

Evaluating the Public Health Scenario in Tamenglong District: A Grassroots Perspective.

Maheisin Rongmei (Research Scholar, Department of Sociology, Manipur University)

Dr. Oinam Shantibala Devi (Assistant Professor of Liberal College)

Abstract

The paper evaluates the public health scenario in the Tamenglong district. Tamenglong District is located in the hilly region of Manipur. The dominant tribe of the area is Rongmei (Kabui). The district has been facing various public health problems like geographical difficulties, poor infrastructure, less manpower, lack of healthcare facilities, socio-economic conditions, etc. These issues have influenced the well-being and health of the people in the region. This paper assesses the healthcare system of the district at the grassroots level. The research brings to the fore problems regarding the prevalence of disease, accessibility, poor healthcare facilities, and the deficiency of healthcare workers. The main objective of the research is to address the public health concerns in the areas and make people aware and suggest education in public health and propose recommendations for enhancing public health based on the research results. The study is based primarily on collecting data from secondary sources like government reports or policy reports, NHM reports, census reports, journals, books, and reliable web sources.

Keywords: public health, Tamenglong District, socio-economic conditions, poor infrastructure, manpower.

1. Introduction

Tamenglong district is situated in the western part of the state of Manipur. It is an area that offers all the fresh natural products and comfortable weather nature offers people to live healthy lives. It is also the birthplace of Haipou Jadonang Malangmei, who is a blessed pioneer and has all the attributes to be called a community savior (Dr. Kamei Sanjit Rongmei, 2012).

The Zelianrong Naga tribe remains the main population in the district of Tamenglong, which includes the Zemei, Liangmei, Rongmei, and Puimei. Of all of these tribes, the Rongmei remain the majority in the district. Therefore, the history of the district is closely related to the people of Rongmei. The origin of the Rongmei is not clear but can be found in their folklore, literature, song and traditions passed down by their forefathers. According to Rongmei mythology and antiquity scholars, the name of the present Tamenglong was Lianglong. In Rongmei language, “Liang” means “peace and tranquility,” and “long” means “village.” The village was called Tamenglong in the 15th century A.D. during the reign of King Paikhomba. The Rongmei say that they emerged from a cave called Mahou Taobei, which is still regarded as their ancestral home. As per reports, the cave is situated in the Mao region of this state's Senapati district, namely near Makhen or Makhan village. According to legend, the tribe dispersed from the aforementioned village, and as a result, several communities along the western hill ranges emerged. In the hill ranges southwest of the Manipur valley, few remnants of Rongmei towns can still be found. The Rongmei are believed to have occupied the entire range of hills west of the valley for several generations as a powerful tribe. However, when inter-tribal conflicts for dominance over one another increased over time, a sizable section of the Kabui population started to migrate north (Census of India, 2011). The present study is to highlight the public health scenario in Tamenglong district since the region has faced numerous challenges in the field of public health.

2. Objectives of the study

1. To highlights the public health scenario of the district.
2. To examines the maternal and child health in the region.
3. To analyze the socio-economic conditions and traditional practices that impact the public health.
4. To highlights the government policies and NGO intervention in public health.

3. Methodology

The study is based on both qualitative and quantitative approaches. The data is primarily based on collecting from secondary sources like government reports or policy reports, NHM reports, census reports, journals, books, and other reliable web sources.

4. Meaning and definition of public health

The term "public health" is broad and encompasses all organizations that make efforts to improve the health of a population. The goal of public health is to improve the general health of the population by enhancing the health of the individuals through a variety of methods, such as disease prevention, screening, and treatment, as well as by keeping an eye on and altering the social, political, economic, and environmental environments. Public health work encompasses such as preventing injuries, educating the public about unhealthy habits like smoking, inactivity, drinking too much alcohol, workplace accidents, and food safety, and providing a scientifically based solution to health issues (Peter F. Edemekong and Steven Tenny, 2022).

In the dictionary, public health is defined as the efforts to protect, promote, and restore the people's health. Public health is the aggregate of science, skills, and beliefs that is directed to the maintenance and improvement of the health of all people through collective actions and efforts (Nagla, 2018. P. 22).

Winslow provided the first widely recognized definition of public health. According to Charles-Edward A. Winslow (1920), public health as "the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals" (Cited by Schneider, 2016. P. 4). Winslow's definition is still considered valid today.

Thus, public health is concerned with preventing disease and promoting and protecting the health of society as a whole. It is about society's or community's efforts together for the betterment of people's health. With the dynamic nature of society, the concept of public health may undergo alterations in terms of its structures, procedures, and circumstances. The notion of public health is dynamic. It is constantly evolving, and the idea of public health may likewise adopt new definitions and patterns of thinking in the future.

5. Results and Discussion

5.1. Public health in Tamenglong District

Public health problems are a serious concern for the people of the Tamenglong district. The district has faced many challenges, such as poor health care infrastructure, lack of necessary medical facilities, road conditions, manpower, etc. These challenges have impacted the health and well-being of the population. The main concern of the communities is access to medical care for all the people. The Tamenglong district has only one district hospital. This hospital is functioning with improper infrastructure, a shortage of required manpower, equipment, and

other basic requirements. The absence of basic medical services resulted in the loss of numerous valuable lives (Ringbam Kamei, 2018). Despite these challenges, it plays a significant role in the local communities' healthcare system by providing a range of medical services and functioning as a referral hub for more specialized care.

As per the official website of Tamenglong District Hospital, Dr. Guidiathui Kahmei is the present medical superintendent, and there are 10 doctors and 13 nursing staff. The hospital is operating on a 24-hour basis. Services for emergencies and ambulance service are also available. The hospital has three wards. They include a male ward, female ward, and a children's ward. Under the institution of the district hospital are 3 PHCs, which are Tamei PHC, Tousem PHC, and Oinamlong PHC. Under the same institution are also 14 Primary Health Sub-Centres (PHSCS). They include Akhui (HWC) PHSC, Dailong (HWC) PHSC, Wairangba PHSC, Nriangluang PHSC, Sonpram PHSC, Kabonram PHSC, Lenglong PHSC, Chaton PHSC, Namtiram PHSC, Atengba PHSC, Aben PHSC, New Kaiphundai PHSC, Nungkao PHSC, and Taningjam PHSC.

The region suffered from both communicable and non-communicable diseases. According to the State Action Plan on Climate Change & Human Health, Manipur (2023), communicable diseases like malaria, JE, dengue, and other vector-borne diseases were very common in the district. This is due to the increase in temperature, change in rainfall patterns, and increase in humidity. Waterborne diseases such as acute diarrhea and acute hepatitis are also common due to the presence of flooding and poor drainage systems. Air pollution-related illnesses or deaths are not present in the region as the result of allergies and acute respiratory infections (ARI) (Directorate of Health Service, Government of Manipur, 2023).

Nameirakpam Taibangnganbi and D. B. Usharani (2018) both study the health care services in Tamenglong district. The article addressed the morbidity pattern of non-communicable diseases and communicable diseases. The study discovered that just 2% of respondents have kidney problems, but diabetes was highly common; heart disease and cancer were not particularly common in their research area. The Tamenglong district had high rate of both hypertension and orthopedic problems. Hypertension (25 percent) and diabetes (40 percent) were the two most prevalent non-communicable diseases in the region. Even in these areas where there was more physical activity and a natural environment, lifestyle diseases began to strike individuals. Extensive research was required on this dynamic problem, as stated by the authors. The most prevalent communicable diseases in the study area were found to be malaria, chicken pox, common cold, and tuberculosis. According to the respondents, hepatitis and HIV/AIDS were prevalent in the area, but they were less common than the previous diseases.

5.2. Healthcare Infrastructure and Accessibility

The infrastructure and accessibility of the public health facilities in the district hospital, primary health center, and other sub-centers are underdeveloped, with limited facilities and resources. The district hospital had a new building and saw an upgrade from 50 to 100 beds, but there are still many infrastructure issues, a scarcity of doctors, missing equipment, and other necessities. The Tamenglong District Hospital, too, is vulnerable to the spread of several kinds of infection due to poor ventilation and poorly maintained drainage. According to the Indian Public Health Standards (IPHS), ambulances should have specific parking areas allocated along with parking spaces for hospital staff and visitors. It also states that there shouldn't be any overflowing or stagnant drains, water logging, or marsh on hospital property or exposed sewage or ditches within the hospital. The current Tamenglong District Hospital's approach road is better than before, but the periphery of other health sub-centers' road conditions is in disrepair or

deteriorating condition, despite the 2012 revisions to the Indian Public Health Standard (IPHS) stating that the road should be motorable in all weather conditions. The route is rarely passable, which is quite inconvenient for commuters, particularly when patients are being transported. The lives of numerous Tamenglong District residents are in grave danger due to the Tamenglong District Hospital's current poor conditions (Ringbam Kamei, 2018). Daniel Kamei (2023) also stated that, due to lack of proper road infrastructure in the region and absence of health facilities in the area, as many critically ill patients were carried on bamboo stretchers, known locally as a "telai," in order to reach the nearest hospital. The patients and those carrying the patients had to pass through long distances of difficult terrain to board a vehicle that would further transport them to the nearest hospital. As per Sushil Kumar Sharma's (2017) finding, only 25% of the villages have access to medical facilities, and the district has only 1% Primary Health Sub Center (PHSC), serving a population of 4129. According to the district's connectivity status, 38.6% of the villages lack roads, and only 21% of the villages have bus connectivity. Many of the health subcenter facilities of the district are old and dilapidated. As per the Indian Public Health Standard 2022, all dilapidated infrastructures should be demolished and rebuilt with new infrastructures on the very same site. However, at the same time, one needs to ensure that some alternative arrangements for the proper functioning of existing services take place prior to the demolition of the existing structures. Nonetheless, there is no new building constructed in the district. In many sub-centers, there were no labor room facilities, delivery tables, McIntosh sheets, Ambu bags or suction, steam sterilizers, delivery kits, AD syringes, EC pills, ampicillin capsules, gentamicin injections, etc. Many sub-centers did not offer skilled birth attendance training to auxiliary nurse midwives (National Health Mission, 2010).

5.3. Maternal and Child Health

In hilly regions like Tamenglong District, maternal and child health has faced numerous challenges, which hinder the quality of access to the healthcare system. Access to the healthcare system varies greatly between the hill and the valley. Manipur's hill regions are still mostly underdeveloped, with an absence of essential services and infrastructure, such as public transportation, healthcare facilities, educational institutions, and distribution networks. In contrast, Manipur's Valley districts rank among the most advanced in Northeast India. The hill community had a higher child mortality rate. According to NFHS-4, the tribe, which is primarily Christian in the hill districts, has the highest degree of fertility (TFR). Institutional delivery is less than 40% in hill districts like Chandel, Senapati, Tamenglong, and Ukhrul (Prem Shankar Mishra et al., 2017). This institutional delivery is lower due to a variety of factors, including cultural preferences and the distance to medical facilities. As per Sushil Kumar Sharma's (2017) findings, 90% of childbirths in Tamenglong District occur in homes, with 68 percent of women giving birth with the help of untrained dais and other family members. The majority of mothers gave birth at home because of transportation and communication issues on the roads. The Auxiliary Nurse Midwife (ANM) performed some deliveries. There is a need to promote health education in the areas because the majority of mothers were unaware of Acute Respiratory Infection (ARI), the use of contraceptives, and the medical facilities where they were given care (National Health Mission, 2010). In Manipur, 55.2% of women had four antenatal care (ANC) examinations. According to NFHS 5, the districts of Ukhrul, Tamenglong, and Churachandpur reported poor ANC coverage, ranging between 38.8% and 61.3%, while Imphal West, Thoubal, and Imphal East reported relatively better ANC coverage, ranging between 93.4% and 87.1% (Health Dossier, 2021). Under the Pradhan Mantri Surakshit Matritva Abhiya (PMSMA), which was started by the Ministry of

Health & Family Welfare (MoHFW), Government of India, the state government launched the "Mironbising gi khudol" program to address the issue of antenatal care. The program's goal is to provide guaranteed, comprehensive, and high-quality antenatal care, free of charge, to all pregnant women in remote areas where the district lacks volunteer doctors. There have been 26 successful implementations of such programs to date, including in Tamenglong District (The Sangai Express, 2021). In addition, Tamenglong area's child health indicators need to be improved. According to NFHS 5, the districts of Thoubal, Tamenglong, and Imphal East reported low Sex Ratio at Birth (SRB), ranging from 909 to 936, while Churachandpur, Imphal West, and Chandel reported high SRBs, ranging from 1057 to 1008 (Health Dossier 2021). The Directorate of Health Service in Manipur's official website states that 22% of children in the state between the age groups 0-3 suffer from malnutrition, highlighting the need for a focused nutritional intervention. For children ages three to six, the Integrated Child Development Service (ICDS) programs provide services like immunizations, supplemental nutrition, health examinations, and preschool education in the region.

5.4. Socio-economic Conditions that Impact Public Health

The socio-economic factors such as education, poverty, low income, poor healthcare infrastructure, substandard housing and living conditions, road connectivity, transportation, etc., have greatly impacted the public health in the region. Tamenglong District is also considered the least developed district of the state. Agricultural activities are the principal source of income of the population; about 60 percent of the people are engaged in plantations, horticulture, and other non-agricultural activities. Shifting cultivation, or "slash and burn agriculture," is a prevalent practice in the region where the forested land is cleared through burning and cutting. The result of this form of agriculture is very low productivity, since fertilizers and other modern inputs are not present in agriculture (Dr. Kamei Beeju, 2024). According to the Ministry of Panchayat (2006-7), the district is included in the purview of the Backward Regions Grant Fund (BRGF) program for providing financial assistance to augment and integrate existing developmental investment in designated districts with a view to supplementing and integrating such investments in a way that leads to the filling in of critical gaps in local infrastructure and other developmental needs. In other words, the region faced an economic crisis due to poverty, which limits the people's access to healthcare facilities. This means that individuals cannot afford private hospitals but have to rely on public hospitals. Moreover, the level of literacy in the district (70.05%) was lower than the national average (74.04%), while the percentage of literacy among women (63.69%) was even lower than that of men (76.09%). (Census of India, 2011). Thus, it can be concluded that the population of the district is likely lacking in health education. In addition, the public health infrastructure of the district has outdated and underdeveloped features, such as inadequate equipment, insufficiency of drugs and drug stock, limited staff, and so forth (Ringbam Kamei, 2018; Daniel Kamei, 2023). At a time of the poorest quality of communication and transportation infrastructure, road connectivity levels are at their most inadequate. About 75 percent of the population in Tamenglong lives in rural villages at a distance of 5 to 25 kilometers from district headquarters, while the rest live either in district headquarters or in small urban centers such as Tamei (Dr. Kamei Beeju, 2024). This indicates that a large percentage of the rural populace is bereft of quality healthcare services in the area.

5.5. Traditional Practices related to Public Health

Traditional folk biomedicine of Manipur's Tamenglong district utilizes several plant species in the prevention and cure of several chronic diseases. Prakash N. et al. (2014) have carried out research in Tamenglong District, namely Charoi Chagotlong village, and found that 60 species

belonging to 36 families—from gymnosperms to angiosperms—were used in this type of folk biomedicine to cure various diseases. They also mentioned their scientific name, family, local name, and plant parts utilized. They stated that the various plant parts utilized were wood, berry, rhizome, leaf, fruit, bulb, bark, root, seed, tuber, trunk, flower, shoot, and whole plant. Herb, shrub, tree, grass, bulb, vine, climber, tuber, and succulent are some of the known forms of plant life. For instance, the jackfruit root is used to cure diarrhea, while the sweet flag rhizome is used to cure severe cough and chest infection. The Malabar nut leaf and flower were used for jaundice and muscular pain. Nameirakpam Taibangnganbi and D. B. Usharani (2018) further stated that most of these areas had traditional medicine practiced; women and children especially depend on homemade remedies for everyday sicknesses such as fever, diarrhea, dysentery, and cough. To conserve the traditional knowledge, measures should be taken to promote the utilization of traditional biomedicines among rural communities.

5.6. Government Policies and NGO Intervention in Public Health

Though there was intervention of the government and non-government organizations in the area of public health in Tamenglong District, there have been many problems in the district. There are various policies that have been applied by the government in order to counter the problems of public health in the district as well as the state and country at large, such as the National Health Mission (NHM), Janani Suraksha Yojana (JSY), ASHA Schemes, National Disease Control Programs, etc. Other such programs for healthcare are provided in regions including Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Chief Minister Gi Hakshelgi Tengbang CMHT, and so on. In this case, under the PM-JAY, more than 12 crore poor and vulnerable households will be provided with Rs. 5 lakh in health insurance annually for secondary and tertiary hospitals. The cost-sharing between the center and states for PM-JAY is done entirely by the government (PM-JAY, Official Website). Introduction of the CMHT scheme was made by the government of Manipur on January 21, 2018, with the main objective of providing cashless treatment worth up to Rs. 2 lakh per year per entitled family (which was recently raised to Rs. 5 lakh per year) at government healthcare facilities as well as other selected private health centers based on SECC-2011 criteria (The People's Chronicle Editorial, 2024). Several campaigns related to public health were conducted in the district, such as Health Melas (especially to consult with patients, diagnose their illnesses, and make them aware of various aspects of health); Rashtriya Bal Swasthya Karyakram (RBSK) (aiming to screen child health and provide interventions from grassroots levels under the umbrella of NRHM in Tamenglong district); and Swachh Bharat Mission (involving construction of public toilets, disinfecting public areas, and installing handwashing facilities) (Rinku Khumukcham, 2022; Daniel Kamei, 2014; Swachh Bharat Mission (Grameen), 2022). There is also a seldom-held medical camp hosted in the Tamenglong district by the Assam Rifles to treat the villagers and give them the medications they needed (India Today NE, 2024). There are a few active and operative NGOs in the district, such as the Rural Downtrodden Upliftment Society, Tamenglong HQ, and the Community Development Association, Tamenglong HQ. These NGOs operate and collaborate with the government on issues of old age people, disabilities welfare, child abuse and illegal trafficking, etc. (Tamenglong District Social Welfare Official Website). NGOs, like the HOPE Integrated Mission (HIM), emphasize the education and welfare of children, which has an indirect impact on improved health outcomes in the area (Tamenglong District NGO Official Website).

6. Conclusion

Public health in Tamenglong District reflects the complicated scenario interplay of poor infrastructure and accessibility, geographical difficulty, maternal and child health issues, the

burden of both communicable and non-communicable diseases, the influence of socio-economic conditions, traditional practices among the residents, and intervention by both government and NGOs. The region had seen recent developmental projects such as health infrastructure (e.g., upgrading from 50 to 100 beds in the district hospital) and introducing the "Mironbising gi Khudol" for antenatal care by the state government for the district as well as for the whole state. Government policies like the National Health Mission, ASHA Scheme, and other health schemes like PMJAY, CMHT, etc., offer a pathway for improvement. In these remote areas, providing quality public health facilities is necessary since public health impacts and influences the health and well-being of individuals, communities, and the entire world; it is a field that is important to everyone. Due to its constant need for learning, innovation, and adaptation to changing health needs and contexts, public health also presents a number of opportunities and challenges. Public health can have a positive impact on population development and health; it is a field that can make a difference.

7. Recommendation

1. Strengthen the infrastructure of district hospitals, primary health centers, and other health sub-centers, such as buildings, medical equipment, delivery rooms, and other health facilities.
2. Improve the road conditions as per Indian public health standards, which state that roads should be motorable in all weather conditions so that transportation of patients can easily be accessible to the hospital. This is absolutely essential for prompt access to medical care.
3. Investment in human resources or manpower, such as training and retaining healthcare workers, with a focus on hiring the locals.
4. Conduct regular awareness programs related to public health such as hygiene, sanitation, nutrition, preventive healthcare, etc.
5. Improving maternal and child health by utilizing the Mobile Health Units (MHUs), ASHAs workers, Anganwadi workers, etc., to make people aware of the antenatal or postnatal care in the areas. Effective implementation of the state program like "Mironbising gi Khudol" to address the issues of antenatal care, which would provide high-quality antenatal care to all the pregnant women in the district.
6. Implements a disease monitoring system at the district level. Enhancing the regular health screenings, especially for diabetes and hypertension, since, as per Nameirakpam Taibangnanbi et al.'s (2018) findings, these two are the main prevalent non-communicable diseases in the district.
7. Integrated with traditional health practices with the modern health system since the region is deeply influenced by cultural beliefs in health behavior. This integration can boost the trust in the healthcare system and improve the health-seeking behavior in the community.

References

1. Dr. Kamei Sanjit Rongmei (2012). Tamenglong Today: An introspection. -Part 1-Retrieved from: https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://e-pao.net/epSubPageSelector.asp%3Fsrc%3DTamenglong_Today_an_introspection_Part_1%26ch%3Deducation%26sub1%3DScientific_Papers&ved=2ahUKEwin2ZGcr9uJAXvYn68BHRB9M0gQFnoECBYQAQ&usg=AOvVaw1yMviBR5bm9Wn2Deu5s_25. Retrieved on 11/4/25.
2. Census of India (2011). District Census Handbook, Tamenglong: Village and Town Directory.
3. Peter F. Edemekong and Steven Tenny (2022). Public Health, National Library of Medicine.
4. Madhu Nagla (2018). Sociology of Health and Medicine, Rawat Publication.

5. Mary-Jane Schneider (2020). Introduction to Public Health. 6th Edition.
6. Daniel Kamei (2023). The road to health remains a long trek for Tamei villagers, Imphal Free Press, website: https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.ifp.co.in/ifp-breaking-point/the-road-to-health-remains-a-long-trek-for-tamei-villagers&ved=2ahUKEwiL05b_5vOGAxWhxzgGHSV3LqIQFnoECBEQAQ&usg=AOvVaw3Qr6myNOyeHOHpCTxeHzl1. Retrieved, 11/5/24.
7. Ringbam Kamei (2018). Tamenglong District Hospital in grave shortage of manpower (doctors), infrastructures, and other equipment. IT News (Editor, The Gaanphiu Mail). https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://e-pao.net/GP.asp%3Fsrc%3D2..081018.oct18&ved=2ahUKEwiJ_pCH6POGAXUGxDgGHT_BD1UQFnoECBYQAQ&usg=AOvVaw2i4pbt4ylv7UvCv9ReAW1T. Retrieved 11/4/24.
8. Directorate of Health Service, Government of Manipur (2023). Manipur State Action Plan for Climate Change & Human Health. Version 2, retrieved on 11/4/25.
9. Nameirakpam Taibangnganbi and D.B. Usharani (2018). A study of health care services in hill areas—with special reference to Tamenglong District, Manipur. Impact: International Journal of Research in Humanities, Arts, and Literature (IMPACT: IJRHAL) ISSN (P): 2347-4564; ISSN (E):2321-8878 Vol. 6, Issues 4.
10. National Health Mission (2010). Major observations of the Regional Evaluation Team, Kolkata, about the evaluation work in the Tamenglong and Senapati districts of Manipur in January 2010. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.nhm.gov.in/images/pdf/nrhm-in-state/state-wise-information/manipur/ret-reports/ret-manipur-09-10.pdf&ved=2ahUKEwiitrB4MWMAXUmxTgGHQeZF3YQFnoECB0QAQ&sqi=2&usg=AOvVaw1X455n56tNEgyleX1hvA5g>. Retrieved on 11/4/25.
11. Ministry of Health & Family Welfare (2022). Indian Public Health Standards, Community Health Center, Volume II.
12. Sushil Kumar Sharma (2017). Non-Inclusive Development and Insurgency: A Reality Check of Tamenglong District of Manipur and Strategy for Development. Vivekananda International Foundation. Issue Brief – June 2017 Vol.: IX
13. Prem Shankar Mishra a, N. Pautunthang a, Strong P. Marbaniang b, Anushree K. N. (2017). Geographical divide led to inequality in accessing maternal healthcare services between hills and valley regions of Manipur state, India. Clinical Epidemiology and Global Health. Volume 11, July–September 2021, 100744.
14. Health Dossier (2021): Reflections on Key Health Indicators – Manipur.
15. The Sangai Express (2021). Mironbising gi khudol, organized at Maram PHC. https://www.thesangaiexpress.com/Encyc/2021/9/26/Our-CorrespondentSenapati-Sep-26-A-special-initiative-Pradhan-Mantri-Surakshit-Matritva-Abhiyan.html#/google_vignette. Retrieved on 11/4/25.
16. Dr. Kamei Beeju (2024). Struggles and challenges of street women vendors: A study in Tamenglong District, Manipur. International Journal for Multidisciplinary Research (IJFMR). Volume 6, Issue 1.
17. Prakash N, Ansari MA, Punitha P, Sharma PK. (2014). Indigenous traditional knowledge and usage of folk biomedicines among the Rongmei tribe of the Tamenglong district of

Manipur, India. Afr J Tradit Complement Altern Med. 11(3):239-47. doi: 10.4314/ajtcam.v11i3.34. PMID: 25371589; PMCID: PMC4202445.

18. National Health Authority, Pradhan Mantri Jan Arogya Yojana (PM-JAY) Official Website, <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://nha.gov.in/PM-JAY&ved=2ahUKEwiLxomFps-MAxVyyDgGHbkQBmgQFnoECBcQAQ&usg=AOvVaw2A2JmEk-IHOkjWcnq-4PNJ>. Retrieved on 11/4/25.

19. The People's Chronicle Editorial (2024). Delisting private hospitals from CMHT. https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://e-pao.net/epSubPageExtractor.asp%3Fsrc%3Dnews_section.editorial.editorial_2024.Delisting_private_hospitals_from_CMHT_PC_20240902&ved=2ahUKEwiW5Yfgp8-MAxVOzDgGHScLIEQQFnoECEgQAQ&usg=AOvVaw1e9UwfMwLexQ6Xidm8WKoc. Retrieved on 11/4/25.

20. Rinku Khumukcham (2022). A health mela was held under the 100 Days Action Plan of the new government of Manipur at Tamenglong. Imphal Times. Retrieved on 11/4/25.

21. Daniel Kamei (2014). Rastriya Bal Swathya Karyakram' advances in Tamenglong. Hueiyen News Service. Retrieved on 11/4/25.

22. Swachh Bharat Mission (Grameen) (2022). Tamenglong disinfects bazaars and children's homes. Retrieved on 11/4/25.

23. India Today NE (2024). Manipur: The Assam Rifles host a medical camp in the Tamenglong district. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.indiatodayne.in/manipur/story/manipur-assam-rifles-hosts-medical-camp-in-tamenglong-district-1064945-2024-08-05&ved=2ahUKEwjc0riDr8-MAxViyzgGHaK1M9UQFnoECFIQAQ&usg=AOvVaw1isapfQgm9met3MIYBgQS8>. Retrieved on 11/4/25.

24. Tamenglong District Social Welfare Official Website, https://tamenglong.nic.in/social-welfare/?utm_source=chatgpt.com. Retrieved on 11/4/25.

25. Tamenglong District NGO Official Website:

<https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://tamenglong.nic.in/public-utility-category/ngos/&ved=2ahUKEwiWm9L4mM-MAxU1-TgGHQahG1oQzsoNegQIHhAG&usg=AOvVaw00ZjtZxvDEelX2zU5cZq4x>.