



HEALTHCARE AND THE MANIPUR CRISIS

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THE HEALTH OF MANIPUR

- Geographic Area [Sq Kms]: 22,327.
- Population: 25,70,390.
- Health facilities: 1 RIMS, 1 SH, 7 DHs, 1 SDH, 16 CHCs, 80, PHCs, 413 SCs, 33 Pvt. Clinics / Hospitals.
- Immunization rate: 90% .

- Sex ratio: 987 girls for every 1000 boys.
- Under 6 ratio: 957 girls born for every 1000 boys.

*Based on the 2011 Census

There's been a **10% increase** in Manipur's budget allocation[2023-24] for Health and Family Welfare, when compared to 2022.

UNDERSTANDING MANIPUR'S CULTURE AND HISTORY

29 Scheduled Tribes, constituting **31.5%** of the state's population.

7 Scheduled Caste, constituting **2.5%** of the state's population.

- Manipur is primarily comprised of 3 communities. Namely-Meitei, Naga and Kuki-Chins.
- Bamon and Pagans are part of the Meitei.
- The Naga community comprises the Zeliangrong, Kabui and Zemei.
- The language spoken in the Hilly state is Manipuri.
- The major occupation is Agriculture. The State is known for its Oilseeds like Mustard, Sunflower and Soybean, along with Paddy and Wheat.

Source: State Program Implementation Plan (SPIP) 2010-11, Manipur & <https://www.indianmirror.com/culture/states-culture/manipur.html>

Manipur is also divided into 9 districts, out of which 5 are Hilly districts. There are 37 sub-divisions with 166 Panchayats, in 4 plain districts and 6 autonomous councils in 5 Hill Districts.

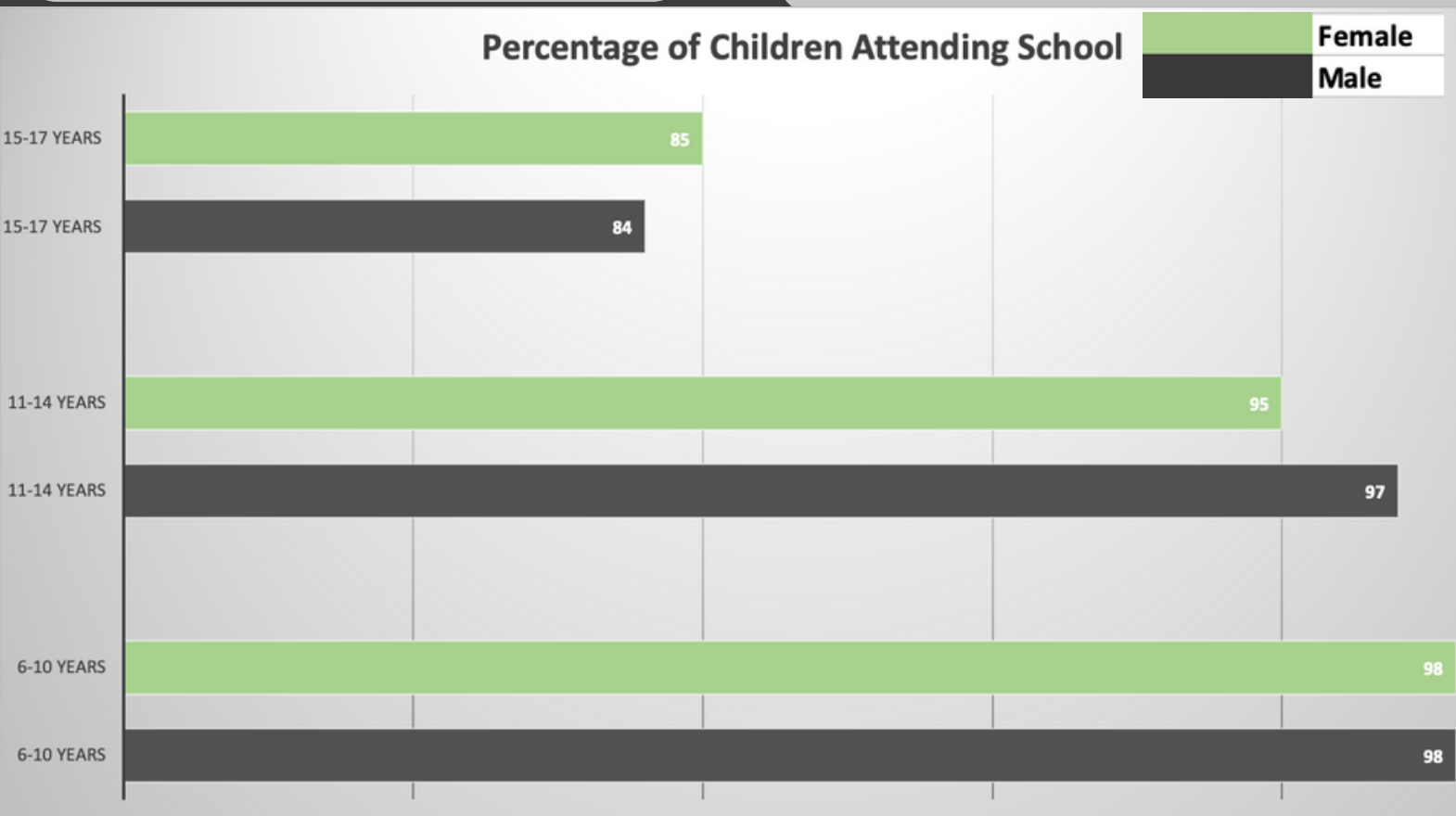
SOCIAL PARAMETERS AND MANIPUR:

(i) EDUCATION AND EMPLOYMENT:

Gender disparity is almost **negligible** in school attendance.

Education levels have also been linked to the usage of contraceptives and family planning. The knowledge of contraceptives in Manipur is **universal**(99%).

In terms of employment, **20%** of **women** and **23%** of **men** are engaged in agricultural occupation. While **41%** of **men** and **45%** of **women** are engaged in non-agricultural occupation.



Men (**37%**) are much more likely than women (**20%**) to read a newspaper or magazine at least once a week. It is also understood that residents of Manipur have less media exposure as well.

In Manipur, **85%** of women and **93%** of men are literate.

(ii) POVERTY AND UNEMPLOYMENT:

49.96% of the people in Manipur are below the poverty line.

52.67% of those who fall below the poverty line are from rural areas.

36.92% of those who're below the poverty line are from urban areas.

The unemployment rate in Manipur is **44.4%**.

BPL cards are possessed by **43%** of households.

(iii) HOUSEHOLD CHARACTERISTICS:

- **62%** of the households are in rural areas.
 - **19%** of the households are headed by women and **16%** of the population live in female headed households.
 - Majority of the households (**62%**) are nuclear families and **48%** are non-nuclear.
 - **42%** of the household heads are **Hindus**, **10%** are **Muslims** and **29% Christians**.
 - Almost **2%** of the household members age **70** and over are reported to have any disability.
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- Almost all households (**98%**) have electricity.
 - Urban households (**30%**) are more likely than rural households (**15%**) to have water piped into their dwelling, yard, or plot. However, **70%** of its residents have access to drinking water.
 - Only less than **0.5%** of the Manipuri population do not use any sanitation facility.
 - **27%** of all households in Manipur own agricultural land, and more than half of households (**55%**) own farm animals.

Evolution of Healthcare in Manipur

The healthcare system in Manipur has gone through several phases of development. In the early years, healthcare was primarily limited to traditional practices and local remedies. However, with the advent of modern medicine, the state saw the establishment of government-run healthcare centers and hospitals. The introduction of immunization programs and family planning initiatives in later years further enhanced healthcare services. However, Manipur still goes through plenty of healthcare issues which add onto the socio-economic difficulties faced by its residents.

Public Expenditure on Healthcare

Manipur's public expenditure per capita on health is ₹1,364, which is almost three times that of Uttar Pradesh (UP) and double the expenditure of Punjab and the national average for India. Despite this higher expenditure, the percentage of households with any usual member covered by health scheme or health insurance is only 3.6%, significantly lower than the national average of 28.7%. The coverage is even more limited in the hilly districts, with Senapati, Ukhrul, and Chandel having coverage rates of 0.6%, 1%, and 1.1% respectively. This indicates that a majority of Manipur's population pays for medical expenses out of their own pockets, leading to financial burden and challenges in accessing quality healthcare.

Table 1: Public Expenditure per Capita on Health

State	Public Expenditure per Capita on Health (₹)
Manipur	1,364
Uttar Pradesh (UP)	455 (Approx. 1/3 of Manipur's expenditure)
Punjab	682 (Approx. 1/2 of Manipur's expenditure)
National Average	1,364

Table 2: Percentage of Households with Health Scheme/Insurance

State	Percentage of Households with Health Scheme/Insurance (%)
Manipur	3.6
National Average	28.7

Table 3: Percentage of Households with Health Scheme/Insurance in Hilly Districts of Manipur

District	Percentage of Households with Health Scheme/Insurance (%)
Senapati	0.6
Ukhrul	1
Chandel	1.1

Medical Expenditure on hospitalization.

The average medical expenditure on hospitalization (private and public) in Manipur is ₹7,226, which is lower than the national average of ₹18,268. This suggests that the concentration of hospitalization cases is higher in public hospitals (approximately 89% for rural and 79% for urban) compared to private hospitals, where medical expenditure is almost thrice as much. This could be due to either the availability of good quality public health services or the inability of people to afford private healthcare. Notably, Manipur has lower out-of-pocket expenditure on hospitalization, indicating a positive outcome in terms of financial burden on individuals compared to states like Himachal Pradesh and cities like Chandigarh.

Caesarean Section Deliveries: Over half of the deliveries in private health facilities in urban Manipur are performed by a caesarean section, while the percentage is lower (30%) in public health facilities. Both figures are higher than the WHO recommended estimates of 10 to 15%. Caesarean section deliveries in Manipur remain much higher than the national average, raising concerns about unnecessary interventions and potential overuse of this procedure.

Table 4: Medical Expenditure and Caesarean Section Deliveries in Manipur

Information	Manipur	National Average
Average Medical Expenditure on Hospitalization	₹7,226	₹18,268
Percentage of Hospitalization Cases in Public Hospitals (Rural)	89%	-
Percentage of Hospitalization Cases in Public Hospitals (Urban)	79%	-
Percentage of Hospitalization Cases in Private Hospitals (Urban)	-	-
Caesarean Section Deliveries in Private Health Facilities (Urban)	Over 50%	-
Caesarean Section Deliveries in Public Health Facilities (Urban)	30%	-
National Average of Caesarean Section Deliveries	-	10% - 15%

Health Indicators

1. Infant Mortality Rate (IMR): Manipur's IMR stands at 22, which is lower than the national average of 41. This indicates a better infant health outcome in the state compared to the country as a whole.
2. Under-five Mortality Rate (U5MR): Manipur's U5MR is 26, which is half of India's average. This indicates a favorable under-five health outcome in the state.
3. Child Immunization: While Manipur's child immunization rates are higher than the national average, there is a need for improvement in coverage, especially in rural districts. Only 32.1% of children in Manipur received a Vitamin A dose, which is almost half of the all-India average.
4. HIV Prevalence: Manipur has the highest prevalence of HIV among the adult population in the country, with a rate of 1.15%. This is four times the all-India average and indicates a significant public health challenge in the state.

State	Infant Mortality Rate (IMR)
Haryana	33
Delhi	31
Kerala	6
Manipur	22

INDIAN AVERAGE OF IMR ACC TO NFHS 4 - 34

Health Manpower and Infrastructure

1. **Nursing Staff:** Manipur has one of the highest numbers of nurses per capita in the Northeast, after Kerala. This indicates a relatively better availability of nursing staff for healthcare services.
2. **Healthcare Centers:** The state has two tertiary healthcare centers, seven district hospitals, 59 primary health centers (PHCs), and 148 sub-health centers (SHCs). The presence of PHCs within a distance of 10 km for 76.4% of villages and SHCs within 3 km for 75.2% of villages suggests a relatively good distribution of healthcare facilities in the state.
3. **Shortage of Specialists:** Manipur faces a significant shortage of sanctioned specialists at Community Health Centers (CHCs) compared to the national average. Addressing this shortage is crucial to improve healthcare services, especially in rural and hilly regions.

Table 6: Hierarchical Medical Structure in Manipur and Key Healthcare Indicators

Level	Number of Facilities	Key Healthcare Indicators
Tertiary Level	2 Tertiary Healthcare Centers	Relatively better availability of nursing staff for healthcare services (after Kerala)
Secondary Level	7 District Hospitals	-
Primary Level	59 Primary Health Centers (PHCs)	Presence of PHCs within a distance of 10 km for 76.4% of villages suggests a relatively good distribution of healthcare facilities
	148 Sub-Health Centers (SHCs)	Presence of SHCs within 3 km for 75.2% of villages suggests a relatively good distribution of healthcare facilities

Insights from NFHS 5 - MANIPUR

1. Of the total surveyed households, around 72 per cent had access to basic drinking water service. However, only 20.5 per cent of households had water piped into their dwelling, yard or plot.
2. Around 62 per cent of households in Manipur had basic sanitation service (improved facilities not shared among households) while 32 per cent had limited sanitation services (improved sanitation facilities shared by two or more households). As few as 0.5 per cent households in the state had no sanitation facility and used open spaces or fields.
3. In Manipur, the total fertility rate (TFR) was 2.17 children per woman – 2.38 in rural areas and 1.84 in urban areas. It was a decrease from the TFR of 2.61 children per woman recorded in NFHS-4.
4. Knowledge of contraceptive methods was almost universal in the state. Among currently married women, the contraceptive prevalence rate rose steeply from 23.6 per cent in NFHS-4 to 61.3 per cent in NFHS-5. However, only 18.2 per cent of the women used modern methods of contraception like sterilisation, pill, intrauterine devices, injectables or condoms.
5. In NFHS-5, the infant mortality rate increased to 25 deaths (before the age of one) per 1,000 live births from the NFHS-4 figures of 21.7 deaths. The under-five mortality rate during the period remained nearly the same of around 30 deaths (before the age of five) per 1,000 live births.

Insights from NFHS 5 - MANIPUR

Since the onset of the current crisis in Manipur (May 3 - July 24, 2023), a total of 319 pregnant women, including 19 in the high-risk category, have received crucial antenatal care, while 139 pregnant women have given birth to babies. Medical teams have been formed in each of the affected districts in Manipur to provide overall healthcare services to the victims at the designated relief camps. Regular health check-ups are conducted at all the designated relief camps across the state, and those who are seriously ill are promptly transferred to the nearest hospitals by ambulance services. Healthcare services for women and children, including lactating mothers and infants, are provided under the maternal health and child health programmes.

Table 7: Insights from National Family Health Survey (NFHS) - Manipur (Data available from both NFHS-4 and NFHS-5)

Indicator	NFHS-5 Data (%)	NFHS-4 Data (%)
Contraceptive Prevalence Rate	61.3	23.6
Infant Mortality Rate (IMR)	25	21.7
Under-Five Mortality Rate	~30	~30

Table 8: Insights from National Family Health Survey (NFHS) - Manipur (Data available only from NFHS-5)

Indicator	NFHS-5 Data (%)
Access to Basic Drinking Water Service	72
Basic Sanitation Service	62
Limited Sanitation Service	32
No Sanitation Facility	0.5
Modern Contraceptive Use	18.2

Table: NFHS-5 Data - Healthcare Trends in Manipur

Indicator	Pregnant Women Receiving Prenatal Care	Pregnant Women Giving Birth
NFHS-5 (May 3 - July 24, 2023)	319	139

Insights from NFHS 5 - MANIPUR

1. The report notes that 68.8 per cent of children in Manipur, aged 12-23 months, received all basic vaccinations against tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. Only around 2.8 per cent children (aged 12-23 months) in the state had not received any vaccinations.
2. As high as 42.8 per cent children (aged 6-59 months) in Manipur suffered from anaemia. This was a significant increase from the estimate of 22.8 per cent recorded in NFHS-4. Among people between the ages of 15-49 years, 29.4 per cent of women and six per cent of men were anaemic.
3. Almost all (99 per cent) men and women in Manipur had heard about HIV/AIDS but only 50.6 per cent of women and 55.9 per cent of men had comprehensive knowledge of it.
4. In Manipur, 83.3 per cent women aged 15-24 years used hygienic methods of menstrual protection – 89.6 per cent in urban areas and 79.9 per cent in rural areas. The report notes that 63.8 per cent women used cloth, 80.9 per cent used sanitary napkins, 3.9 per cent used locally prepared napkins, 0.7 per cent used menstrual cups and 0.1 per cent used tampons.
5. As high as 37 per cent of women (aged 18-49 years) in the state reported having experienced either physical or sexual violence and four per cent reported experiencing both. Only three per cent of women who had experienced such violence sought help.

Challenges and concerns

1. High Out-of-Pocket Expenditure for Delivery: Despite lower average medical expenditure on hospitalization, Manipur has the highest mean out-of-pocket expenditure per delivery in a public health facility in the country, amounting to ₹10,076. This indicates financial strain on families during childbirth and requires further investigation to understand the reasons behind this unusually high figure.
2. Disparities in Health Infrastructure: The hilly districts of Manipur, such as Tamenglong and Ukhrul, face greater challenges in accessing health infrastructure, with lower percentages of assisted births by medical professionals compared to valley districts like Imphal East and Imphal West. Addressing these disparities is crucial for achieving universal healthcare access.
3. Substance Abuse and HIV Prevalence: Manipur grapples with high levels of alcohol consumption, tobacco use, and drug issues, particularly heroin. The state has the highest number of female injecting drug users (28.2%) in the Northeast, contributing to the high prevalence of HIV, which is four times the all-India average.
4. Despite the establishment of Primary Health Centers (PHCs) and sub-centers for tribal areas, quality healthcare remains inaccessible to the majority of tribals. The shortage of trained manpower, including doctors and paramedical staff, inadequate infrastructure, difficult terrain, and poor transport and communication facilities hinder healthcare delivery. The prevalence of unqualified medical practitioners or quacks also exacerbates the issue.

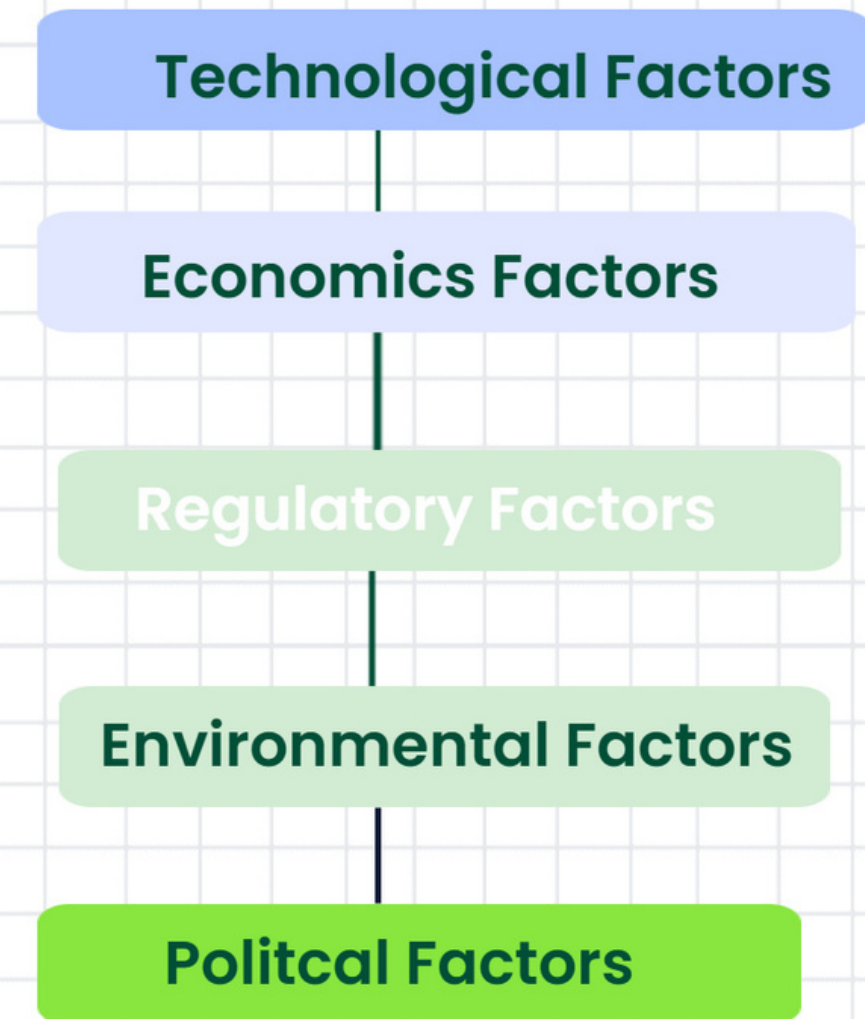
Influence of External Factors on the Health-sector

In any crisis, the healthcare sector remains one of the most vulnerable, be it the pandemic or any unrest within the community the pressure on the hospitals/healthcentres build-up

Given below are some key external factors which affect the Health-sector

- **Technological Factors**: Any invention/ discovery in the medical field can bring both positive and negative consequences to the sector as a whole. The technology could be leveraged to cure various diseases, but it might make the treatment unaffordable for many
- **Economic Factors**: The economic conditions of the people remain one of the key external factors in the sector, since adverse economic conditions may force people to either postpone or cancel their treatment to save money

Influences of External Factors on the Health Sector



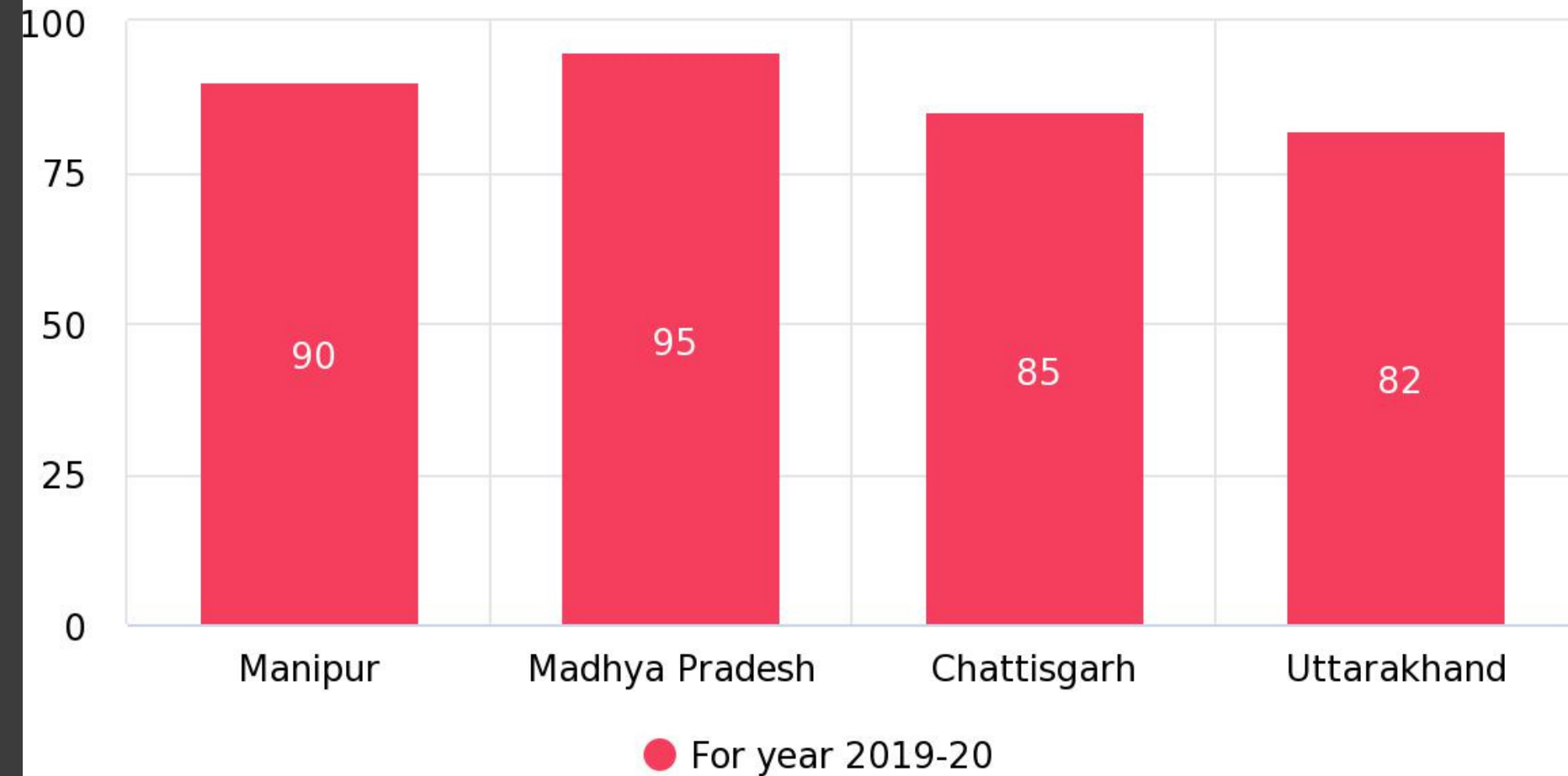
- **Regulatory issues**: In most developed economies, the amount of time one has to wait to get a specific medical procedure is considerably high due to a lack of specialists.
- **Environmental factors**: Exposure to various forms of pollution that includes air pollution, sound pollution, and water pollution may decrease the quality of well-being of the people living
- **Political Factors**: Any change in key policies that govern the healthcare sector can have immense consequences on the functioning of the sector as a whole



External factors that are key to the Health care sector with a focus on areas that suffer from protests/unrest within the region

- **Societal Factors:** The culture, language and tradition in a particular place have an effect on the acceptance of modern healthcare in the region
- **Civil Unrest:** In places where there is a lack of proper stability, healthcare is most affected since they are occupied and quality healthcare may not be provided considering the inflow of patients
- **Quality of professionals:** In areas that are prone to violence and disturbance, the quality of healthcare is drastically reduced since there is a scarcity of healthcare professionals in the region

Shortfall of doctors in rural health centres in %



A Bar Graph Depicting the acute shortage of doctors

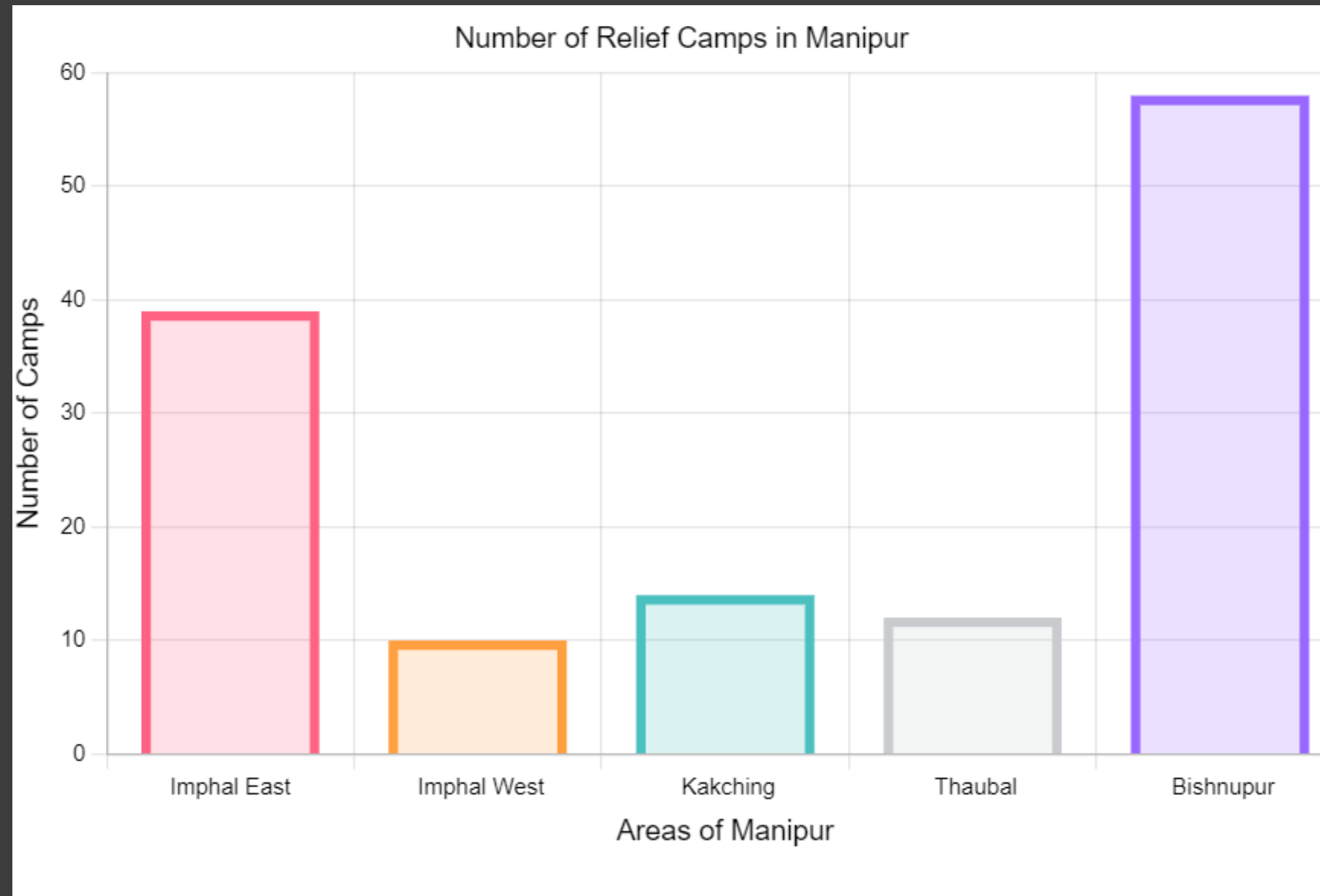
External Factors that are relevant to the Manipur Conflict

- Socio-Cultural Factors: The acceptance and view of modern healthcare in the region must be taken into account since this has a direct bearing on the performance of the healthcare sector
- Regulation of healthcare: Strict policies and rules regarding the use and disposal of drugs, and bio-medical wastes can hamper the availability of life-saving drugs
- Scarcity of resources: Due to civil unrest, protests, and conflicts in the region. There are immense possibilities of a resource crunch since the free movement of essential items is disrupted

For instance: The movement of essential items has been disrupted in the Manipur region, due to which there is an acute shortage of life-saving drugs in the region.

- **Discrimination within patients**: In areas that are prone to civil unrest, there is a trend of discrimination towards patients who are termed as “Outsiders” making it difficult to access healthcare
- **Destruction of facilities**: Serious damage caused to the facility due to civil unrest remains a key concern

For instance: There have been news reports of mobs causing serious damage to health camps/ health centres where injured victims were being treated due to the conflict in Manipur



Conflict and the future of healthcare

- The conflict has led to more than 50,000 people being displaced and residing in formal/semi-formal relief camps within the state of Manipur, approximately 11,000 displaced persons are residing in neighbouring states of Mizoram and Assam and 1500 people fled to Nagaland.
- Many health workers fearing attack left villages affected by violence, resulting in staff shortages.
- Without internet access and access to ATMs, payments for medicines and other essential items have been impacted.
- The Union Government released over ₹101 crore package for 50,000 displaced persons staying in about 350 relief camps because of the conflict but the people have still not received the aid.
- Shija Hospital and Research Institute (SHRI), one of the largest private hospitals in Imphal, declared that they will provide free medical care beyond ethnic lines to those who have sustained injuries as a result of the prevailing violence.

Suggestions to improve the current healthcare system

- **Tackle substance abuse and HIV prevalence:** This could be done by increasing awareness about the dangers of substance abuse, providing treatment and rehabilitation services for people with substance abuse problems, and educating people about HIV prevention.
- **Improve access to healthcare for tribals:** This could be done by increasing the number of PHCs and sub-centers in tribal areas, providing financial assistance to tribals to access healthcare, and training healthcare workers in tribal languages.
- **Reduce self-medication and the use of traditional medicine:** This could be done by educating people about the dangers of self-medication and traditional medicine, providing access to quality healthcare, and regulating the practice of traditional medicine.
- **Improve transportation and financial support for healthcare:** This could be done by providing transportation subsidies to people living in remote areas, increasing the number of public health facilities, and providing financial assistance to people who cannot afford healthcare.
- **Address disparities in health infrastructure:** This could be done by improving the infrastructure in hilly districts, providing transportation subsidies to people living in remote areas, and increasing the number of trained healthcare workers in these areas.



For any inputs, suggestions or clarifications, please contact us at cnesinfosphere@gmail.com



Thank you!