

# Assessing Manipur's Healthcare Challenges Amidst the Ongoing Crisis

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*This is the first part of a two-part explainer on the need to assess the healthcare costs and impact of the ongoing Manipur conflict on its state-population. The Centre for New Economics Studies' [InfoSphere](#) team, with the help of its field team, has written this piece. The piece also says that a paucity of local data remains a challenge. The conflict situations exacerbate these challenges, making any data analytical exercise a difficult process. You can access the InfoSphere edition [here](#).*

Manipur occupies 22,327 square kilometres of area, with a population of 28,55,794 people, as per the [2011 Census](#). The state's healthcare system is backed by the Regional Institute of Medical Sciences, a state hospital, seven district hospitals, one sub-district hospital, 16 community health centres, 80 primary health centres, 413 sub-centres and 33 private hospitals/clinics.

The state also has a fairly decent sex ratio of 987 girls born for every 1,000 boys. The ratio declines to 957 girls for every 1,000 boys for ages below six.

In the 2023-24 budget, the state increased its allocation by 10%, as compared to the previous year, to ramp up health facilities in the state.

However, it is crucial to understand Manipur's culture and history to get a complete picture of their healthcare system and the various stakeholders involved in its development.

**Evolution of healthcare in Manipur – A comparison between NFHS-4 and NFHS-5**

Manipur's healthcare system 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 centres and hospitals.

The introduction of immunisation programmes and family planning initiatives further enhanced healthcare services in the state.

However, Manipur still faces plenty of healthcare issues which add to the socio-economic difficulties faced by its residents. The poor condition of the healthcare system affects some communities more than the others. These include women, children, senior citizens, and people with different ailments. Therefore, it is paramount to look at the statistics when analysing the evolution of the healthcare system in any region.

### Public expenditure on healthcare

According to the National Family Health Survey (NFHS)-4, 2015-16, Manipur's per capita public health expenditure stands at Rs 1,364. This is almost three times that of Uttar Pradesh and double the expenditure of Punjab and the national average of India.

Despite such a high expenditure, the percentage of households with any usual member covered by a health scheme or health insurance is only 3.6%, which is 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 only 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

Source: Team InfoSphere

**Table 2: Percentage of Households with Health Scheme/Insurance**

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

Source: Team InfoSphere

**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

Source: Infosphere

### Health indicators

According to NFHS-4, Manipur's infant mortality rate (IMR) stands at 22, which is lower than the national average of 41. The figures indicate a better infant health outcome in the state compared to the country as a whole.

Moreover, 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.

Further, 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.

[Also read: Medicine Shortages, Uncertain Educational Futures: Manipur Is Reeling Under Many Impacts of Violence](#)

## Health manpower and infrastructure

According to NFHS-4 and District Level Household and Facility Survey 4, Manipur has one of the highest number of nurses per capita in the northeast, after Kerala. This indicates a relatively better availability of nursing staff for healthcare services.

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

**INDIAN AVERAGE OF IM4 ACC TO NFHS 4 - 34**

Source: Infosphere

## Insights from NFHS-5

Of the total surveyed households in the NFHS, around 72% had access to basic drinking water services. However, only 20.5% of the households had water piped into their dwelling, yard or plot. Around 62% of households in Manipur had basic sanitation service (improved facilities not shared among households) while 32% had limited sanitation services (improved sanitation facilities shared by two or more households).

As few as 0.5% of households in the state had no sanitation facility and used open spaces or fields.

According to NFHS-5, the total fertility rate (TFR) in Manipur was 2.17 children per woman; it was 2.38 in rural areas and 1.84 in urban areas. This was a decline from the TFR of 2.61 children per woman recorded in NFHS-4. Knowledge of contraceptive methods was almost universal in the state.

Among married women, the use of contraception rose steeply from 23.6% in NFHS-4 to 61.3% in NFHS-5. However, only 18.2% of the women used modern methods of contraception such as sterilisation, pill, intrauterine devices, injectables, or condoms.

In NHFS-5, the infant mortality rate (IMR) was 25, (meaning 25 deaths before the age of one per 1,000 live births). In NFHS-4, IMR was 21.7. The under-five mortality rate during the period remained nearly the same at around 30, (meaning 30 deaths before the age of five per 1,000 live births).

Medical teams have been constituted 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.

Additionally, healthcare services for women and children, including lactating mothers and infants, are provided under the maternal health and child health programmes.

**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

Source: Infosphere

The report notes that 68.8% of children in Manipur, aged 12-23 months, received all basic vaccinations against tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. Only around 2.8% of children (aged 12-23 months) in the state had not received any vaccinations.

Nearly 42% of children (aged between six and 59 months) in the state suffered from anaemia – a substantial increase from the NFHS-4 estimate of 22.8%.

The report notes that 63.8% of women used cloth, 80.9% used sanitary napkins, 3.9% used locally prepared napkins, 0.7% used menstrual cups and 0.1% used tampons. Thirty-seven per cent of women (aged between 18 to 49 years) in the state reported having experienced either physical or sexual violence and 4% reported having experienced both. However, only 3% of women who had experienced such violence sought help.

It is important to put some of these numbers in perspective.

A district-level insight from the NFHS surveys and other sources may help provide greater depth to our team's analysis, however, access to these figures and granular details remains a challenge. Our team also faced these challenges. If we could overcome these challenges, through better (high frequency) data, it would have been helpful for both context and analysis.

Assessing the socio-political and economic situation in a conflict-affected area leads to an understanding of the demographic's public health scenario, too. In the case of Manipur, too, many issues highlighted in this piece have been exacerbated by the conflict – and its impact on the youth, women, children and elderly, who have all been badly affected by the ethnic violence.

The second part of this series shall reflect more on the role of other factors responsible for the healthcare implications of the ongoing conflict.

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