April - June '10 Volume 2: Issue 1

NRHM Newsletter Meghalaya

Ensure good health for mother and child
Space out births 3 years apart

National Rural Health Mission (NRHM), Government of Meghalaya

From the Director's Desk

I *am extremely happy to know that the Quarterly Newsletter of National Rural Health Mission (NRHM) has completed one year of its publication. I know that it was a challenge for the Editorial Board in the beginning, but they have gradually picked up the pace and I've seen a lot of improvement with the coming issues. The articles and write – ups in the Newsletter are basically to highlight the importance of the different services available through NRHM and to also act as a platform to showcase individual success stories like those of the ASHAs, Health Care Providers etc. NRHM has invested in improvement of physical infrastructure, provision of equipment and Emergency Services like 108 to reach all the interior corners of all the districts in the State. Each village has been appointed with an ASHA. Rogi Kalyan Samities (RKS) are functioning in all the PHCs and CHCs and Village Health and Sanitation Committee (VHSC) has also been set up in the villages to ensure that the village elders are also responsible for any initiatives taken up by the Health Department.*

Dr. A. S. Kynjing, Director

N*RHM appreciates the work done by each and every Health Worker in the field for providing better health services to the people. We still have to go a long way in order to achieve all the goals and objectives. Let us work together with a spirit of commitment and dedication and spare no efforts to reach the unreached and when we finally reach the end of our journey, may the Light of Hope for the next generation be unfolded.*

Dear Friends,

*T*his edition of the Newsletter presents more information on the activities that concerns the Mission of Rural Health Care. We are glad that some IEC activities are being fed to us by some districts which are worth published. Like we all know, IEC is the backbone for success of any health programme. Therefore we hope that such stories will motivate and promote other districts/programmes in informing and educating the masses. For any story which is of interest and informative, anyone within the health sysrtem must feel free to send it to us for publication in the future editions of this Newsletter.

*O*n behalf of the Editorial Team, I'd like to thank evryone who has given us contribution for enabling us to come up with this edition of the Newsletter.

*W*e look forward to more of your interesting stories.

- Editor

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MEN, GENDER EQUALITY AND POPULATION PROGRAMME

Women are the main targets of family planning programs across all States in our country, but men usually take decisions. Equal involvement of men and women are necessary to ensure that:

- Decisions on contraception are made by both husband and wife.
- More men are directly involved in using contraceptives condoms or sterilization.
- Families and communities avoid taking decisions that harm women's health like early marriage and pregnancy, frequent pregnancy and prevent women from attaining economic and social well being.
- Men become partners in promoting equality by providing women with opportunities and spaces for decision making in all aspect of life.
- More men promote responsible behaviours among each other.

IEC ACTIVITIES UNDERTAKEN AT T, WEST GARO HILLS DISTRICT

Shri A. Sheikh, Shri D. Sangma, Sr. Catherine with the participants

"HEALTH EDUCATION IS NOT A ONE TIME EFFORT BUT A CONTINUOUS PROCESS"

About 2km from Tura, there is a village called Tochapara under Salmanpara PHC which has a population of approximately 500 with total number of 86 household. The villagers have been dependant on indigenous medicine for a number of years and medical science was not so relevant to them. Even IPPI programme was not readily accepted as it was perceived to be about family planning and that it may cause infertility to their children in the future.

But the sustained efforts have been taken by Government of Meghalaya and the BAKDIL, an NGO, which has been identified to take over Salmanpara PHC through Public Private Partnership. This PPP mode is proved to be ultimately productive and the present scenario is thus different. A good rapport has been established with the health personnel. Even though institutional delivery till date is nil, immunization coverage is quite good.

A public meeting was organized at Tochapara village on 14/05/2010 and a good number of people actively participated and exchanged views on different health issues along with the District IEC Officer and the meeting was then followed by an immunization session.

A public meeting on IEC/BCC was held on 25/05/2010 at Tallengre village under Salmanpara PHC. The meeting was conducted by the District Health Education Officers together with the PHC staff. This was the first ever Health Education programme organized by the District Health Department. This village has a population of 427, 81 households and 54 children between the age group of 0-5 years.

During the meeting many doubts and myths that the villagers believed have been clarified by the IEC Officers and PHC staff, such as
(i)intake of nutritious food during pregnancy results in big baby in the womb results in maternal death (ii)diseases and death are natural and given God (iii)IPPI – a Family Welfare Method for the children causes them to become infertile when they reach adulthood

The villagers have understood that the ASHA acts as a link person between the villagers and the health functionaries. They have requested for more such Health Education Programmes to be carried out in future as they have been quite beneficial to them.

Inter-personal Communication Is The Best Methodology For The Change Of Health Behaviour

Gratuitous Ineffective Messages	Useful Health Communication Messages
To prevent diarrhoea, pay attention to cleanliness	To prevent diarrhoea, please ensure that you wash your handswith soap and water before preparing food, or feeding the child and after cleaning up after defecation
Take good care of the child	Are you able to find enough time to feed the child? To play with the child? Who looks after the child when you are at work?
Your child is now onw year old. You must give it nutritious foos	Would it be possible for you to give your child an egg daily (or milk, green vegetables etc)? How would you manage it? Cna you afford it? Would other children in the family also demand it and would that create a problem?

Chief Mininster, Dr. Mukul Sangma

*T*he Maternity and Child Hospital Tura was inaugurated on the 12th of June 2010 by the Honourable Chief Minister of Meghalaya, Dr. Mukul Sangma who was the Chief Guest at the auspicious occasion. Honourable Deputy Chief Minister Dr. R. Lyngdoh i/c of Family Welfare Department was also present at the event.

ADVOCACY WORKSHOP ON MALARIA

*A*n Advocacy workshop on Malaria was conducted by DVB-DCS, West Khasi Hills, Nongstoin in collaboration with a faith-based organization, Nonghyllam village, West Khasi Hills on 13/3/2009. The topic was on "MALARIA AND ITS CONTROL"

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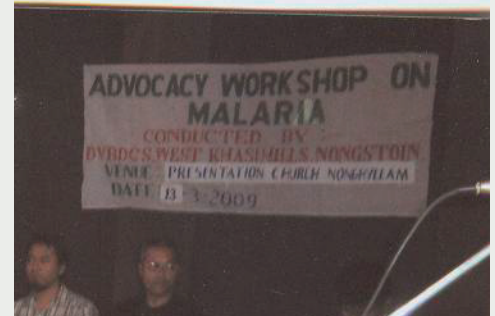
villagers
was made by all the participants.



RSBY has been initiated and launched
and Employment, Government of India
erage for Below Poverty Line (BPL) families.
to provide protection to BPL households
out of health shocks that involve hospitalization.

*B*eneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization. Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of-household, spouse and up to three dependents.

*B*eneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding. The majority of the financing, about 75 per cent (90% in the case of NE states and Jammu and Kashmir), is provided by the Government of India (GOI), while the remainder is paid by the state government.

Status so far

hospitalized: 78
Empanelled hospitals: All Government hospitals as well as Narzareth, Children's and Gordon Robert hospital.
Payment disbursed: 3,30,172 to hospitals
Ri Bhoi and Jaintia Hills District – enrollment still going on
Next District: - West KHasi Hills District and West Garo Hills District
Insurance Provider: ApolloMunich Health Insurance Co. Ltd.

Enrollment at various villages

VILLAGE HEALTH & SANITATION COMMITTEE'S WORK AT WEST KHASI HILLS DISTRICT

Block Programme Manager Mawthadraishan
& PHC Accountant Markasa PHC

The VHSC at West Khasi Hills have been utilizing the fund for different purposes like construction of a washing pond at Nongshillong and this pond was done so for the benefit of some houses in the village. This Committee has completed the cleaning drive in co-operation and collboration with the office of the Block Development Officer, Mawthadraishan C&RD Block during the month of December 2009, this programme was found successful.

The Langlew Village Health & Sanitation Committee had completed construction of washing pond and a cleaning drive activity was also being done by them.

The Tiehsaw Village Health & Sanitation Committee they have completed 2 (two) dustbins, and these dustbins are on the way to Nongstoin Shillong road.

OUTREACH CAMP AT UMJARAIN VILLAGE

An outreach camp was organized by the District Medical & Health Officer at Umjarain village on the 21st April 2010. The chief guest of the camp was Shri. M. Nongrem, CEM KHADC. The day started with an Awareness Health Programme given by Medical & Health Officers on the following health topics.

1. Importance of Immunization against 6 (six) childhood diseases which can help reduce Infant Mortality by Dr. P.Lyngkhoi.

Safe Motherhood and child health, stressed on early registration of pregnant mothers, receiving of TT Injection and IFA Tablets, encouraged Institutional delivery and spacing methods by Dr. A. Hinge.

Malaria and its preventive measures eg. Using of Bednets, removal stagnant water around the house and surrounding areas by Dr. M. Nongrum (AYUSH)

Importance of cleanliness and prevention of various water-borne diseases by adopting the basic principles of Hygiene and sanitation by Shri. S.Syiem PMA.

The day later on continued with a Health Check Up by the Medical Officer of Nongstoin CHC and around 358 patients have been served. These patients have been treated for various ailments, bloodslide were also collected for detection of Malaria.

CAPACITY BUILDING ON IEC/BCC

A Capacity Building Training on IEC/BCC for all the District Health Education Units and IEC Officers of Lateral Programmes like Malaria and Tubercolosis was organized by State Programme Management Unit at the RHFWTC from 15th to 18th June 2010. The training was inaugurated by the Director of Health Services in the presence of the State Programme Manager, NRHM, Training Coordinator, RCH Consultants, and the Senior Medical and Health Officers, Dr. Dhar i/c IDD Directorate of Health Services, Shillong.

The training was attended by 32 participants from State and Districts Health Education Units. The four days training on IEC/BCC was aimed to strengthen the existing DHEU including the State and IEC Officers of the Lateral Programmes for proper implementation of IEC/BCC activities in the Districts. The training was designed according to the Action Plan approved for implementation during the current financial year. The session included topics on FGD, community meeting, community media, development of messages, importance of IPC, and highlights of action plan 2010 -11 under IEC /BCC.

Dr. A. S. Kynjing, Jt. Mission Director
Dr. S. Kharkongor, Training Coordinator
Dr. Dhar, Senior Medical Health Officer

Street Play in progress

On the last day, the districts presented their respective activity charts and it was decided that a centrally designed activity chart may be developed by the state for implementation of IEC activities for all DHEUs. However, the venue, time and coordination of the activities will be decided by the respective districts.

Participants

During the training, the participants were divided into groups wherein each group was allotted with an activity like Importance of IPC, focus group discussion on the importance of IEC in rural areas for promoting health awareness, development of print messages, streets plays on family planning and role of ASHA and community meetings on JSY Schemes. Each group then presented its activity.

Another activity was that all the participants from the different districts were assigned to develop their respective District IEC Activity Chart. Based on the performance in the group work and their presentation it was understood that all the participants have gained enough knowledge on how to go about the implementation of all the activities as planned.

Presentation on Action Plan

Community Meeting in progress

The Director Health Services (MCH&FW) was the Chief Guest Valedictory function on the last day of the training programme where by participants from all the districts including IEC Officers from Lateral programmes had the opportunity to express their experiduring the training and most of the participants had express their happiness and gratitude to the Directorate/NRHM for having organized a training which was the first of its kind under one platform for all SHEUS/DHEUs. The training ended with a word of encouragement the Dr A.S Kynjing, Director Health Services (MCH&FW) and of thanks from Ms. F .Lyngdoh, Communication Officer NRHM

ENSURING LIFE, LIVELIHOOD AND LIBERATION THROUGH BAKDIL

Bakdil is the official Social Service Society of the Diocese of Tura, Meghalaya. As a registered NGO and a Wing of the Catholic Church its fundamental mission is to ensure that, the lives of people created in the "Image and Likeness of God", are lived in dignity and freedom. Therefore unless and until people have food security, health and educational services they cannot live with dignity.

Since its inception, Bakdil as an organization has been involved in rendering services through participation and implementation of various programs.

- Health Management Program.
- Malaria Control Program
- HIV/AIDS Program
- Health Workers Training Program.

Bakdil's achievements in 1 Year

- 44,548 of OPD patients treated in 1 year
- 2035 of In-Patients in 1 year is, of these only 2 mortality cases.
- 322 of babies born, as the mothers had availed of the basis 24/7 services. Of these 28 would have died (extrapolated from the IMR NFHS-2 data for entire Meghalaya). As the health scenario in Garo Hills is much worse, it may be roughly estimated that 100 would have died.
- 9784 Malaria patients treated.
- 172 Health Camps conducted.
- 60 Sectored Meetings.
- 15 Inverters supplied to all the PHCs. Generators properly maintained. Ambulances available on a 24/7 basis.
- Total number of deaths in our PHC is less than 5.

Bakdil as an organization is not only involved in health care. They have many other programs which are- Relief and Rehabilitation of victims of natural calamities:

Flood and Cyclones for the last 15 years, Food for Work Program for developing waste land for agricultural purposes, Safe Motherhood Programs for Pregnant mothers for the last 15 years, Community Family Disaster Preparedness to mitigate loss of life, Community Health to bring Behavior Change to adopt Health Seeking behavior among rural people in the Garo Hills, HIV/AIDS Prevention and Awareness in collaboration with Meghalaya AIDS Control Society.

It is for the IDUs in Tura, and truckers in Meghalaya, and other similar programs.

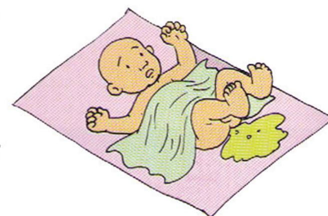
Breast feed your child from birth to six months

HEALTH TIPS

Signs/Symptoms	Status	Action to be taken
Any general danger sign or Chest indrawing	Severe Pneumonia or Very Severe Disease	• Give first dose of Cotrimoxazole. • **Refer URGENTLY** to hospital.
Fast breathing	Pneumonia	• Give Cotrimoxazole for 5 days. (2 Paediatric tablets twice daily for a child from 2 up to 12 months and 3 tablets twice daily for a child from 12 months up to 5 years. • Follow-up in 2 days. ◆ If improving, advise home care and tablets to continue. ◆ If no improvement, insist on referral.
No signs of pneumonia or very severe disease	Cough or Cold	• Advise home care for cough or cold. • If coughing for more than 30 days, refer for assessment.

Prevention of Diarrhoea

Good hygiene practices and use of safe drinking water also protect against diarrhoea. Hands should be thoroughly washed with soap and water after defecating and after contact with faeces, and before touching or preparing food or feeding children.



To prevent diarrhoea, all faeces, including those of infants and young children, should be disposed of in a latrine or toilet or buried. If there is no toilet or latrine, adults and children should defecate away from houses, paths, water supplies and places where children play. Faeces should then be buried under a layer of soil. Human and animal faeces should be kept away from water sources. In communities without toilets or latrines, the community should consider joining together to build such facilities. Households can be encouraged to build their own toilet.

Step 1: Identifying the nature of diarrhoea

- Duration: Ask the mother if her child has diarrhoea. Passing stools more than three times a day is diarrhoea. Usually it is watery.
- If the mother says the child has diarrhoea: Ask for how long the child has had diarrhoea. If the **diarrhoea is of 14 days or more** duration, the child has **severe persistent diarrhoea**. This child should be referred to hospital.
- Passing Blood: Ask if there is blood in the stools. The child who is passing blood in the stools has **dysentery**. This child also needs referral. But one can start treatment at home also, especially if the access to a doctor is not immediately possible. The child should be treated with Cotrimoxazole at home (dosage as Annexure 6) and the mother should be advised home care.

Step 2: Assess every child with diarrhoea for dehydration.

- Look at the child's general condition. Is the child lethargic or unconscious? Is the child restless and irritable?
- Look for sunken eyes.

At least three Ante-Natal checkups are a must for pregnant women

VILLAGE HEALTH AND NUTRITION DAY (VHND)

VHND is a common platform for allowing the people to access the services of the ANM and the male health worker and of the Anganwadi Centre (AWC). It is held at the AWC once every month. The ANM gives immunisation to the children, provides antenatal care to pregnant women and provides counselling and contraceptive services to eligible couples. In addition, the ANM provides a basic level of curative care for minor illness with referral where needed.

The VHND is an occasion for health communication on a number of key health issues. It should be attended by the members of the PRI, particularly the women members, pregnant women, women with children under two, adolescent girls and general community members. The VHND is to be seen as a major mobilisation event to reinforce health messages. You should provide information on the topics given below during the VHND. These topics can be taken up one by one and completed over a period of one year.

Topics for Health Communication during the VHND

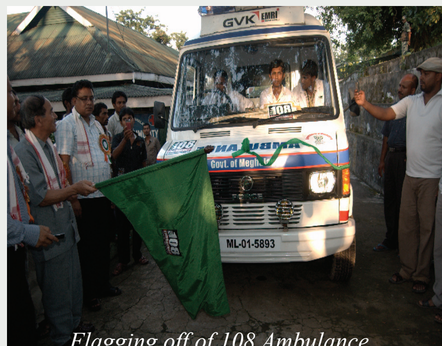
- Care in pregnancy, including nutrition, importance of antenatal care and danger sign recognition.
- Planning for safe deliveries and postnatal care.
- Exclusive breastfeeding and the importance of appropriate complementary feeding.
- Immunisation: the schedule and the importance of adhering to it.
- Importance of safe drinking water, hygiene and sanitation, and discussion on what actions can be taken locally to improve the situation.
- Delaying the age at marriage, postponing the first pregnancy and the need for spacing.
- Adolescent health awareness, including nutrition, retention in school till high/higher secondary level, anaemia correction, menstrual hygiene and responsible sexual behaviour.
- Prevention of Malaria, TB and other communicable diseases.
- Awareness on prevention and seeking care for RTI/STI and HIV/AIDS.
- Prevention of tobacco use and alcoholism.

Timely Immunization can save the life of your child

LAUNCH OF THE GVK EMRI 108 AMBULANCE IN PHULBARI

*T*he launch of the GVK EMRI 108 Emergency Service Ambulance in Phulbari under Dadenggre sub-division, West Garo Hills on the 12th of June, 2010 is a necessity according to the local MLA in charge of Power Mr. A. T. Mondal in his welcome speech.

*T*he function which was held in Phulbari Community Health Centre was also attended by the Deputy Chief Minister in charge of Health and Family Welfare Mr. Rowell Lyngdoh, Food and Civil Supply Minster Mr. Augustine Marak, the Director of Health Service Dr. A. S. Kynjing, the local MDC Mr. F. Rehman, the SDM&HO Dr (Mrs) Sukriti Sangma and Mr. D. D. Shira sub divisional civil SDO.



Flagging off of 108 Ambulance

*M*r. Rowell Lyngdoh, Deputy Chief Minister in charge of Health and Family Welfare during his speech praised the Chief Minister of Meghalaya, Dr. Mukul Sangma for agreeing to place the 108 Emergency Service Ambulance in Phulbari and by doing so, Dr Mukul has done a wonderful service to the people. The Deputy Chief Minister urged upon the public to take good care of the ambulance and not to misuse it.

*T*he Taxation and Civil Supply Minister, Mr. Augustine Marak emphasizes on the requirement of the 108 Emergency Ambulance Service especially for people residing in the rural area and how helpful the service has been for the state in handling pregnancy related cases and other cases related to police and fire hazards.

*G*VK EMRI Emergency Service was started in the state of Meghalaya on the 2nd of February, 2010 and till date the 108 Emergency Service Ambulance has attended to 175 deliveries and saved 2039 lives. The function concluded by flagging of the GVK EMRI 108 Emergency Service Ambulance in Phulbari.

The proud parents and EMT pilot with Kerborlang

Seven month old baby Kerborlang Nongsiej son of Mrs Srallin Nongsiej and Mr. Kralsing Lyngdoh, born on the 1st of September, 2009 had his christening ceremony on Sunday the 18th of April, 2010. Mrs Srallin Nongsiej the mother of the baby called the ERC (Emergency Response Centre) on Friday 16th of April, 2010 inviting the EMT and pilot from the Mawsynram base, who attended to the case, for the ceremony.

*A*s per the case details, the ERC received the call at 5:06 AM on September 1st, 2009 where the case was assigned to the 108 ambulance base in Mawsynram. Blesstar Jana the EMT and Rekosshine Lyndem the pilot, who were on duty, reached the patients place at Weiloi at quarter to six. Mrs Nongseij who was already in labour for the past eighteen hours, delivered the baby in the ambulance while she was being shifted to the Mawsynram CHC.

WORLD HEALTH DAY

(7th April, 2010 – Kynrud)

A one day Free Medical Camp was organized by GVK EMRI Meghalaya at Kynrud village, West Khasi Hill under Mairang Constituency on the occasion of World Health Day, the 7th of April 2010.

*T*he health camp which was held in Kynrud Lower Primary school, witnessed more than a hundred people who were given free medical checkup and medicines by GVK EMRI doctor. An awareness campaign and ambulance demo was conducted by the EMT's (Emergency Medical Technicians) and pilots of the ambulance team from Mairang base.

Dr. Merlin and Chief Operating Officer of GVK EMRI with a patient

*S*ince most of the free medical health camps are concentrated in the urban or semi urban areas, GVK EMRI Meghalaya team took the initiative of adopting a remote village area for a day to increase the health awareness, as such areas do not have easy access to medical care.

SUCCESS STORY: *Mrs. Airindaris Sohshang (ASHA)*

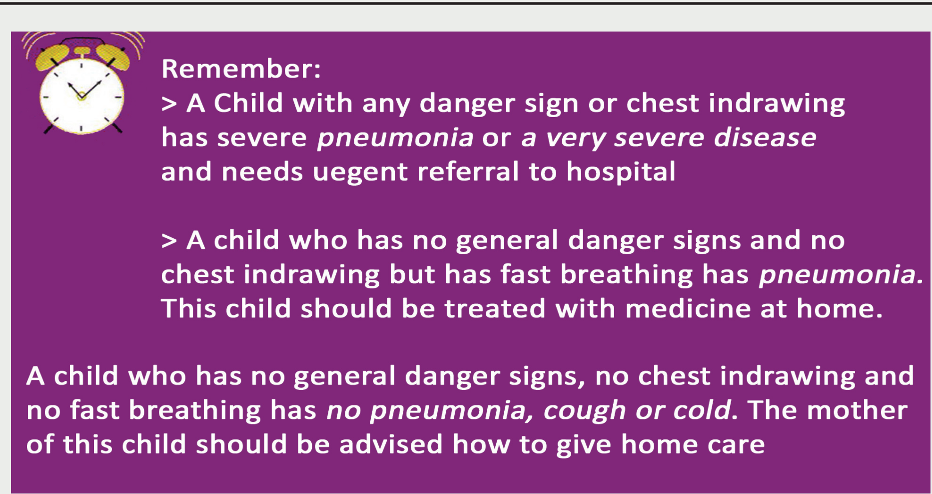
Mrs. Airindaris Sohshang, an ASHA of Shohphria village under Markasa PHC, West Khasi Hills District shares her experience working as an ASHA. She is a mother of four children – two daughters and two sons her youngest being two years old.

As she shared her experiences, she said that as an ASHA of the village she faced many problems especially when it comes to informing people about health related issues. People would not pay her any attention if she were to recommend solutions for their health problems, or if she were to advise the pregnant women for to go for checkups, or if she were to motivate the mothers to have their children immunized.

episode on 24th October 2008, wherein a family from the village came to her house asking her to accompany them to their house. Without any hesitation she went to this house and found the mother of the house due for her delivery and had been having stomach pains for about one week but did not feel the need to seek help let alone go to the PHC. Her pain suddenly worsened and her body temperature started to come down. Apparently, the family was underprivileged and so this became the main reason for them not to take the mother for a checkup. At this time Mrs. Sohshang (ASHA), called the Headman of the village to send a vehicle so that they could take the lady to the nearby PHC. The headman unfortunately was not in the village at the time.

The ASHA then called another person in the village that owns a vehicle and asked him if he could transport the lady to the nearby PHC. This man agreed to do so provided she agreed to bear the cost of fuel. The ASHA in spite of financial constraints managed to make some provisions for this purpose. The mother was immediately taken to the PHC whereby immediate help was given her. She was thus able to safely deliver the baby in the PHC.

Mrs Sohshang said that being an ASHA is not an easy job. People in the village hardly gave her any respect. But this particular incident had everyone in the village become more aware of her goodwill. This incident had been a pivoting experience for her as an ASHA and since then she has had to carry on bigger responsibilities. She even goes to an extent of keeping aside some extra cash should an emergency arises in the village. She has carried on her role as an ASHA more effectively and still tries to convince the pregnant mothers to go for ante-natal check-ups (ANC). Initially in the village, when there were about 20 pregnant mothers, only two agreed to go for an ANC. Presently, the situation has positively changed. Out of the 20 pregnant mothers, only two have not agreed to an ANC and so she feels confident that she can convince all of them to agree to regular ANCs.



Remember:

> A Child with any danger sign or chest indrawing has severe *pneumonia* or *a very severe disease* and needs uegent referral to hospital

> A child who has no general danger signs and no chest indrawing but has fast breathing has *pneumonia.* This child should be treated with medicine at home.

A child who has no general danger signs, no chest indrawing and no fast breathing has *no pneumonia, cough or cold.* The mother of this child should be advised how to give home care

HEIGHT/WEIGHT CHART

Average height and weight of Boys at different ages

AGE	WEIGHT (Kg)	HEIGHT (Ft.-in)
Birth	3.3	1'7"
3 month	6.0	2'0"
6 month	7.8	2'3"
9 month	9.2	2'4"
1 year	10.2	2'6"
2 years	12.3	2'10"
3 years	14.6	3'1"
4 years	16.7	3'4"
5 years	18.7	3'7"
6 years	20.7	3'10"
7 years	22.9	4'0"
8 years	25.3	4'2"
9 years	28.1	4'4"
10 years	31.4	4'6"
11 years	32.2	4'7"
12 years	37.0	4'10"
13 years	40.9	5'0"
14 years	47.0	5'3"
15 years	52.6	5'5"
16 years	58.0	5'7"
17 years	62.7	5'9"
18 years	65.0	5'10"

Average height and weight of Girls at different age

AGE	WEIGHT (Kg)	HEIGHT (Ft.-in)
Birth	3.2	1'8"
3 month	5.4	2'0"
6 month	7.2	2'2"
9 month	8.6	2'4"
1 year	9.5	2'6"
2 years	11.8	2'9"
3 years	14.1	3'0"
4 years	16.0	3'4"
5 years	17.7	3'7"
6 years	19.5	3'9"
7 years	21.8	3'11"
8 years	24.8	4'2"
9 years	28.5	4'4"
10 years	32.5	4'6"
11 years	33.7	4'8"
12 years	38.7	4'10"
13 years	44.0	4'11"
14 years	48.0	5'1"
15 years	51.5	5'3"
16 years	53.0	5'4"
17 years	54.0	5'4"
18 years	54.4	5'5"

Health Programme at Ri - Bhoi District

NATIONAL RURAL HEALTH MISSION

Directorate of Health Services (MCH & FW), Red Hill, Laitumkhrah, Shillong - 793003, Meghalaya, Tel: 0364-2506455/2506244, E-mail: iecbcc.nrhmmegh@gmail.com