



Govt. Initiatives to Enhance Health Parameters in North Eastern States

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NATIONAL HEALTH MISSION - BACKGROUND

National Rural Health Mission (NRHM) launched on April, 2005



To provide technical and financial support to States to strengthen health systems.



To bring sharper focus on high focus States and rural population, particularly marginalized and vulnerable population.



Architectural correction through integration of vertical programmes, decentralization and communitization.

NHM - Main Approaches



NATIONAL HEALTH MISSION - COMPONENTS

NRHM- RCH
Pool



- **RCH Flexipool-**
 - **RMNCH+ A** - Reproductive, Maternal, Neonatal, Child & Adolescent Health.
 - **Immunization-** Routine Immunization & Pulse Polio Immunization.
- **Health System Strengthening** – Infrastructure, Human Resources including AYUSH, ASHAs, Mobile Medical Units, Referral Transport, Drugs, equipment & Diagnostics, Biomedical Equipment Management, Quality Assurance & Kayakalp, Untied funds to RKS, Health & Wellness Centres etc

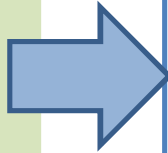
National Urban
Health Mission



- **Health System strengthening** as above, for primary health care in urban areas with focus on health needs of urban poor

NATIONAL HEALTH MISSION - COMPONENTS

• Communicable Diseases Pool



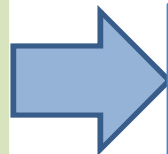
- Revised National TB Control Prog (**RNTCP**)
- National Vector Borne Disease Control Prog (**NVBDCP**).
- National Leprosy Elimination Prog (**NLEP**)
- Integrated Disease Surveillance Project (**IDSP**)

• Non Communicable Diseases Pool



- National Prog. For Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)
- National Prog. for Control of Blindness (NPCB)
- National Mental Health Prog.(NMHP)
- National Tobacco Control Prog. (NTCP)
- National Prog. for Health Care of Elderly (NPHCE)

• Infrastructure Maintenance



- Provide salaries of Auxiliary Nurse Midwives (ANMs) and the Lady Health Visitors (LHVs) etc

National Health Programmes

RMNCH+A - Main Approaches

1. This is a comprehensive strategy for improving the maternal and child health outcomes , under NHM.
2. It is based on the evidence that maternal and child health cannot be improved in isolation as adolescent health and family planning have an important bearing on the outcomes.
3. This strategy encompasses various high impact interventions across the life cycle.
4. The strategy is based on the concept of 'continuum of care' and tracking the performance using scorecard.



5 X 5 matrix for High Impact RMNCH+A Interventions

Reproductive Health

- Focus on spacing methods, particularly PPIUCD at high case load facilities
- Focus on interval IUCD at all facilities including subcentres on fixed days
- Home delivery of Contraceptives (HDC) and Ensuring Spacing at Birth (ESB) through ASHAs
- Ensuring access to Pregnancy Testing Kits (PTK- "*Nischay Kits*") and strengthening comprehensive abortion care services.
- Maintaining quality

Maternal Health

- Use MCTS to ensure early registration of pregnancy and full ANC
- Detect high risk pregnancies and line list including severely anemic mothers and ensure appropriate management.
- Equip Delivery points with highly trained HR and ensure equitable access to EmOC services through FRUs; Add MCH wings as per need
- Review maternal, infant and child deaths for corrective actions
- Identify villages with low institutional delivery & distribute Misoprostol to select women during pregnancy;

5 X 5 matrix for High Impact RMNCH+A Interventions

Newborn Health

- Early initiation and exclusive breastfeeding
- Home based newborn care through ASHA
- Essential Newborn Care and resuscitation services at all delivery points
- Special Newborn Care Units with highly trained human resource and other infra structure
- Community level use of Gentamycin by ANM

Child Health

- Complementary feeding, IFA supplementation and focus on nutrition
- Diarrhoea management at community level using ORS and Zinc
- Management of pneumonia
- Full immunization coverage
- Rashtriya Bal Swasthya Karyakram (RBSK): screening of children for 4Ds' (birth defects, development delays, deficiencies and disease) and its management

Adolescent Health

- Address teenage pregnancy and increase contraceptive prevalence in adolescents
- Introduce Community based services through peer educators
- Strengthen ARSH clinics
- Roll out National Iron Plus Initiative including weekly IFA supplementation
- Promote Menstrual Hygiene

Reproductive, Maternal, Neonatal, Child & Adolescent Health Programmes

Janani Suraksha Yojana (JSY) a cash entitlement scheme to promote institutional delivery

Low Performing State:

- Rs 1400 for pregnant woman (PW) + Rs 600 for ASHAs-Rural areas
- Rs 1000/ for pregnant woman+ Rs 400 for ASHAs in Urban areas.

High Performing State (SC, ST, BPL)

- Rs 700/ for PW + Rs 600 for ASHAs- rural areas
- Rs 600/ for PW + Rs 400 for ASHAs -Urban areas.

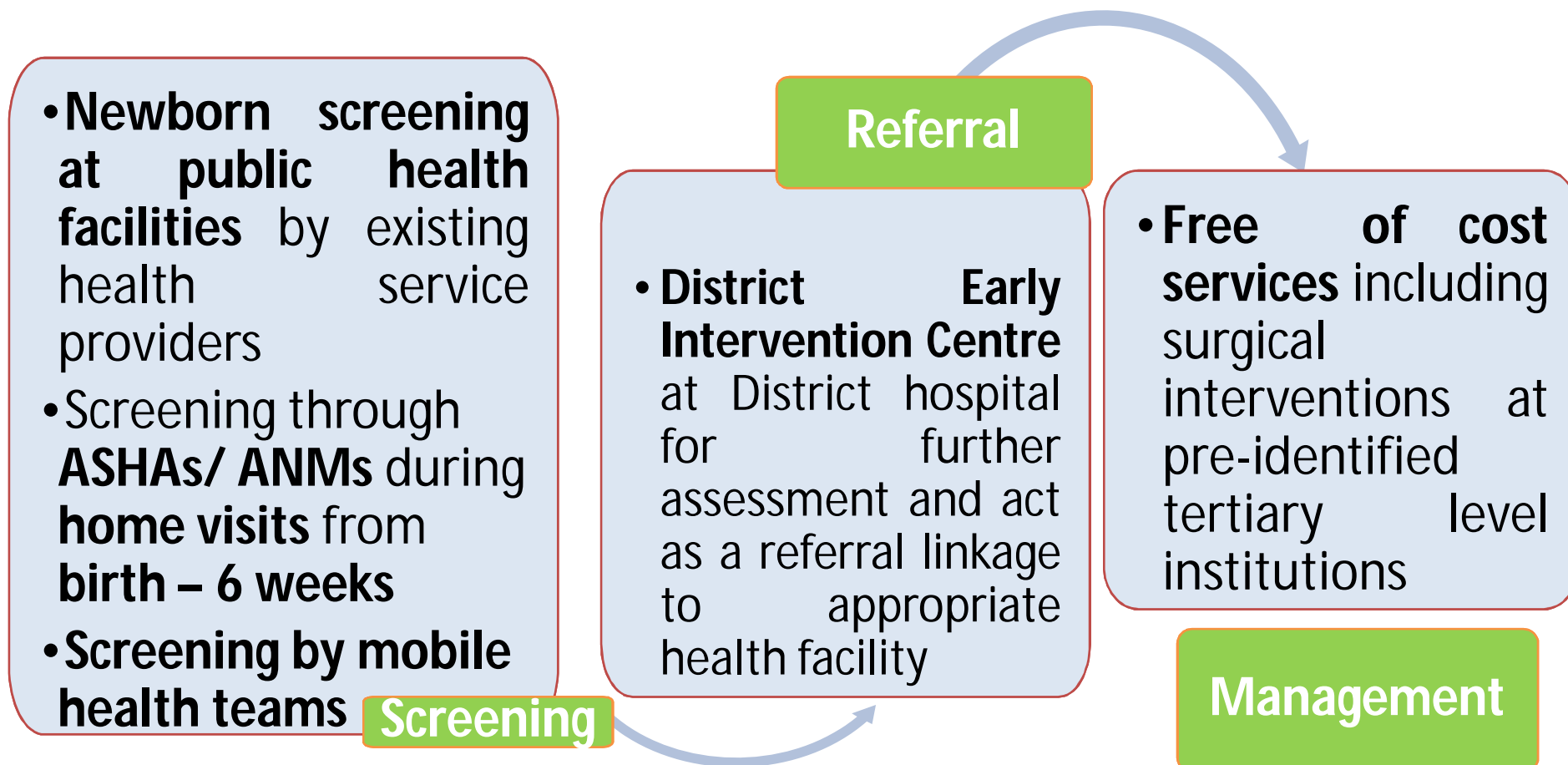
Janani Shishu Suraksha Karyakaram (JSSK) entitles all pregnant women delivering in public health institutions to a free **cashless delivery**, including for Caesarean section. Also covers complications during ante-natal and post-natal period and treatment of sick infants up-to one year.

- The entitlements include **free drugs and consumables, free diet, free diagnostics, free blood and free transport** between home to institution & back and between facilities in case of a referral.

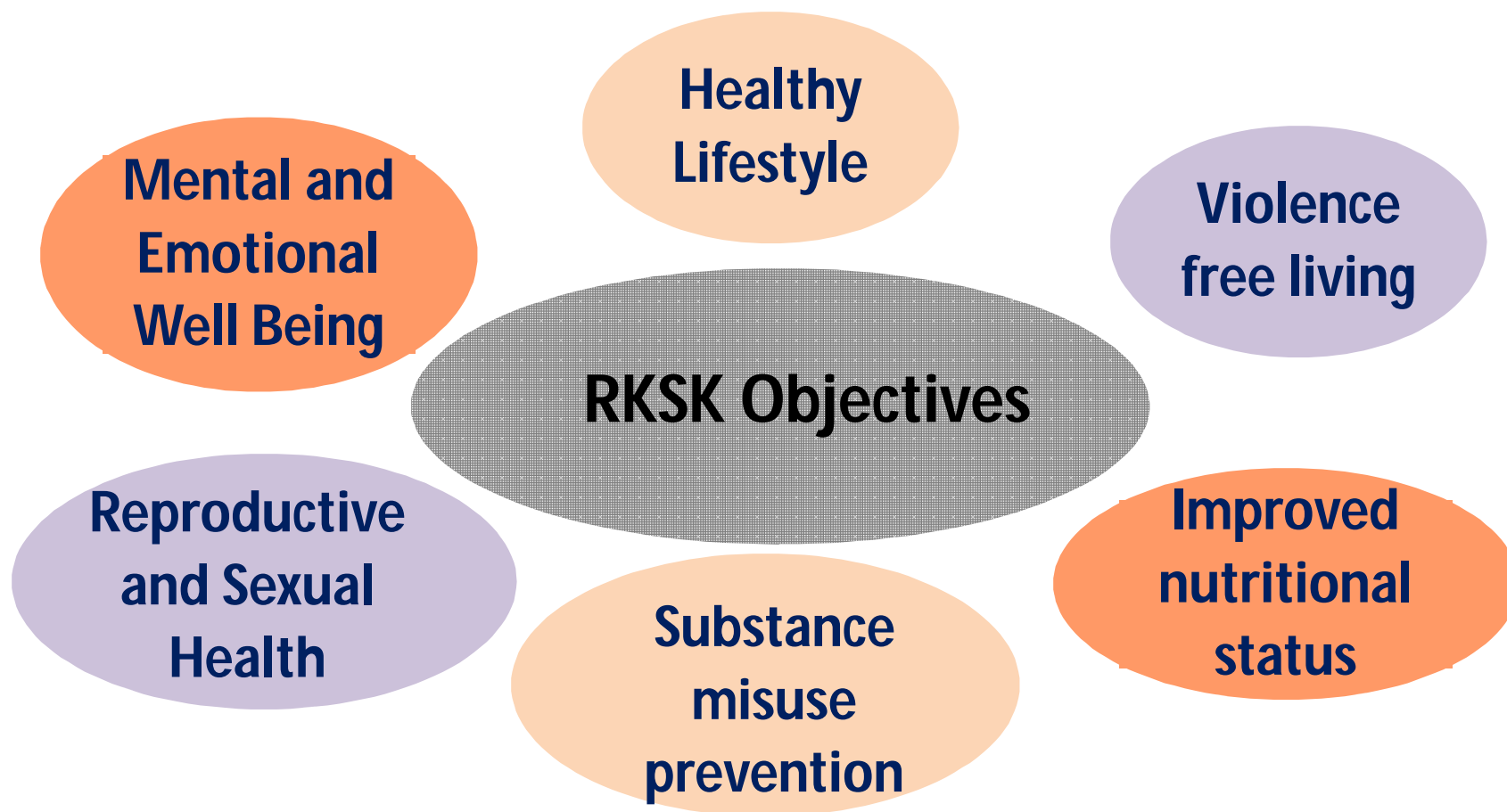
Rashtriya Bal Swasthya Karyakram (RBSK)

Child Health Screening (0-18 years) and Early Intervention Services through early detection and management of 4 Ds i.e. Defects at birth, Diseases, Deficiencies, Development delays including disability.

Under RBSK Program since the inception of the program in 2013- over 80 crore screenings of children have been done.



Rashtriya Kishor Swasthya Karyakram (RKSK) for adolescents



To reach out to 253 million adolescents in country

Revised National TB Control Prog (RNTCP)

- ❑ Free Diagnosis, treatment and drugs
- ❑ Nutritional support – Rs. 500/ month
- ❑ Expansion of CBNAAT for diagnosis of drug resistant TB cases

National Vector Borne Disease Control Prog (NVBDCP)

- ❑ Prevention & Control of Malaria, Dengue, Chikungunya, Filariasis, Kala-azar, Japanese Encephalitis etc).

❑ Main Strategies –

- Early diagnosis and radical treatment,
- Case-based surveillance and rapid response,
- Integrated vector management - Indoor residual spray (IRS); Long-lasting insecticidal nets (LLINs) / Insecticide treated bed nets (ITNs); Larval source management (LSM)

Integrated Disease Surveillance Project (IDSP)

- ❑ To monitor disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Teams

National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)

The programme also includes Chronic Kidney Disease (CKD) & Chronic Obstructive Pulmonary Disease (COPD)

- 534 NCD clinics in District Hospitals and 2572 in CHCs
- 167 Cardiac Care Units (CCUs) & 123 Day Care Centres (DCCs)
- During 2017-18
 - 4.66 Crore persons attended NCD clinics.
 - Diabetes- 37.27 Lakhs persons diagnosed & 28.53 lakhs treated
 - Hypertension- 45.54 Lakhs persons diagnosed & 37.12 lakh treated.

During 2018-19 (till June 2018)

- 1.62 Crore persons attended NCD clinics.
 - Diabetes - 10.39 Lakhs persons diagnosed & 8.06 lakhs treated
 - Hypertension- 12.35 Lakhs persons diagnosed & 9.92 lakh treated.

Health System Strengthening - Communitization

Accredited Social Health Activist (ASHA) acts as interface between community and Health System. **58,131** Accredited Social Health Activist (ASHA) engaged

45,191 lakh Village Health Sanitation and Nutrition Committees (VHSNCs) constituted at Village/ Gram Panchayat level with representation from all sections of the community including the disadvantaged sections.

Rogi Kalyan Samitis - 2092 (Patient Welfare Societies) set up at various hospitals to encourage involvement of the community in the management of Public Health services.

VHSNC and RKS empowered with Untied Grants, decision making powers enhanced

Health System Strengthening – Human Resource

CATEGORY	SUPPORT FROM NHM to NE STATES
ANM	17,203
STAFF NURSE	10,290
LAB TECH	3,042
PHARMACISTS	3,321
MEDICAL OFFICER	8,211
MEDICAL OFFICER – AYUSH	1,595
DENTAL SURGEON	808
SPECIALISTS	605

Health System Strengthening – Infrastructure

State	As on Sep 2004			(As on 31st March 2017)		
	SC	PHCs	CHCs	SC	PHCs	CHCs
Arunachal Pradesh	376	78	31	312	143	63
Assam	5109	610	100	4621	1014	158
Manipur	420	72	16	421	85	17
Meghalaya	401	95	23	436	109	27
Mizoram	351	57	12	370	57	9
Nagaland	394	87	21	396	126	21
Sikkim	147	24	4	147	24	2
Tripura	539	73	9	987	93	21
All India	142655	23109	3222	7690	1651	318

A 3D bar chart with blue bars of varying heights, arranged in a descending sequence from left to right. A large red arrow points from the right side of the chart towards the right edge of the frame. A red banner with white text is overlaid on the chart.

Key Recent Initiatives Under NHM

Comprehensive Primary Health Care

States	Health & Wellness Centre		
	No. Of PHCs selected	No. Of SCs selected	Functional
Arunachal Pradesh	42	78	2
Assam	133	691	16 (120)
Manipur	14	86	27
Meghalaya	10	32	5
Mizoram	4+8(U)	20	4
Nagaland	5	56	5
Sikkim	5	30	2
Tripura	26+5(U)	40	8



Mission Indradhanush to reach out to unreached children

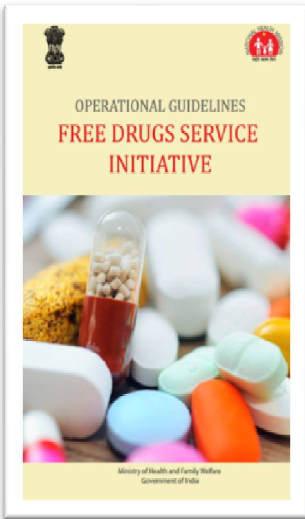
Five new vaccines viz Inactivated Polio Vaccine (IPV); Japanese Encephalitis (JE) vaccine for adults, Rotavirus, Measles Rubella (MR), and Pneumococcal vaccines have been introduced under Universal Immunization Programme, being expanded in a phased manner.



Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) for conducting **quality ANC checkups** for PW (in 2nd / 3rd Trimester) by doctors/ specialists on **9th of every month**

Over 4900 volunteers registered, over 12900 facilities provide PMSMA services, over 1 Cr antenatal checkups conducted.

Expansion of basket of Contraceptive choices in Govt. facilities (Injectable Contraceptive MPA (Antara Program), Centchroman pill (Chhaya) and Progesterone - only pills (POP), **Mission Parivar Vikas, New Family Planning Media Campaign** launched. Dedicated FP – LMIS (**Logistic Management Information System**).

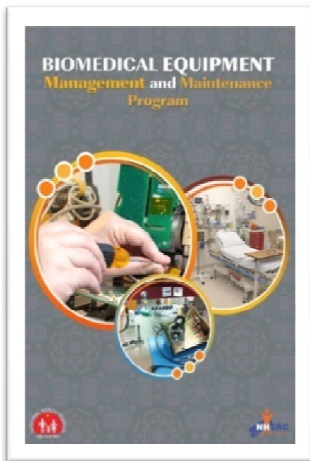
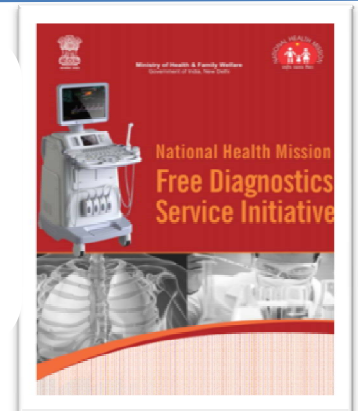


NHM Free Drugs Service Initiative –

Operational guidelines developed & issued.

- **Free Drug Policy Notified** by all States/UTs.
- **IT enabled Supply Chain management** implemented/ in process in **29 States**.

Free Diagnostics Service Initiative for lab diagnostics, tele-radiology and CT scans developed & issued.



Biomedical Equipment Management and Maintenance Programme Guidelines issued

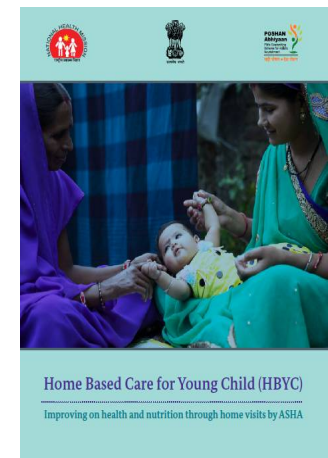
- **Pradhan Mantri National Dialysis Programme** rolled out.
- **Swachh Swasth Sarvatra** launched in partnership with MDWS & MOUD.
- **Kayakalp and National Quality Assurance Programme**
 - Promotion of cleanliness, hygiene, infection control and Quality in Government Health Facilities
- **Grading of Hospital Initiative** rolled out to monitor the performance of DH, CHCs, PHCs - To provide patient centric care, Mera Aspatal multi-channel application to capture patients feedback
- **EGSA** – Focus on aspirational district through initiatives under EGSA (Extended Gram Swaraj Abhiyan)

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- **POSHAN Abhiyan**- PM's Overarching Scheme for Holistic Nourishment.



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- **Home based Care for Young Child** – improving health and nutrition through home visits by ASHA
 - 5 additional home visits by ASHA over HBNC for nutritional promotion (3rd, 6th, 9th, 12th and 15th months)



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- **Anemia Reduction through Anemia Mukta Bharat**



Changes over the years

NE States	Infant mortality rate		TFR	
	Oct'17	April' 06	Oct'17	2005
India	34	58	2.4	2.9
Arunachal	36	38	2.1	2.5
Assam	44	66	2.4	2.9
Manipur	11	14	2.6	1.7
Meghalaya	39	54	3.0	3.2
Mizoram	27	19	2.3	2.0
Nagaland	12	17	2.7	1.7
Sikkim	16	32	1.2	2.2
Tripura	24	32	1.7	1.6

Changes over the years

NE States	Birth rate		Death Rate	
	Oct'17	April' 06	Oct'17	April' 06
India	20.4	24.1	6.4	7.5
Arunachal	18.9	21.2	6.2	4.7
Assam	21.7	25.1	6.7	8.8
Manipur	12.9	13.9	4.5	4.3
Meghalaya	23.7	25.2	6.6	7.3
Mizoram	15.5	19.1	4.2	5.2
Nagaland	14	13.9	4.5	3.7
Sikkim	16.6	19.5	4.7	4.9
Tripura	13.7	15	5.5	5.5

MMR	2004-06	2014-16
India	254	130
Assam	480	237

Changes over the years

NFHS Indicators	Arunachal Pradesh		Assam		Manipur		Meghalaya	
	NFHS 4	NFHS 3	NFHS 4	NFHS 3	NFHS 4	NFHS 3	NFHS 4	NFHS 3
Sex ratio of the total population (females per 1,000 males)	958	930	993	1,008	1,049	1,070	1,005	1,005
Under-five mortality rate (U5MR)	33	88	56	84	26	42	40	70
Total unmet need (%)	21.6	21.2	14.2	12.2	30.1	15.6	21.2	35.8
Mothers who had ANC in the first trimester (%)	37	24.2	55.1	40	77	64.5	53.3	32.6
Institutional births (%)	52.3	28.5	70.6	22.4	69.1	45.9	51.4	29
Institutional births in public facility (%)	42.7	19.5	60	13	45.7	36.1	39.4	19.7
Children age 12-23 months fully immunized) (%)	38.2	28.4	47.1	31.4	65.9	46.8	61.5	32.9

Changes over the years

NFHS Indicators	Mizoram		Nagaland		Sikkim		Tripura	
	NFHS 4	NFHS 3	NFHS 4	NFHS 3	NFHS 4	NFHS 3	NFHS 4	NFHS 3
Sex ratio of the total population (females per 1,000 males)	1,013	1,004	968	991	942	936	998	1,017
Under-five mortality rate (U5MR)	46	53	37	65	32	40	33	59
Total unmet need (%)	19.9	18.1	22.2	28.4	21.7	20.4	10.7	12.4
Mothers who had ANC in the first trimester (%)	65.7	42.9	24.9	29.2	76.2	57.9	66.4	47.2
Institutional births (%)	80.1	59.8	32.8	11.6	94.7	47.2	79.9	46.9
Institutional births in public facility (%)	63.8	51.6	25.1	7.3	82.7	44.5	69.1	43
Children age 12-23 months fully immunized (%)	50.5	46.5	35.7	21	83	69.6	54.5	49.7

Increase in Financial Allocation

States	Amount (Rs. In Crores)		% increase
	2006	20018-19	
Arunachal Pradesh	11.54	209.69	1717
Assam	281.19	1245.2	343
Manipur	25.15	146.49	482
Meghalaya	24.33	158.03	550
Mizoram	9.48	105.9	1017
Tripura	33.81	122.93	264
Sikkim	5.77	55.35	859
Nagaland	21.03	168.67	702

Thank You