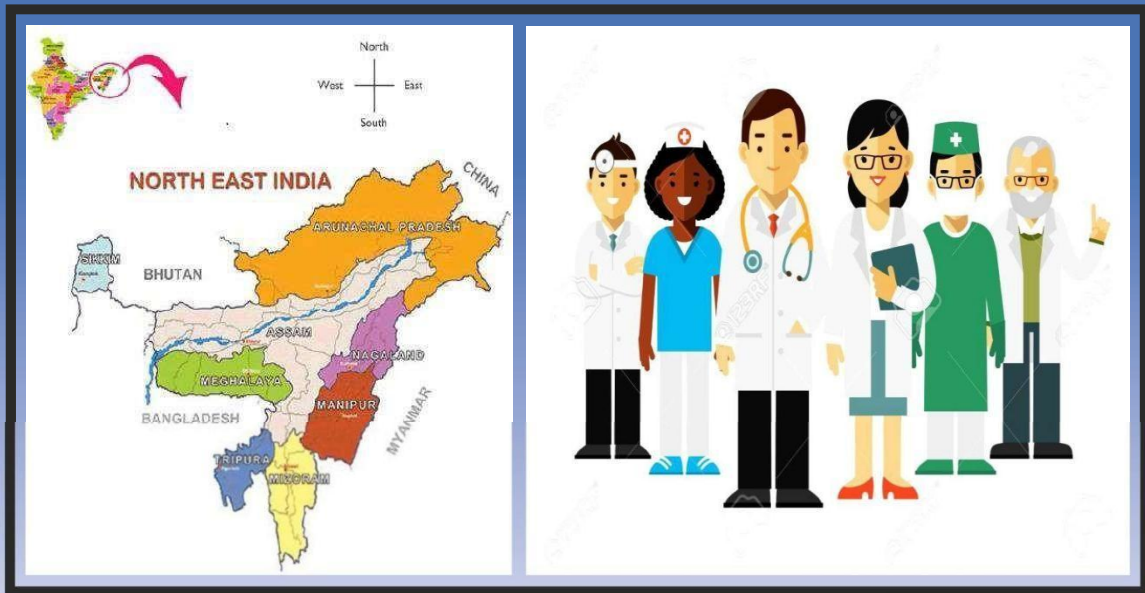


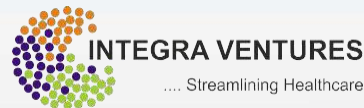


North Eastern Development
Finance Corporation Ltd.

REGIONAL PLAN & STRATEGY FOR INCREASING THE STUDENT INTAKE CAPACITIES FOR MEDICAL AND PARAMEDICAL COURSES IN NORTH-EASTERN REGION



Developed By:



EXECUTIVE SUMMARY

TITLE OF THE STUDY

REGIONAL PLAN AND STRATEGY FOR UPGRADATION OF SECONDARY AND TERTIARY HEALTH-CARE FACILITIES IN NER BY 2030

“Regional plan & strategy for increasing the student intake capacities for medical and paramedical courses in north-eastern region”

I. EXECUTIVE SUMMARY

The future of India's health status and healthcare appears to be bleak if one were to just glance at the health human resource crunch and a seemingly ostensible indifference in addressing this crisis nationally as well at various states. The World Health Organization (WHO) recommends minimum doctor-population ratio of 1:1000 which is 1 doctor per 1000 population. In comparison to the WHO norm, As per the National Health Profile Report of 2017, India has 0.58 doctors per 1000 population whereas the North-Eastern Region (NER) of India has only 0.18 doctors per 1000 population. The geographic distribution of medical colleges and seats indicates that the North- Eastern zone of India has the lowest percentage of medical colleges and seats which is only 3% of medical colleges and 2% of seats in comparison to other zones of India. Similarly, the North-Eastern Region has only 4% of auxiliary nurse midwives (ANMs) and 2% of registered nurses.

Considering the importance of quality healthcare services for overall development of a region, especially in NER and as envisaged as one of the major goals of the NER Vision 2020 document, it was felt that there was a need to enhance health human resource, including setting up of more medical & paramedical colleges in the Region. In this context, the North Eastern Development Finance Corporation Limited (NEDFi) undertook the initiative under its Techno Economic Development Fund (TEDF) and engaged Medica Synergie & Integra Ventures through a competitive bidding to conduct a study and prepare a strategic roadmap on “Regional Plan & Strategy for Increasing the Student Intake Capacities for Medical and Paramedical Courses in the North-Eastern Region”.

The project intended to assess the existing medical and paramedical institutions across all the 8 states of the North-Eastern Region (around 218 institutions) to measure the prevalent gaps in terms of infrastructure, services, intake capacity and student output. The basic aim of the project was to revamp the existing medical and paramedical institution's infrastructure in terms of modernization and development of new institutions to fill the gap as per national and international norm, seat sharing pattern, as well as introduction of innovative health services delivery for quality improvement.

Considering the diverse scope of work and magnanimity of the prestigious project, Medica Synergie and Integra Ventures undertook an in-depth onsite data survey and due diligence across the 8 North-Eastern states to develop a detailed analysis on demand and supply gap alongside future projections and inferences on the health education system of the North-Eastern Region. Recommendation on feasibility of a Public-Private Partnership (PPP) model for improving the medical education system was also to be carried out. Further, based on the infrastructural assessment of the existing institutes' requirements for up-gradation and for development of new institutions was analysed. SWOT (Strength, weakness, opportunity, threat) analysis of the upcoming healthcare institutes with an action plan to improve the student intake capacity which would encompass measures for service and operational up-gradation, introduction of more specialty disciplines and observations in seat sharing pattern in the report.

As per the primary data collected by the survey team and secondary data research, it is observed that the NE Region has undergone some planned and sustainable development in the past few years. There is a continual effort from the Ministry, Govt of India to bring these eight states into the centre stage with the other states. Government has created job opportunities for people, the

education and health sector has undergone noticeable development in the past few years, students get reservation facility and scholarship to study outside the State and students are also motivated to spread out to other parts of the country. These strategies and improvements have clearly made some commendable mark, however, the present situation demands more. States of the NE Region are still lacking behind. The out flow of students is becoming higher every year. The problem in the Region range from trouble caused by insurgency to strategic and logistical access.

As per the current scenario and the extensive research and comparison done, it was observed that the NE Region is having much less number of medical, nursing and paramedical colleges as compared to other states. Private-run colleges are also less in number. All these have forced local students to travel to other states for higher education. A large percentage of these students step out for higher education or better job prospects outside resulting in a brain drain from the Region and therefore, there is a scarcity of skilled manpower. A creative way to develop the North-East India is by developing the Region into an educational hub of South-East and Central Asia. The North-Eastern Region has the geographical advantage of being situated adjacent to China, Myanmar and Bangladesh and there is a visible scarcity of quality educational institutes in these countries, especially in Bangladesh and Myanmar. The educational hub will result in an increase in the literacy rate in the North-East and also create jobs for the people of the Region.

This report details our understanding of the scope of work, detailed methodology, analysis of the various educational scenarios, challenges faced, scope of expansion and increasing seat intake capacity state-wise and overall for the North-Eastern Region. The requirement of additional human resource for the North-Eastern Region has been framed based on demand and gap assessment as per Indian Public Healthcare Standards (IPHS) guidelines and WHO recommendations. This has been done considering the analysis on the existing healthcare infrastructure and human resource availability to derive gaps as on current population and future projections for the next 15 years.

Feasible recommendations have been framed based on infrastructural capacity of existing institutions to increase seats, PPP prospective for expansion and development of additional institutes to mitigate gap in the demand and supply of medical, nursing and paramedical staff in North-East. Various scenarios of execution have been determined based on the same.

Summary of Major Findings & Recommendations

Medical Education

Key Findings	Recommendations
<p>Low private presence observed in North-east. Only One private medical college (SMIMS) is operating in North-east</p>	<ul style="list-style-type: none"> • Initiating a NER invite potential healthcare operators in NER and other states to explore PPP prospective • Provide lease hold suitable land to the private providers for development of medical college • Viable gap funding (VGF) by government in initial 5 years of operation to meet the initial operational loses
<p>There is a low presence of PG seats which is only 734 seats across the 14 colleges.</p>	<ul style="list-style-type: none"> • The development of Superspeciality blocks at RIMS Manipur, NEIGHRIMS and Agartala Medical College should be escalated to increase intake capacity of super specialty courses. • The production of in house faculty can be increased with the additional PG seats
<p>As per inputs received from the medical colleges suffer from shortage of faculty. There is a low trend of faculty from other states joining the NER institutes</p>	<p>The employment posting for teachers can be made lucrative through the following additional/fringe benefits</p> <ul style="list-style-type: none"> • Provide accommodation facility with security for doctors/faculty near the hospital/medical college. • Additional fringe benefits like special annual LTA provision for faculties from outside NER • Provision of study leave and opportunities for attending CME's and medical conferences • Rotation of rural posting every two years
<p>As per interactions with administration of the Medical colleges it was observed that Fund Constraint for operations is a major challenge. There is lack of financial support from State or Central government. The government medical colleges run at rebated fee structures for students, hence the revenues from operation is low.</p>	<ul style="list-style-type: none"> • A North east technical education fund can be created with contributions from central, state government and multilateral agencies • The fund can be utilised to enhance the capacity of existing institutions and provide viability gap funding for upcoming institutions
<p>Disparity in seat sharing policy is noted across the states of North-east. As per individual medical college intake capacity. North east has total 1426 medical seats, however considering the seat distribution policy North east states have a total of 1262 MBBS seats for the region while the rest seats are under central pool quota.</p>	<ul style="list-style-type: none"> • A Written requisition to the Central Government can be rolled out to increase central quota seats to the states with low availability of MBBS seats i.e. Mizoram, Nagaland and Sikkim. • The States should not remove/decrease the central quota seats after commissioning of medical colleges in the states which do not have medical colleges like Arunachal Pradesh

Nursing Education

Key Findings	Recommendations
<p>North east has a low seat proportion for higher education courses in nursing only 29 percent of total seats are for BSc, MSc and P.B. B.Sc.</p>	<ul style="list-style-type: none"> • Efforts for escalating timely approval from INC for additional intake capacity and introduction of MSc and PBBSc courses should be initiated. • Providing financial grants to institutes with good infrastructure and faculty strength willing to expand can be explored by state nursing council.
<p>Declining interests towards ANM course</p>	<ul style="list-style-type: none"> • Requisitions to INC for revising the ANM entry level criteria to 10th pass can be suggested. • ANM nurses should be granted with opportunities for their upgradation through grants for study leave or sabbatical.
<p>As conveyed by faculty and students Inadequate practical exposure due to low presence of higher secondary and tertiary hospitals is a major concern in course curriculum.</p>	<ul style="list-style-type: none"> • The state nursing council can partner in with the nursing councils of other developed states like Karnataka, Delhi & TamilNadu and neighbouring state of West Bengal for knowledge sharing platform like quarterly/annual hospital visits of students of NE states, workshops and internship postings.
<p>Lack of designation and additional remuneration is a reason for discontent amongst utilized tutors</p>	<ul style="list-style-type: none"> • Additional remuneration for the teaching position undertaken by public health nurses. Timely promotions of faculties in the government nursing institutes can be planned by State Nursing Councils. • Timely promotions of faculties in the government nursing institutes should be channelized.
<p>As conveyed by the nursing school/college administrators financial constraints are a major challenge for institutes to expand.</p>	<ul style="list-style-type: none"> • A system of government funding from NEC to selected government institutes based on a criterion of minimal infrastructure and performance based ranking can be initiated • Financial grants for resource strengthening, and scholarships for higher education to proficient students can be enabled at Christian missionary institutes who also enroll students on charity • Govt. Support to private institutions like subsidised Loan / Grants / Tax Subsidy etc. Willing to expand their existing institutes can be explored.

Paramedical Education

Key Findings	Recommendations
<p>North east states do not have a paramedical council or directorate hence standardization on regulations for operationalization in these schools/colleges gets difficult.</p>	<ul style="list-style-type: none"> • which house sixty percent of the total paramedical institutes of NER can develop their own paramedical council and frame regulations governing paramedical education to ensure standardization of service delivery and registration of paramedics
<p>There is a shortfall of 32 percent of paramedics, overall in NER. Manipur has the highest shortfall of 79 percent paramedics followed by Tripura with 70 percent</p> <p>Challenges in infrastructure and resources</p> <ul style="list-style-type: none"> • Inadequate laboratories and workshops The institutes at Assam do not have exclusive laboratories and workshops, make-shift practical classes are arranged in the Medical college. There is only one laboratory at Shija Paramedical Research Academy. • Absence of permanent building (NIPMT, Meghalaya has no attachment with hospital and currently associated with Hope clinic of Dr Sethi.) 	<ul style="list-style-type: none"> • Big private hospitals, public hospitals and medical college hospitals can be identified to start diploma paramedical training programs • Hospitals with attached nursing institutes can start paramedical courses by sharing classrooms of the nursing institutes • The following identified hospitals can start paramedical courses. <ol style="list-style-type: none"> a. ILS Hospital Tripura b. Shija Hospital Manipur c. STNM Hospital Sikkim d. RIMS & JNIMS Medical College Manipur
<ul style="list-style-type: none"> • Absence of permanent faculty is a major challenge in the colleges. At institutes of Assam and Manipur there are no permanent faculty, the Medical college faculties and doctors or technicians are teaching the students. Principal of nursing college is deputed as the principal for Shija Paramedical institute at Manipur. 	<ul style="list-style-type: none"> • Practical classes and hands-on workshops can be undertaken by senior technicians and doctors with some additional incentives. Recruitment for permanent faculty should be explored for theory sessions.