there is also provision for:

- Additional TB Units and DMCs in tribal/difficult areas
- Compensation for transportation of patient & attendant in tribal areas
- Higher rate of salary to contractual staff posted in tribal areas
- Enhanced vehicle maintenance and travel allowance in tribal areas
- Provision of TBHVs for urban areas

## 16.7. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

**16.7.1** The 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 Scheme is being implemented uniformly throughout the country. However, following initiatives have been introduced under the programme during the 11th Five Year Plan, keeping in view NE States, which are tribal predominate.

- Construction of dedicated Eye Wards & Eye OTs in District Hospitals in North-Eastern States, Bihar, Jharkhand, J&K, Himachal Pradesh, Uttarakhand and few other States where dedicated Operation Theaters are not available as per demand.
- Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors on contractual basis) to meet shortage of ophthalmic manpower.
- Development of Mobile Ophthalmic Units with tele-network in NE Stats, Hilly States & difficult Terrains for diagnosis and medical management of eye diseases.
- 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. The reimbursement would be up to Rs. 750 per case for Cataract/IOL Implantation Surgery and Rs.1000 per case of other major Eye Diseases.
- Involvement of Private Practitioners in Sub-District, Blocks and Village level.

## 16.8. BUDGET ALLOCATION

Allocations are made for implementation of health programmes across all segments of the society. However, Programme Officers have been directed to ensure allocation of funds to an extent of 8.2% and 16.2% towards Tribal Sub-Plan (TSP) and Scheduled Caste Sub-Plan (SCSP) respectively. Under NRHM, State Governments have been advised to earmark certain percentage of allocation to districts with SC/ST population above 35% and propose the same in the Programme Implementation Plan (PIP) of 2011-12.

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2010-11 in respect of major health schemes / programmes is given in the table below.

(Rs. in crores)

| Sl. No. | Name of the Scheme | SCSP | TSP |
|---|---|---|---|
| 1 | National Vector Borne Diseases Control Programme | 67.72 | 34.28 |
| 2 | National Programme for Control of Blindness | 42.12 | 21.32 |
| 3 | Revised National TB Control Programme | 56.70 | 28.70 |
| 4 | National Leprosy Eradication Programmme | 7.34 | 3.72 |
| 5 | Infrastructure Maintenance | 612.62 | 310.09 |
| 6 | Supply of Drugs & Contraceptive | 47.79 | 24.19 |
| 7 | Immunization | 245.77 | 124.40 |
| 8 | IEC | 33.20 | 16.81 |
| 9 | Area Projects | 5.13 | 2.60 |
| 10 | Flexible Pool for State PIPs | 1279.96 | 647.88 |
| | **Total** | **2398.35** | **1213.98** |

# Use of Hindi In Official Work

The Ministry of Health and Family Welfare is also taking necessary steps for promoting the use of Hindi in Offical Work.

There is arrangement in the Ministry for undertaking translation work relating to Department of Health and Family Welfare and Department of Ayurved, Yoga & Naturopathy, Unani, Sidha & Homoeopathy (AYUSH). Steps are taken for implemetation of official language policy of the Union in the Ministry and its attached/ subordinate offices, public sector undertakings and other institutions under the Ministry.

More than 95 percent officers and employees of the Ministry possess working knowledge of Hindi and the Ministry is notified under rule 10(4) of the Official Language Rule, 1976.

During the year, a number of officials have been imparted training in Hindi under Hindi Teaching Scheme in order to see that they possess working knowledge of Hindi.

Letters received in Hindi were replied to in Hindi and directions were issued to make maximum use of Hindi in official correspondence.

Efforts were made to achieve the targerts set in the Annual Progremme of the year 2010-11 issued by the Department of Official Language. An incentive scheme for providing cash prizes for writing original noting and drafting in Hindi is in operation.

Hindi fortnight was organised in the Ministry and its attached and subordinate offices during September, 2010. The messages from Secretary, Health & Family Welfare and Minister of Home Affairs were circulated. A number of steps were taken to promote the use of Hindi during the fortnight. Hindi competitions were organized in which a number of officers/employees participated. Hindi Fortnight was also organized in AYUSH Vibhag whereas Hindi fortnight was observed from 14.9.2010 to 28.9.2010 in the Department of Health and Family Welfare.

A scheme for promotion of the books, orginally written in Hindi or translated into Hindi on various medical and public health subjects is in operation under which the authors and translators of such books are awarded cash prizes by the Ministry. The following prizes are provided under the scheme for useful books originally written in Hindi in the field of medical science and public health, a first prize of Rs. 25,000/-, a second prize of Rs. 20,000/-, a third prize of Rs. 15,000/-, a fourth prize of Rs. 10,000/- and three consolation prizes of Rs. 5,000/- each are given. For Hindi translation of medical text books written in English or in any Indian Language by eminent doctors/authors, there are three prizes viz. a first prize of Rs. 20,000/-, a second prize of Rs. 15,000/- and a third prize of Rs. 10,000/-. The books should be any one of the following subjects :-

(1) Primary Health Care

(2) Community Medicine

(3) Maternity and Child Health

(4) Public Health

(5) Hygiene and Sanitation

(6) Prevention of Communicable Diseases

(7) Manuals/Text books for Para Medical Workers

(8) Nutrition

(9) Prevention of Disabilities

(10) Mental Health

(11) Indian Systems of Medicine

(12) Population Control

(13) Immunization Programme

(14) AIDS Control Programme

On Expiry of its term of three years, the Hindi Salahkar Samiti of the Ministry is being reconstituted and after reconstitution its meeting will be convened.

As far as use of Hindi in the attached/subordinate offices, public sector undrtakings and autonomous institutions etc. under the Ministry is concerned, the Hindi Division of the Ministry monitors the progress by reviewing the quarterly progress reports of these offices. After reviews of quarterly reports, shortcomings found therein are brought to the notice of the concerned offices and institutions. 25 offices falling under the control of Ministry of Health and Family Welfare were inspected up to December, 2010 to find out the position of the use of Hindi.

The Committee of Parliament on Official Language conducted inspection of 3 offices under the Ministry of Health & Family Welfare.

# Activities In North East Region

## 18.1 INTRODUCTION

A separate North East Division in the Ministry and a Regional Resource Centre at Guwahati, to provide capacity building support to the NE States, has been set up. NACO has also opened NERO for 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 tertiary care, infrastructure requirements of the NE.

**Problems in the Health Sector in the North East States.**

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

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

The National Rural Health Mission (NRHM) has been launched with a view to bringing about dramatic improvement in the health system and the health status of the people, especially those who live in the rural areas of the country. The Mission provides special focus to 18 states, which include the 8 North Eastern states, which have weak public health indicators and/or weak infrastructure.

The Mission seeks to provide universal access to equitable, affordable and quality health carewhich 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 (2010-11):**

- Total number of ASHAs selected in the NE States comes to 53237 (2005-06 -10673, 2006-07-29639, 2007-08-5677, 2008-09-3323, 2009-10- 3925).
- 551 PHCs functioning as 24X7 basis in the NE States.
- 206 CHCs functioning as 24X7 basis in the NE States.
- 59 District Hospitals (DH) taken up for upgradation.
- 99 centres operational as First Referral Units (FRU), including DHs, SDHs, CHCs & other levels.
- 87 Districts are having working Mobile Medical Unit(MMU).

- Ayush facilities is available in 402 Centres, including DHs, CHCs, PHCs and other health facilities above SCs but below block level.
- 2.39 Lakh Institutional Deliveries done.
- 1.94 Lakh beneficiaries of JSY recorded.
- 3.95 Lakh Children fully immunized.

**Initiatives under NRHM for the Year 2010-11**

An amount of Rs.1838.37 crores has been approved for the State PIPs of all the eight NE States for various activities under NRHM. State-wise & programme –wise details of funds approved under NRHM State PIP is given below:-

(Rs. in crores)

| Sl. No. | Component/Scheme | Arunachal Pradesh | Assam | Manipur | Meghalaya | Mizoram | Nagaland | Sikkim | Tripura |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Part A: RCH Flexible Pool (incl. JSY, FP) | 19.47 | 317.39 | 25.20 | 27.16 | 16.04 | 32.34 | 6.76 | 30.11 |
| 2 | Part B: NRHM Flexible Pool | 30.23 | 734.12 | 42.69 | 72.34 | 24.23 | 40.86 | 15.63 | 54.30 |
| 3 | Part C: Immunization | 1.78 | 11.67 | 1.19 | 2.04 | 0.99 | 1.27 | 0.36 | 0.36 |
| 4 | NVBDCP(incl. kind grants) | 6.3 | 14.20 | 3.97 | 4.18 | 4.37 | 5.53 | 0.17 | 4.46 |
| 5 | RNTCP | 3.13 | 8.82 | 2.91 | 2.10 | 1.30 | 3.03 | 0.93 | 1.38 |
| 6 | NPCB | 2.44 | 13.32 | 0.72 | 1.75 | 3.76 | 1.68 | 1.15 | 1.34 |
| 7 | NLEP | 0.65 | 1.20 | 0.46 | 0.41 | 0.42 | 0.52 | 0.33 | 0.31 |
| 8 | NIDDCP | 0.38 | 0.42 | 0.36 | 0.36 | 0.36 | 0.36 | 0.38 | 0.38 |
| 9 | IDSP | 1.27 | 1.77 | 0.81 | 0.67 | 0.85 | 0.98 | 0.48 | 0.48 |
| 10 | Infrastructure Maintenance | 8.44 | 107.91 | 17.65 | 10.77 | 16.86 | 11.53 | 10.04 | 22.01 |
| 11 | PPI operation cost | 0.81 | 10.67 | 1.18 | 1.48 | 0.45 | 0.87 | 0.23 | 1.40 |
| | **Total** | **74.9** | **1221.49** | **97.13** | **123.26** | **69.63** | **98.97** | **36.46** | **116.53** |

**The approvals include, broadly the following interventions.**

1. ASHAs.
2. Untied Funds at the VHSC and PHSC levels.
3. Fund transfer to Rogi Kalyan Samitis at PHC, CHC, SDH and DH levels.
4. Annual Maintenance Grants for PHSC, PHCs and CHCs.
5. Janani Suraksha Yojana (JSY).
6. Innovative interventions including Public Private Partnerships, Incentives, etc.
7. Infrastructure strengthening, including for PHSCs, PHCs, CHCs, DHs and Drug Warehouses. This includes construction of new facilities also.
8. Procurement of drugs and equipments and improvement of logistics.
9. Training and Orientation of Medical Personnel as well as other stakeholders.
10. Mobile Medical Units.
11. Contractual employment and co-location of AYUSH.
12. Specific Disease Control Programme interventions.
13. Strengthening of Programme Management.

**Forward Linkages to NRHM in the NE for the Year 2010-11**

With a view to complement the initiatives under the NRHM Programme, the Scheme for Forward Linkages to NRHM in NE has been introduced during the 11$^{th}$ 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. During 2010-11, Rs.60.00 crore has been allocated under Forward Linkages Scheme to NRHM in NE States and Rs. 26.82 crore has been released to Government of Nagaland for up-gradation of District Hospital at Phek and Kiphire. An amount of Rs.9.96 crore has been released for the up-gradation of Koloriang CHC to 50 bedded FRU to the State Government of Arunachal Pradesh and also an amount of Rs. 86.03 lakhs has been released to M/s HSCC for the consultancy fees for preparation of DPR of Naharlagun Civil Hospital in Arunachal Pradesh.

## 18.3. NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCES (NEIGRIHMS)

- North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS) has been established in Shillong, on the lines of AIIMS, New Delhi, and PGIMER, Chandigarh, with the objective of providing advanced specialized Health-care to the people of North East Region. An amount of Rs. 1266.38 crore has been allocated for the Institute in the 11th Plan.
- This Institute has been planned to include a 500 bedded referral hospital with 35 teaching departments at postgraduate level in various specialties and super-specialties. A fifty seat Nursing College and Under Graduate MBBS College has already started functioning from the Institute.
- PG courses in Anesthesiology, Obst. & Gynecology, Microbiology and Pathology have started in 2009-10
- Total staff strength in the Institute is as under:

| Name of the Institute | Post sanctioned | Filled up | Vacancy position |
|---|---|---|---|
| NEIGRIHMS | 1524 | 850 | 674 |

- Budget Allocation & Expenditure for the years 2010-11 is indicated below:-

*(Rs. In crore)*

| Name of the Institute | Allocation 2010-11 | released as on 17.01.2011 |
|---|---|---|
| NEIGRIHMS | 102.85 | 67.85 |

## 18.4. REGIONAL INSTITUTE OF MEDICAL SCIENCE (RIMS)

- Regional Institute of Medical Science, Imphal, has been taken over by the Ministry of Health and Family Welfare from North Eastern Council in 2007. The Institute has an intake capacity of 100 undergraduate and 73 + 77 post graduate Degree/ Diploma seats. The 11th Plan Allocation for this Institute is Rs. 589.92 crore.
- This Institute has a 1074 bedded teaching hospital with 104 graduates, 67 specialists, 4 M.Phil and 1 Ph.D scholar were produced. The Institute has so far produced 2394 medical graduates and 630 specialists therby richly contributing in bridging the gap of health manpower in the region.
- The Phase II project for Up-gradation of RIMS at an estimated cost of Rs.129.36 crores has been approved by the Expenditure Finance Committee (EFC)
- Department of Transfusion Medicine has been set up in the Institute and two posts of Professor and Associate Professor have been sanctioned.
- PG course in Transfusion Medicine has started.
- Total staff strength in the Institute is as under:

| Name of the Institute | Post sanctioned | Filled up | Vacancy position |
|---|---|---|---|
| RIMS | 1050 | 795 | 255 |

- The Annual Plan Allocation and expenditure for the current financial year 2010-11 is indicated below:-

| Name of the Institute | Allocation 2010-11 | Amount released as on 17.01.2011 |
|---|---|---|
| RIMS | 130.50 | 80.50 |

## 18.5. LOKOPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH, TEZPUR, ASSAM

Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) is a premier tertiary mental health care facility in Northeast India. It was established in the year 1876 under the imperial British rule. This hospital has been particularly serving the entire Northeast region since its inception. After the Institute was taken over by the Government of India in 1999, new developments in the form of academic and research activities were initiated.

One of the primary agenda of the Institute is to undertake research activities with special emphasis in mental health issues prevalent in the Northeast region. Over the years the Institute has received wide recognition in provision of mental health services across the country. During the year 2010-11, an amount Rs. 46.40 crores has been allocated of which an amount of Rs. 20.70 crores has been released.

## 18.6. REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES (RIPANS).

- Regional Institute of Paramedical and Nursing Sciences (RIPANS), Aizwal was set up by the Government of India, Ministry of Home Affairs in 1992—93 to develop adequate paramedical manpower to provide the much needed basic paramedical health care facilities in the health institutions of the North Eastern Regions. The Institute came under the administrative control of Ministry of Health and Family Welfare w.e.f. 01.04.2007. The 11th Plan Allocation for this Institute is Rs. 69.62 Crore.
- The Institute is having 162 seats each year with total strength of 479 students during the academic year of 2009-10 for the following different courses – B.Sc(N), B.Sc(MLT), B.Pharm, Diploma in Opthalmic Technology and Radio Imaging and Cardio Instrumentation Technology (RICIT)).
- Total staff strength in the Institute is as under:

| Name of the Institute | Post sanctioned | Filled up | Vacancy position |
|---|---|---|---|
| RIPANS | 85 | 79 | 6 |

- The Annual Plan Allocation and expenditure for the current financial year 2010-11 is indicated below:-

| Name of the Institute | Allocation 2010-11 | Amount released as on 17.01.2011 |
|---|---|---|
| RIPANS | 29.50 | 5.00 |

## 18.7. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB) 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. NE States including Sikkim has remained a focus area for development of eye care infrastructure and coverage of eye care services under the Programme.

**Performance of Cataract Surgeries in NE States during 11th Plan**

| *State* | *2007-08* | | *2008-09* | | *2009-10* | | *2009-10 (as on 30.11.2010)* | |
|---|---|---|---|---|---|---|---|---|
| | **Tar.** | **Ac.** | **Tar.** | **Ach.** | **Tar.** | **Ach.** | **Tar.** | **Ach.** |
| Arunachal Pradesh | 2000 | 1364 | 2000 | 1172 | 2000 | 1578 | 2000 | 391 |
| Assam | 47000 | 43490 | 50000 | 47749 | 50000 | 50426 | 50000 | 26787 |
| Manipur | 1200 | 642 | 2000 | 1744 | 2000 | 2,393 | 2000 | 494 |
| Meghalaya | 2000 | 1064 | 2000 | 2308 | 2000 | 1936 | 2000 | 576 |
| Mizoram | 2000 | 1739 | 3000 | 2397 | 3000 | 2156 | 3000 | 1027 |
| Nagaland | 2000 | 823 | 1500 | 1048 | 1500 | 1046 | 1500 | 400 |
| Sikkim | 600 | 530 | 800 | 690 | 800 | 609 | 800 | 231 |
| Tripura | 8000 | 6732 | 7000 | 8429 | 7000 | 6316 | 7000 | 2980 |
| **Total** | **64800** | **56384** | **68300** | **65537** | **68300** | **66460** | **68300** | **32886** |

**New Initiatives introduced during 11th Plan keeping in view NE Region:**

Various new initiatives have been introduced under the National Programme for Control of Blindness during 11th Five Year Plan. The following schemes have been introduced mainly keeping in view NE States including Sikkim and other hilly States:-

1. Assistance for construction of dedicated Eye Wards & Eye OTs in District Hospitals in North-Eastern States, Bihar, Jharkhand, J&K, Himachal Pradesh, Uttarakhand and few other States where dedicated eye OTs are not available as per demand.

2. Assistance for appointment of Ophthalmic manpower on contractual basis (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors) to meet shortage of ophthalmic manpower.

3. Assistance for 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 Bindness etc. The grant-in-aid would be upto Rs. 750 per case for Cataract/IOL Implantation Surgery and upto Rs.1000 per case for other major Eye Diseases as mentioned above.

4. Development of Mobile Ophthalmic Units with Tele-network in NE States, Hilly States & difficult Terrains for diagnosis and medical management of eye diseases.

## 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 15% of malaria cases, 22% of Pf cases and 43% of malaria deaths reported in the country in the year 2009. The epidemiological and malario-metric indicators for the last 13 years are given at Table-A.

**TABLE-A**

**Malaria Situation in the NE States during 1996-2009**

| 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 |

The state-wise situation of malaria in year 2009 is given at Table –B.

**State-wise situation of Malaria in NE states-2009**

**TABLE- B.**

| SN | STATES/UTS | Pop. (in 000) | B.S.C. | B.S.E. | Positive Cases | P.f. Cases | P.f.% | ABER | API | SPR | SfR | Deaths |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **Arunachal Pradesh** | 1238 | 213893 | 213893 | 22066 | 6602 | 29.92 | 17.28 | 17.82 | 10.32 | 3.09 | 15 |
| 2 | **Assam** | 31274 | 3021920 | 3021920 | 91413 | 66557 | 72.81 | 9.66 | 2.92 | 3.02 | 2.20 | 63 |
| 3 | **Manipur** | 2953 | 114720 | 114720 | 1069 | 620 | 58.00 | 3.88 | 0.36 | 0.93 | 0.54 | 1 |
| 4 | **Meghalaya** | 2734 | 501419 | 501419 | 76759 | 74251 | 96.73 | 18.34 | 28.08 | 15.31 | 14.81 | 192 |
| 5 | **Mizoram** | 874 | 171793 | 171793 | 9399 | 7387 | 78.59 | 19.66 | 10.75 | 5.47 | 4.30 | 119 |
| 6 | **Nagaland** | 1981 | 156259 | 156259 | 8489 | 2893 | 34.08 | 7.89 | 4.29 | 5.43 | 1.85 | 35 |
| 7 | **Sikkim** | 180 | 6688 | 6688 | 42 | 16 | 38.10 | 3.72 | 0.23 | 0.63 | 0.24 | 1 |
| 8 | **Tripura** | 3812 | 361848 | 361848 | 24430 | 22952 | 93.95 | 9.49 | 6.41 | 6.75 | 6.34 | 62 |
| | **Total** | **45046** | **4548540** | **4548540** | **233667** | **181278** | **77.58** | **10.10** | **5.19** | **5.14** | **3.99** | **488** |

*The table shows that Arunachal Pradesh, 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 Northeastern States including Sikkim. The Govt. of India also supply commodities like drugs, LLINs, insecticides/ larvicides as per approved norms to all NE States as per their technical requirements. The assistance provided since 2007-08 is at **Table-C & Table-D.**

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 following 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 insecticide treated bed nets (ITNs/LLINs) and

(iii) to enhance awareness about malaria control and promote community, NGO and private sector participation.

For strengthening early case detection and prompt treatment more than 53454 ASHAs are engaged in these areas. Out of them, 43517 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 GoI 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.

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

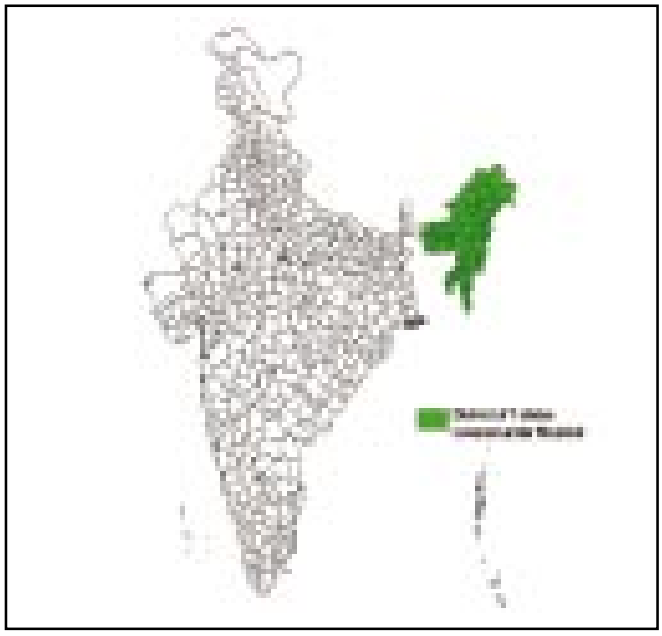
only in high risk pockets as per district-wise Micro Action Plans from domestic budget. The Directorate has issued Guidelines on IRS to the States for technical guidance. Guidelines on uniform evaluation of insecticides have also been developed in collaboration with National Institute of Malaria Research (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 ITN/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). Inputs under Project is provided by the Global Fund in the form of financial support for drugs like artemisinine injections, Sulpha-pyrimethamine Artesunate Combination Therapy (SP-ACT) and rapid diagnostic kits (RDKs), and other materials for vector control such as bed nets (LLINs), insecticide for the treatment of bed nets (ITNs). 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 has been approved as a continuation of Round – 4 project. The EFC of the same has been prepared and circulated.

**Japanese Encephalitis(JE)** is mainly endemic in Assam which is regularly reporting JE/AES cases. The state has reported, 424 cases and 133 deaths in 2007, 319 cases and 99 deaths in 2008, 462 cases and 92 deaths in 2009. However in 2010 (upto November) 562 cases and 125 deaths have been reported.

Manipur reported only 2 cases and 1 death in 2002 and only 1 case of suspected JE during 2003 followed by 65 cases of AES in 2007, 4 in 2008 and 6 in 2009. However in 2010 (upto November) 116 cases and 14 deaths have been reported.

Nagaland reported only 7 cases and 1 death in 2007 and 9 cases and 2 deaths in 2009. However in 2010 (upto November) 11 cases and 6 deaths have been reported.

For control of J.E., Government of India has identified five sentinel sites in Assam and one in Manipur for diagnosis of J.E. cases. Besides, nine districts in Assam have been covered under J.E. vaccination programme since 2006. Two additional districts in Assam and four in Manipur have been identified for J.E. immunization during 2010.

**Dengue:** NE States till few years back did not have problem of Dengue. Manipur has reported for the 1st time in 2007 followed by Nagaland in 2009, Assam and Meghalaya in 2010 as detailed below:

**Assam:-** The state has reported Dengue cases since July 2010. Till November 158 cases and 2 deaths have been reported. Total 20 districts are affected. Maximum cases were reported from Kamrup (Metro) district.

**Manipur:-** In the year 2007, 51 dengue cases and 1 death was reported. In the year 2008 and 2009 no case had been reported. During 2010 till November 2010, 5 cases and no death have been reported from Imphal district.

**Meghalaya:-** The state has reported only 1 case and no death have been reported from West Garo Hills district till November 2010.

**Nagaland:-** In the year 2009, 25 dengue cases and no death was reported. During 2010 till November no case has been reported.

**Arunachal Pradesh, Mizaoram, and Tripura** are not endemic for Dengue.

**Chikungunya : Assam, Arunachal Pradesh, Manipur, Mizaoram, 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 till November 2010. No death has been reported due to Chickungunya.

**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 is 25.42% in 2004, 42.94% in 2005, 67.33% in 2006, 78.32% in 2007 and 81.34% in 2008. The microfilaria rate in the state has come down from 1.46 in 2007 to 0.88 in 2008. MDA could not be observed during 2009 in Assam. However, during 2010, MDA has been observed on 11th November and the reports on coverage is awaited from the state.

**TABLE-C**

**Statement Showing Central Assistance provided to North Eastern States Under NVBDCP**

**(Rs in lakhs)**

| State | 2007-08 | | | 2008-09 | | | 2009-10 | | |
|---|---|---|---|---|---|---|---|---|---|
| | Cash | Kind | Total | Cash | Kind | Total | Cash | Kind | Total |
| **Arunachal Pradesh** | 306.20 | 260.79 | 566.99 | 647.21 | 237.36 | 884.57 | 742.05 | 221.19 | 963.24 |
| **Assam** | 1042.00 | 2540.09 | 3582.09 | 910.87 | 2724.21 | 3635.08 | 700.16 | 2505.90 | 3206.06 |
| **Manipur** | 133.18 | 235.95 | 369.13 | 238.05 | 85.8 | 323.85 | 195.31 | 44.44 | 239.75 |
| **Meghalaya** | 142.91 | 399.60 | 542.51 | 229.86 | 267.77 | 497.63 | 96.36 | 514.93 | 611.29 |
| **Mizoram** | 138.73 | 359.79 | 498.52 | 276.56 | 142.22 | 418.78 | 316.52 | 310.60 | 627.12 |
| **Nagaland** | 214.28 | 334.99 | 549.27 | 381.15 | 228.89 | 610.04 | 434.45 | 238.12 | 675.57 |
| **Tripura** | 138.97 | 766.68 | 905.65 | 319.88 | 307.43 | 627.31 | 238.23 | 526.92 | 765.15 |
| **Sikkim** | 4.00 | 0.98 | 4.98 | 6.5 | 4.27 | 10.77 | 7.97 | 3.86 | 11.83 |
| **Total** | **2120.27** | **4898.87** | **7019.14** | **3014.08** | **3997.95** | **7008.03** | **2731.05** | **4365.96** | **7100.01** |

**TABLE-D**

**Allocation and Releases made to N.E. States during 2010-11**

**(Rs in lakhs)**

| State | Allocation | | | Releases (as on 30.11.10) | | |
|---|---|---|---|---|---|---|
| | Cash | Kind | Total | Cash | Kind | Total |
| **Arunachal Pradesh** | 502.17 | 256.75 | 758.92 | 347.35 | 166.16 | 513.51 |
| **Assam** | 1238.92 | 3155.69 | 4394.61 | 817.00 | 619.04 | 1436.04 |
| **Manipur** | 353.63 | 154.15 | 507.78 | 256.55 | 55.08 | 311.63 |
| **Meghalaya** | 352.20 | 507.76 | 859.96 | 150.88 | 153.56 | 304.44 |
| **Mizoram** | 396.35 | 280.28 | 676.63 | 252.23 | 75.55 | 327.78 |
| **Nagaland** | 479.97 | 314.19 | 794.16 | 345.39 | 130.92 | 476.31 |
| **Tripura** | 370.68 | 960.49 | 1331.17 | 173.85 | 230.30 | 404.15 |
| **Sikkim** | 16.23 | 5.12 | 21.35 | 10.91 | 126.80 | 137.71 |
| **Total:-** | **3710.15** | **5634.43** | **9344.58** | **2354.16** | **1557.41** | **3911.57** |

## 18.9. REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP) IN NORTH EASTERN STATES

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. 136 sub-district TB Units and 601 RNTCP Designated Microscopy centres have been upgraded till date. As the NE region has large proportion of tribal 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 2010, the new smear positive case detection rate for the region was 79%, treatment success rate has been consistently maintained over 86%.
- RNTCP has initiated over 61 thousand patients on treatment in 2009, thus saving over 13 thousand additional lives in the North East Region.
- The programme has collaborated with private and public sector health institutions in the area. Innovative methods have been successfully implemented with the tea gardens in Assam. Collaboration with the defence health services 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.
- New activities under RNTCP are:
- Procurement and distribution of paediatric drug boxes for improved care of paediatric cases is currently in progress.
- Quality sputum microscopy is an important component of RNTCP. All the states in North East have implemented the External Quality Assurance (EQA) protocol. Scaling up of the State-level Intermediate Referral Laboratories (IRL) capacity for implementation of External Quality Assessment (EQA) of sputum smear microscopy services and provision of culture and drug sensitivity testing:
  - Guwahati, Assam, Sikkim and Manipur
- Implementation of DOTS-Plus for multi-drug resistant TB cases will occur in a phased manner
- Involvement of Medical Colleges: All medical colleges in the NE have been involved in the programme. A separate Zonal Task Force has been established for the NE region, which holds regular annual meetings.

To improve access to tribal and other marginalized groups, there is also provision for:

I. Compensation for transportation of patient & attendant in tribal areas.

II. Higher rate of salary to contractual staff posted in tribal areas.

III. Enhanced vehicle maintenance and travel allowance in tribal areas.

As a special case, transportation of drugs by air from GMSDs to the North Eastern states is allowed under the programme, full requirement of anti TB drugs of the States and Binocular Microscopes for quality diagnosis are provided by the Centre as commodity grant. For undertaking various activities for implementation of the RNTCP, cash assistance as grants-in-aid is released to the State TB Societies for onward transmission to the District TB Societies. Funds are provided for purchase of four wheelers and two wheelers for effective supervision; computer with internet facility; fax and photocopier for each district for facilitation of work and for information storage, retrieval and quick communication. All the districts have been electronically connected and reports are received through email. The manpower has been strengthened by providing essential staff on contractual basis.

The performance of the States is also monitored regularly at CTD through analysis of quarterly performance reports from the districts and addl. feedback is given for necessary corrective action, if required. For assisting the States in implementation and supervision of the programme, technical assistance is provided by way of appointment of WHO consultants in the North Eastern States. The programme is also monitored at the state level meetings and meetings at the Centre from time to time.

**Performance**

Performance of the programme in the region based on the quarterly reports of 3rd quarter of 2010 is as below:

| State | Population (in lakh) covered by RNTCP | Total patients registered for treatment | Annualized total case detection rate | | New smear positive patients registered for treatment | Annualized new smear positive case detection rate (%) | 3 month conversion rate of newof smear positive patients | Success rate new smear positive patients |
|---|---|---|---|---|---|---|---|---|
| **Arunachal Pradesh** | 12 | 644 | 210 | 177 | 58 | 77% | 93% | 88% |
| **Assam** | 302 | 10435 | 138 | 4462 | 59 | 79% | 87% | 83% |
| **Manipur** | 24 | 1098 | 181 | 291 | 48 | 64% | 88% | 86% |
| **Meghalaya** | 26 | 1421 | 219 | 436 | 67 | 90% | 82% | 82% |
| **Mizoram** | 10 | 584 | 235 | 102 | 41 | 55% | 90% | 90% |
| **Nagaland** | 22 | 1010 | 182 | 373 | 67 | 89% | 93% | 93% |
| **Sikkim** | 6 | 430 | 284 | 125 | 83 | 110% | 90% | 86% |
| **Tripura** | 36 | 745 | 83 | 409 | 46 | 61% | 89% | 91% |

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

**Funds Status**

Funds released and utilized by NE States are as follows:

State-wise statement of NE States for the financial year 2009-10 is as follows

***(Rs. in lakhs)***

| Sl.No. | Name of the State / UT | Op. Bal. 01.04.2010 (as per SOE) | Cash Release till 30.09.2010 | 2010-11 Expenditure as Reported by States As on 30.09.2010 | Unspent Balance 30.09.2010 |
|---|---|---|---|---|---|
| **High Focus States - NE** | | | | | |
| 1 | Arunachal Pradesh | 14.44 | 145.00 | 83.99 | 75.45 |
| 2 | Assam | 35.40 | 550.00 | 353.56 | 231.84 |
| 3 | Manipur * | 9.86 | 140.00 | 7.52 | 142.34 |
| 4 | Meghalaya * | 27.53 | 140.00 | 22.85 | 144.68 |
| 5 | Mizoram | 1.99 | 60.00 | 60.86 | 1.13 |
| 6 | Nagaland | 12.22 | 140.00 | 123.86 | 28.36 |
| 7 | Sikkim | 1.93 | 46.00 | 32.28 | 15.65 |
| 8 | Tripura | 20.05 | 65.00 | 37.97 | 47.08 |
| | **Total** | **123.42** | **1286.00** | **722.89** | **686.53** |

- SOE from the State of Manipur and Meghalaya received only for the Qtr. April – June 2010.

## 18.10 NATIONAL LEPROSY ERADICATION PROGRAMME IN NORTH EASTERN STATES

The States of north east region have achieved leprosy elimination. The region contributed to 3.83% of country's population and only 1.06% of country's new cases detected in 2009-10. At the end of December 2010, there were 1605 leprosy cases on record in these states and 1135 new leprosy cases were detected from April to December, 2010. 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 free of cost. All the Medical Officers and GHC staff have been trained in leprosy. The district nucleus teams are being actively involved in programme monitoring and supervision. Medical College Guwahati in Assam and RIMS Imphal have been identified for conducting Reconstructive Surgery in person affected with leprosy disability.

## 18.11 NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP) IN NORTH EASTERN STATES

The National Iodine Deficiency Disorders Control Programme (NIDDCP) is being implemented in all the North Eastern States. IDD prevalence surveys have been conducted in all the states. State level IDD Control Cell has been set up, in all the NE States. However, IDD monitoring laboratory is yet to be set up in the state of Assam.

Resurveys done in the State of Arunachal Pradesh, Manipur and Mizoram have indicated a decline in the prevalence of IDD as a result of iodated salt consumption.

## 18.12. DEVELOPMENT OF NURSING SERVICE & UP-GRADATION/STRENGTHENING OF NURSING SERVICES IN NORTH EASTERN STATES

Development of Nursing Service & Up-gradation/ Strengthening of Nursing Services under Human Resource (Health):

Under the Programme of Development of Nursing Services following schemes are implemented.

*1) Training of Nurses*

***2) Strengthening / Up gradation of Existing Schools/Colleges of Nursing***

3) Providing recurring assistance to Schools of Nursing that were opened during

**XIth plan period**

**Training of Nurses:**

In order to update the knowledge and skills of the nursing personnel, Continuing Nursing Education Programme was started in the area of Nursing Specialty for the Staff Nurses, Education Technology for the faculty of the Schools and Colleges of Nursing, Management Techniques for the Nursing Administrators. The pattern of assistance for conducting Continuing Nursing Education Programme has been revised from Rs. 75,000 /- to 1,65300/ per course with a duration of 7 days to train 30 Nurses. A sum of Rs. 23.142 lakhs has been released during the year 2010-11 to conduct 14 courses to train 420 nursing personnel in NE Regions.

**Up gradation of Schools of Nursing into Colleges of Nursing:**

It is proposed to upgrade Schools of Nursing, which are attached to the Medical Colleges into Colleges of Nursing. The objective of the scheme is to train more Graduate Nurses. One time assistance of Rs. 6.00 crores is provided to the State Govt/Institution subject to the condition that State Govt. gives an undertaking that they will bear the recurring assistance of the College of Nursing. So far a grant of Rs. 6.75 crores has been released to 2 institutions in the N.E. States for upgrading School of Nursing into College of Nursing at Aizwal, Mizoram and School of Nursing at Manipur.

**Strengthening of Existing Schools/Colleges of Nursing:**

In order to improve the quality of training imparted at the existing Schools and Colleges of Nursing grant is released towards procurement of A.V Aids, furniture, improvement of library, additions/alterations of building and transport. it has been proposed to strengthen 2 Institutions in NE regions during the year 2009-10. A grant of Rs. 50.00 lakhs is being proposed for the year 2009-10.

New Scheme: Strengthening /Upgradation of Nursing Services:

**Opening of ANM /GNM Schools:**

A sum of Rs. 25.00 crore have been allocated for the year 2010–11 for implementing the new scheme. CCEA has approved this Ministry's proposal for opening of 132 ANM Schools and 137 GNM Schools in those districts of the states where there are no such schools. 154 districts in 23 High Focus States have been identified having no ANM and GNM schools. A Sum of Rs. 47.50 crore has been approved so far for release under the new scheme of Opening of ANM /GNM Schools to the states as per details given below :-

| Sl.No | Name of the State | No. of Districts for opening ANM Schools | No. of Districts for opening GNM Schools |
|---|---|---|---|
| I. | Arunachal Pradesh | 3 | 2 |
| II. | Manipur | - | 6 |
| III. | Sikkim | 2 | - |
| | Total | 5 | 8 |

**Faculty Development Scheme:**

6 candidates have been nominated for undergoing M.Sc in (N) under the scheme of Faculty Development Scheme.

*Chapter 19*

# Gender Issues

## 19.1 INTRODUCTION

Major component of Health & Family Welfare Programme is related to Health problems of women and children, as they are more vulnerable to ill health and diseases. Since women folk constitute about half of population, it is essential to health status of women so that the causes of ill health are identified, discussed and misconceptions removed. Ill health of women is mainly due to poor nutrition due to gender discrimination, low age at marriage, risk factors during pregnancy, unsafe, unplanned and multiple deliveries, limited access to family planning methods and unsafe abortion services.

In order to overcome these problems, the women need to be educated, motivate/persuaded to accept the Family Welfare Programme to increase demand for services. Accordingly, the Government seeks to provide services in a life cycle approach, under the RCH Programme the need for improving women health in general and bringing down maternal mortality rate has been strongly stressed in the National Population Policy 2000. This policy recommends a holistic strategy for bringing about total intersectoral coordination at the grass root level and involving the NGOs, Civil Societies, Panchayati Raj Institutions and Women's Group in bringing down Maternal Mortality Rate and Infant Mortality Rate.

In order to improve maternal health at the community level a cadre of community level skilled birth attendant to attend to the pregnant women in the community is also bring considered. The Maternal Health Programme, which is a component of the Reproductive and Child Health Programme, aims at reducing maternal mortality to less than 100 by 2010.

The Development of Health & FW has taken several new initiatives to make the maternal health programme broad based and client friendly to reduce maternal mortality. The major interventions include provisioning of additional ANMs and Public Health/Staff Nurses in certain sub-centres, PHCs/CHCs, Laboratory Technicians, Referral Transport, 24-Hours Delivery Services at PHCs/CHCs, safe Motherhood Consultants, Safe Abortion Services, Essential Obsetetric Care, emergency Obstetric Care, skilled manpower on contractual and hiring basis, Training of Dais, Training of MBBS doctors in Anesthetic Skills for Emergency Obstetric Care at FRUs, operationalisation of FRUs through supply of drugs in the form of emergency obstetric drug kits, Blood Storage Centers (BSC) at FRUs and Prevention and management of RTI/STI. Details of these interventions are given in the Maternal Health Chapter of this Report. However some points on these Programme is given below:

## 19.2 JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of promoting institutional delivery among the poor pregnant women. Launched on 12th April 2005, JSY is being implemented in all states and UTs and integrates JSY benefits with delivery and post-delivery care. The scheme focuses on poor pregnant woman with special dispensation for states having low institutional delivery rate namely, the states of Uttar Pradesh, Uttrakhand, Bihar, Jharkhand, Madhya Pradesh, Chattisgarh, Assam, Orissa, Rajasthan and Jammu & Kashmir. While these states have been classified as Low Performing States (LPS), the remaining states have been named as High performing States (HPS). Besides the maternal care, the scheme provides cash assistance to all eligible mothers for delivery care.

ASHA, the Accredited Social Health Activist acts as an effective link between the Government and the poor pregnant women. Her role is to facilitate pregnant women to avail services of maternal care and arrange referral transport.

In LPS (Low Performing States) States, all women including those from SC and ST families, delivering in Government health centres like Sub-centre, PHC/ CHC/ FRU/general wards of District and State Hospitals or accredited private institutions are eligible to receive the

cash assistance. In HPS (High Performing States) States, BPL pregnant women, aged 19 years and above and the SC and ST pregnant women are eligible to receive the cash assistance under the Yojana. The scale of Cash Assistance (in Rs.) for Institutional Delivery is as under:-

| Category | Rural Area | | Urban Area | |
|---|---|---|---|---|
| | Mother's | ASHA package | Mother's | ASHA package |
| In LPS | 1400 | 600 | 1000 | 200 |
| In HPS | 700 | 200* | 600 | 200 |

* In HPS Tribal area (Notified by Ministry of Tribal Affairs), the ASHA package is Rs. 600 in Rural Area w.e.f. 15.6.2010. & in North East States the ASHA package is Rs. 600 in Rural Area w.e.f. September, 2006.

The Limitations of Cash Assistance for Institutional Delivery are as under:-

| State Category | Eligibility |
|---|---|
| LPS States | In All births, delivered in a Health Centre –Government or Accredited Private Health Institutions. |
| HPS States | In Up to 02 live births |

The scale of Cash Assistance (in Rs.) for Home Delivery is as under:-

| Category | Rural Area | | Urban Area | |
|---|---|---|---|---|
| | Mother's | ASHA package | Mother's | ASHA package |
| In LPS & HPS ** | 500 | Nil | 500 | Nil |

** *In LPS and HPS States, all BPL pregnant women, aged 19 years and above, delivery at home are entitled to cash assistance of Rs.500/-per delivery, up to two live births.*

ASHA package of Rs. 600/- available in LPS, NE States and in Tribal Districts of all States/UTs in the rural areas includes the following three components:-

- Cash assistance, over and above the mother's package, for referral transport to go to the nearest health centre for delivery. The state will determine the amount of assistance (should not be less than Rs.250/- per delivery) depending on the topography and the infrastructure available in their state. It would, however, be the duty of the ASHA and the ANM to organize or facilitate in organizing referral transport, in conjunction with Gram Pradhan, Gram Sabha etc.
- Cash incentive to ASHA should not be less than Rs.200/- per delivery in lieu of her work relating to facilitating institutional delivery. Generally, ASHA should get this money after her post-natal visit to the beneficiary and that the child has been immunized for BCG.
- Transactional cost (Balance out of Rs. 600/-) is to be paid to ASHA in lieu of her stay with the pregnant woman in the health centre for delivery to meet her cost of boarding and lodging etc. Therefore, this payment should be made at the hospital/ heath institution itself.

The Yojana subsidizes the cost of Caesarean Section or for the management of obstetric complications, up to Rs. 1500/- per delivery to the Government Institutions, where Government specialists are not in position.

LPS and HPS States, all such BPL pregnant women, aged 19 years and above, preferring to deliver at home is entitled to cash assistance of Rs.500/-per delivery, up to two live births

The progress on implementation of JSY during the last five years is as reflected in the chart below:-

**JSY Physical and Financial progress in past 5 years**