



**NEDFI** North Eastern Development Finance Corporation Limited



**Sutra**  
Consulting

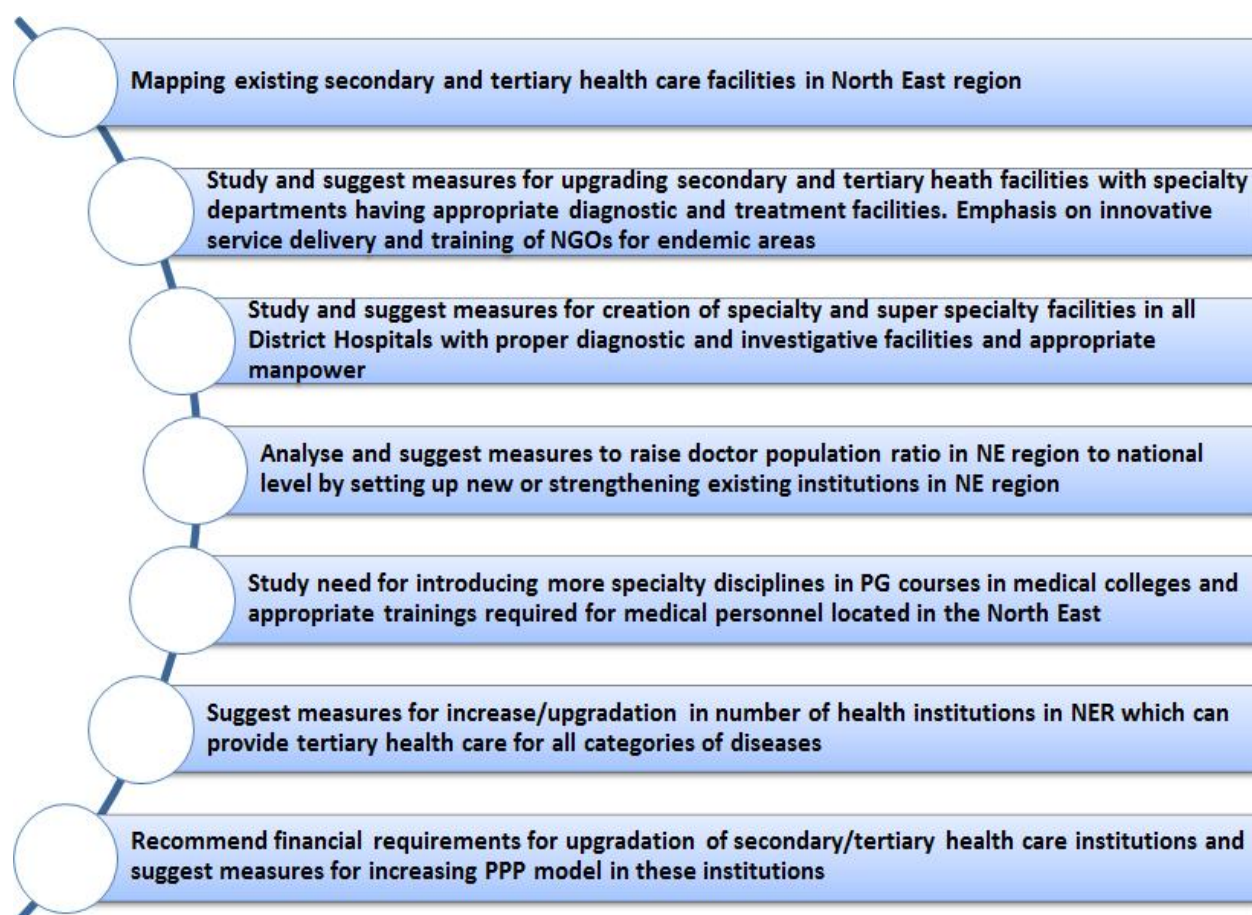
Regional Plan and Strategy for  
Up-gradation of  
Secondary and Tertiary  
Health Care Facilities in  
North Eastern Region by 2030

## EXECUTIVE SUMMARY

### TITLE OF THE STUDY

#### REGIONAL PLAN AND STRATEGY FOR UP-GRADATION OF SECONDARY AND TERTIARY HEALTH CARE FACILITIES IN NORTH EASTERN REGION BY 2030

An assignment was commissioned by the North Eastern Development Finance Corporation Ltd. under its Techno Economic Development Fund for developing a regional plan and strategy for upgradation of secondary and tertiary health care facilities in the North Eastern region by 2030. The scope of work of the assignment is summarized as follows.



The sources of information utilized for the assignment included an appropriate mix of primary surveys and review of secondary documents. The data collection exercise was conducted in two stages.

In the first stage a census was conducted covering all districts in the eight north eastern states. The purpose of the census was to map healthcare and diagnostic facilities and identify key gaps in the health care delivery system state wise, identify model healthcare and diagnostic facilities and design the sample for second stage of data collection.

In the second stage, districts were selected using stratified sampling method. The performance of districts as per the ten assessment criteria included in the first round of data collection served as the basis of stratification<sup>1</sup>. A score was generated for each district based on the criteria and the weightages associated with them. 30 percent of the districts in each state were selected as a representative sample. Districts were categorised as well performing, average performing and poor performing on the basis of the scores. The sample districts were identified from the top scorers of the well performing strata, clustering the median scorers of the average performing scale and from the lower scorers for the poor performing districts. It was ensured that all the aspirational districts of the north eastern states, identified by the NITI Aayog were included in the list of sample districts.

Health facilities including Community Health Centres (CHCs), Sub Divisional Hospitals (SDHs), District Hospitals (DHs), State Medical College and institutes and super specialty centres were covered in the second stage of data collection. A summary of facilities covered in the second round of data collection is provided in the following table.

**State wise sample facility units covered in second round**

State	CHCs	DH	SDH	State Hospital/ Medical College
Arunachal Pradesh	47	17	-	1
Assam	160	26	3	5
Manipur	18	7	-	-
Meghalaya	20	8	-	-
Mizoram	18	8	2	2
Nagaland	27	11	-	-
Sikkim	2	4	-	1
Tripura	27	8	4	1
<b>Total</b>	<b>319</b>	<b>89</b>	<b>9</b>	<b>10</b>

The key stakeholders covered in the facilities and other units include Directors of various Departments of Health Services and Medical Education, NHM officials, Hospital Superintendents, Hospital Administrators, Doctors and paramedical staff and health workers. The qualitative and quantitative Criteria used were Population of the district, Distance of the District Head Quarter from the State Capital, Geographical accessibility of the District Hospital from the State Capital as reported by the administrative staff of the DH, District Hospital - whether all identified specialties are functional, % of CHCs in the district, functional as FRU, % bed occupied at the District Hospital on the day of interview, % of institutional deliveries (ID), Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%), Prevalence of HIV among general population (ANC clinic) and Infant Mortality Rate (IMR) findings that emerged from the survey were assessed in order to ascertain the gaps in the current health system and formulate an appropriate plan and strategy. Based on the projected population of 2026 and the current status of health facilities expected demand and requirement of health care facilities by 2030 was ascertained. This was used to develop state wise plans and estimates of financial requirements for execution.

## **Findings and Recommendations**

### **Existing Health Care Infrastructure**

A review of the existing healthcare facilities in each of the eight states was conducted. The number of facilities currently existing in each state is summarized in the following table.

**Existing Health Facilities across NE States**

Facility	Arunachal	Assam	Manipur	Meghalaya	Mizoram	Nagaland	Sikkim	Tripura
Medical College	1	6	2	-	1	0 (1 coming up in Kohima)	1 (Pvt.)	2
State Hospital	-	-	-	-	2	0	1	6
District Hospital	17	33	9	8	9	11 (Includes NHAK General Hospital/Referral Hospital)	4	6
Sub-Divisional Hospital	-	14	1	-	5	0	-	12
Community Health Centre	47	158	18	27	18	21	2	21
First Referral Unit	1	73	0	0	14	16	3	12
<b>Total</b>	<b>66</b>	<b>284</b>	<b>30</b>	<b>35</b>	<b>49</b>	<b>48</b>	<b>11</b>	<b>59</b>

A majority of facilities are located in Assam, followed by Arunachal Pradesh and Tripura. Assam is geographically important in the north eastern region and the district hospitals located in the border areas of the state witness heavy footfall by patients from adjacent districts of the neighboring states. This inflow of patients can be accounted for largely due to the inadequacy and uneven distribution of facilities in other north eastern states.

CHCs exist in all districts of Arunachal Pradesh, Assam, Manipur, Meghalaya, and Tripura. Two districts of Sikkim and one district of Nagaland do not have any CHC. However, it was observed that most of the CHCs are not functioning as per IPHS norms and many were not functioning as First Referral Units (FRUs). In fact it was found that no FRUs are in operation in Manipur and Meghalaya.

Almost all districts have a District Hospital (DH), except a few districts in Assam, Manipur, Meghalaya and Tripura. The districts where DHs do not exist are Dibrugarh and Jorhat (in Assam), East Jaintia .