



NRHM Newsletter Meghalaya



**Breast feed your child
from birth to six months**

From the Director's Desk



Dr. A. S. Kynjing
Director of Health Services (MI)
cum
Joint Mission Director

I am happy to say that this issue of the Newsletter, Volume II Issue II has come up with more information and achievements.

After a year's performance, we can say that the Newsletter is one of the platforms from which the activities, success stories and highlights of National Rural Health Mission, Meghalaya, can be showcased. This issue, like previous issues, features articles about activities run at State, District and Block level here in Meghalaya. A special data representation prepared by the State HMIS Unit clearly represents the updates of the activities which have been done so far here in the State.

I am also happy to know that GVKEMRI has received an award of Rs. 10 Lakhs for bagging the first prize of the Piramal Prize for Innovations in the Established Organization Category.

As we move on to 2011, let us work together more faithfully and sincerely to the good health of all the people of the state.

I personally appreciate and thank each and everyone who have made this issue come alive with their commitment and hardwork and I look forward to more success stories and innovative activities which can be featured in the Newsletter.

I take this opportunity to wish and each and everyone a very prosperous new year. Thank you everyone.

Dear Friends,

This edition of the Newsletter features some of the activities conducted by NRHM Meghalaya. In this issue, we are also featuring articles from the different districts with a success story from West Garo Hills. In continuation from the Issue 1 of this Newsletter, an update on the Maternity and Child Hospital, Tura is given. You will also read about some interesting activities consisting of Street Plays and Puppety conducted by EMRI Meghalaya. We also feature a special feature of data representation of the activities conducted by the HMIS Unit of NRHM Meghalaya. The current status of the ASHA programme is also featured in this Issue.

For any story which is of interest and informative, anyone within the health system do feel free to send it to us for publication in the future editions of this Newsletter.

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

We look forward to more of your interesting stories.

- Editor

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MOBILE MEDICAL UNIT (MMU) AT WEST GARO HILLS DISTRICT

The NRHM Programme expanded its wing in the district with the establishment of Mobile Medical Unit (MMU) with 9 staff personnel and started fully functioning from the month of February 2010.

The MMU has conducted 48 Health Camps till first week of December 2010. The MMU has covered the villages located in the most difficult areas where other health facilities are not reachable to the masses. Till the reporting month, 8128 patients had been attended by MMU.

photos of the MMU activities:-



MATERNITY & CHILD HOSPITAL, TURA.

Much awaited Maternity & Child Hospital at Tura was inaugurated on 12th June 2010 by Dr. Mukul Sangma, Honourable Chief Minister. The hospital became fully functional with 50 bedded facility and other basic hospital provisions from the month of October '10.

The M & C Hospital is rendering the services in ANC, PNC, Post Partum Programme and Paediatric. After having separated from Tura Civil Hospital, the hospital had taken up the full coverage of the Institutional Delivery. The Institutional Delivery has increased comparatively from 189 to 238 from April to November '09 and April to November '10. After becoming fully operational the newly established hospital could attend to the 1st Institutional Delivery in the month of September '10.



The front view of Maternity & Child Hospital at Lower Babupara, Tura.



The view of the main entrance at Maternity & Child Hospital



The picture of the 1st Institutional Delivery with (L to R) Dr. B. Deb Barman, Sr. M&HO i/c PPP, Dr.(Mrs) Ardina K. Marak, Superintendent.



ANC Ward



Childrens Ward



Women on the queue at OPD unit



PPS room



Medical Team at work at PPS room

FEMALE STERILIZATION:- After introduction of compensation for Sterilization for both Tubectomy and Vasectomy, the hospital received a great response. From the month of Oct. to Dec. '10. The institution covered 76 cases (PPS-58 nos. + Tubectomy-18 nos.). The comparative findings show the increasing trend from 189 to 238 from April to November '09 to April to November '10.

INSTITUTIONAL DELIVERY BECOME OPERATIONAL AT SUB-CENTRE LEVEL

Photo of 2 ANMs along with 1st (Institutional Delivery) JSY beneficiary at Bhajamara Sub-centre under Selsella CHC.

(Photo taken when the baby was 6 months old)



The Bhajamara Sub-centre was functioning as any normal Sub-centre since 1987 providing services to common ailments. By 2009, the labour room constructed under Rashtriya Swarjana Vikasojana (RSVY) attached to existing Sub-Centre was completed. The 1st Institutional Delivery was conducted by ANM in 7.11.2009 and 6 JSY beneficiaries upto July/2010. The presence of

Bhajamara Sub-centre with this new facility has become a relief to the poor families and local women.

VILLAGE HEALTH & SANITATION COMMITTEE'S ACTIVITY



The condition of the ring well before cleaning



The ringwell provided by C.D.Block is located at Lalmati local marketing area which is being used extensively by the public. Hence nobody takes proper responsibility for keeping it clean. The Committee took up the responsibility with the VHSC fund in cleaning the area and providing cleaner water to the market goers.



The condition of the ring well after cleaning

The VHSC is keeping close and regular vigilance on the ringwell after cleaning it.

HEALTH MELA UNDER NRHM ORGANISED IN EAST KHASI HILLS DISTRICT, MEGHALAYA

2 (Two) Health Melas under the aegis of National Rural Health Mission sanctioned for East Khasi Hills District for the year 2010-11 was organized at Jongksha PHC on the 18th & 19th November one at Mawphlang PHC, East Khasi Hills on the 25th & 26th November 2010.

HEALTH MELA AT

Shri. R. Lyngdoh, Hon'ble Deputy Chief Minister, I/c Health & Family Welfare, Government Meghalaya inaugurated the Health Mela in the presence of Shri. J A Lyngdoh, Minister I/c Social Welfare, SAD, Election, Printing & Stationery, Govt. Meghalaya who is also the Local MLA. The inaugural session was also attended by the Local MDC Shri. Blah, Shri. K Khyriem, EM, KHADC, Dr. A S Kynjing, Director of Health Services Cum Jt. Mission Director, NRHM, Meghalaya, State Officials from the Health department and officials from other Government departments as well. Health Mela was carried out with full participation from the local Dorbar Shnong of Mawphlang Village and the HIMA Mawphlang.



wein, District Medical & Health Officer (DM&HO), East Khasi Hills District. The DMHO also highlighted the objectives of NRHM which is to reduce IMR, MMR and TFR and to improve the health status of the people in rural areas with special emphasis to mother and child Health. It was informed that the people of Mawphlang are very lucky to have this Mela because only two health melas were sanctioned for the district.

Songs were presented by students of JNV School, Mawphlang and boys from KJP William Lewis Boy's Home, Mawphlang. The traditional dance was presented by the seng Samla Seng Khasi Mawngap. A special traditional song from Bah Kerius Wahlang, a famous traditional singer of Ri Khasi added more attraction to the occasion.

Shri N. K Lyngdoh, Lyngdoh Hima Mawphlang in his speech said that this Health Mela is a blessing for the people of Mawphlang and the adjoining areas because such kind of Mela aimed not only in providing the curative services but also health education which is very important.

The Health Mela was attended by Specialist doctors from NEIGHRIHMS, Ganesh Das Hospital, Shillong, Doctors from the office of the District Medical & Health Officer, Shillong, District TB Office, Shillong,

District Blindness Control Society Shillong, Sr Medical & Health Officer, Medical Health Officer of the CHC, PHC in the district.

Shri. R Lyngdoh, Dy. CM, I/ Health & Family Welfare in his inaugural address appreciated NRHM's various interventions and the effort taken by the Office of the District Medical & Health Officer, East Khasi Hills District, Shillong for organizing and the arranging of the Health Mela. He also said that much intervention under NRHM has been initiated to improve the Health system and therefore urged upon the people to participate come forward in accessing the vices available at the public health facilities. The Chief Guest stressed upon the Government's efforts and said it will further out effective strategy to ensure overall improvement in the health status in the state.



Stalls of different disciplines were put up during the Health Mela. Among the specialty services which were made available included Gynaecology, Paediatrics, Orthopaedic, Medicine, Surgery, Eye, ENT, Dental, Ayurvedic and Homoeopathic. Individual Stalls for different disciplines under various National Health Programme (RNTCP, Blindness, IDSP, Leprosy, Malaria etc.) and Counseling for Adolescents were also put up.

A separate stall for RSBY enrollment was also put up.

Free Medical check-up of residents and the adjoining areas was done and medicines were distributed free of cost. Various health facilities like free pathological tests were provided to the patients at the site.

Exhibition stalls for IEC generation wherein the IEC materials in the form of Banner, posters



and live demonstrations were displayed. T-Shirt containing various health messages were distributed to the people in the Mela.

Programme Officers and representatives of various national health programmes also highlighted the objectives and various inter-

programmes.

Activities like Baby Show, Quiz Competition; Role Play was also organized during the Mela to provide intensive information, education and communication activities to the public.

Prizes were given to the winners

tions like Baby Show, Quiz Competition, Drawing Competition, Role Play and a special gift was given to the best performing Staff of the PHC and ASHA working in the PHC recognition for their

The pro- with full



ASHA PROGRAMME CURRENT STATUS



The state of Meghalaya at present has 6227 ASHAs in place. The State ASHA Resource Centre (ARC) has been setup and is undertaking the task of supporting & strengthening the ASHA programme in the state. With the recent induction of District Community Process Coordinators (DCPCs) in all 7 districts and Block ASHA Coordinators in all 39 blocks, better support and supervision in the state for the programme will further be ensured.

To motivate and enable the ASHA to better their performance every trained ASHA in the State have been provided with Drug Kit, Uniform, Bag, Diary and raincoats. Also the Village Health and sanitation committee where the ASHA is a member have also been provided with a Village Health Register.

ASHAs in the state have now completed five rounds of training. The training of ASHAs on module 1-5 has been completed during 2008-10. At present reorientation training for ASHAs is ongoing in all districts. Training of ASHA Facilitators & ASHAs on module 6&7 is schedule to commence from January 2011.

The sixth and seventh modules will cover areas whose content is already familiar to the ASHA. In addition, the contents of the module include the development of specific competencies in healthcare for mothers and children. It will thus; serve as a refresher module, building on existing knowledge and the development of new skills in the area of maternal and child health. ASHAs that are newly recruited into the programme will directly start with Module 5, 6 and 7. The uniqueness of the 6th and 7th module is that apart for the reading materials that are usually given to the ASHA during the training this time the ASHAs will in addition be provided with salter scales, wrist watches and digital thermometers which will enable them to practice/use in the field.

Currently the state has 3 state trainers (Smt. Barbara Kharshiing- CHO Umsning CHC, Smt. Margaret Lyngdoh- CHO District Medical & Health Office East Khasi Hills District), Sr. Rosemary- BAKDIL NGO, Mr. Bikash Das- State Facilitator- Meghalaya) who have undergone the 1st phase of training on module 6&7 and have in turned trained 65 The training of the district trainer was a residential training and was conducted



over a period of 10 days (18th to 28th of October 2010).the training was Organized by the State ASHA Resouce Centre NRHM – Meghalaya and was inaugurated by the Joint Mission Director of NRHM Meghalaya, Dr. A.S.Kynjing

in the presence of the Consultant from RRC NE Mr H. Nongyai, Dr. E.M Dhar –State Immunization Officer cum State ASHA Nodal Officer, Mr. A.S. Nongbri- State Programme Manager, Dr. S. Kharkongor – Training Coordinator NRHM, Dr. Lalrintluangi- RCH Consultant NRHM, State Trainers and 70 participants from various district of the State .district trainer on the same which was held from the. These district trainers will in turn train the ASHA Facilitators and ASHAs in 5 to 6 training sites in each district.



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The accommodation of the trainees was arranged at the Regional Health & Family Welfare Training Center, (RH&FWTC) Shillong and the training was conducted at the Conference Hall 1&2 of the Directorate of Health Services, Meghalaya Shillong. Apart from the daily class room sessions the trainees were also taken to various villages for field practice. The sessions taken were more activity based and every participant was evaluated based on their performance on both the practical sessions and exams conducted every alternate day.

The last day of the training was concluded with a discussion on rolling out plan for the training of the ASHA Facilitators and ASHAs in the Districts and training was finally concluded with the valedictory function and handing over of certificates to all the participants.



The Impossible Task Became Possible

On the western part of Selsella C.D. Block, one village named Lalmati, located 4 k.m. distance from Jeldupara PHC with about 1145 population inhabited by mixed community of Muslim and Hindu. The main livelihood of the community depends mainly on Pottery, Fishing and petty business.

Before and in the early of 2009, most of the Pregnant Women did not want to come to PHC for check up until they were seriously sick and most of the deliveries were conducted at home due to the strong religious belief. Gradually due to the consistent motivation by Jeldupara Medical Staff, mobilized by ASHA and AWW, the Pregnant Women started to come up to the PHC for regular ANC check up and for Institutional delivery. Motivated by the JSY benefits, the Institutional Delivery from Lalmati village increased to 32 nos. during 2009-10 only and out of which only 1 case was on Home Delivery which was due to the religious sentiment of the family. As verified upto 5th May 2010, now hundred percent of the mothers are coming up to PHC for ANC check up, Immunization and Institutional delivery.



Smt. Janoki Bala Das
(ASHA)

Out of the total 31 Institutional Delivery, 25 cases are either for the 1st or 2nd child and 6 cases are after 3rd & 4th child.

The achievement noted at Jeldupara PHC grew rapidly because of the achievement of Lalmati village. The credit goes to Smt. Janoki Bala Das (Assamese, widow & mother of 8 children) and Smt. Shakuntala Koch, ANM of the Hallidayganj Sub-centre who untiringly gave awareness even as the great differences existed in the community background with low literacy rate, poverty and the transportation problem for carrying the Pregnant Women to the PHC. These obstacles were overcome due to constant mobilization, encouragement and working in team spirit of the ASHA & ANM supported by the Jeldupara PHC staff.

Not only having the credit of 100% coverage in the Institutional delivery, ASHA made great effort in creating awareness to accept the Family Planning Method. As ASHA herself is the living testimony that having big family with meager income is the biggest challenge/ problem in raising proper family. Due to her hard work in creating awareness, sincerity and dedication, in 2009-10, 21 mothers from Muslim community had accepted Cu.T. as Family Planning Method and 3-till April/2010 which is a great achievement considering the strong religious sentiments the community had.

Now, Smt. Janoki Bala Das is a proud mother, proud ASHA, highly respected woman in her village. She took this opportunity in guiding other ASHAs. Surely the achievement of Lalmati village had earned a breakthrough for the District on NRHM Programme.

PUPPETRY & STREET PLAY ORGANISED BY GVK EMRI IN COLLABORATION WITH MASS MEDIA DEPT, ST. ANTHONY'S COLLEGE, SHILLONG



Shillong, November 12: The Mass Media Department of St Anthony's College in collaboration with GVK EMRI, Meghalaya organized a puppetry show "Life of Death, The Choice is Yours", at Pearly Dew School, Jaiaw as part of their Children Day celebration.

The issues highlighted during the performance by the 1st year MCVP students were in relation to the emergency and pre hospital care services provided by

GVK EMRI 108 Emergency Service Ambulance. Through the puppetry show, the ill effects of hoax and nuisance calls being a major hindrance to the daily functioning of the emergency service was also highlighted.

Apart from the GVK EMRI related issues, the puppetry show also educated the children about the negative aspect if one indulges or is prone to anti social habits. The performance was earlier held at St. Gabriel School, 3rd Mile and St. Mary's School, Shillong.



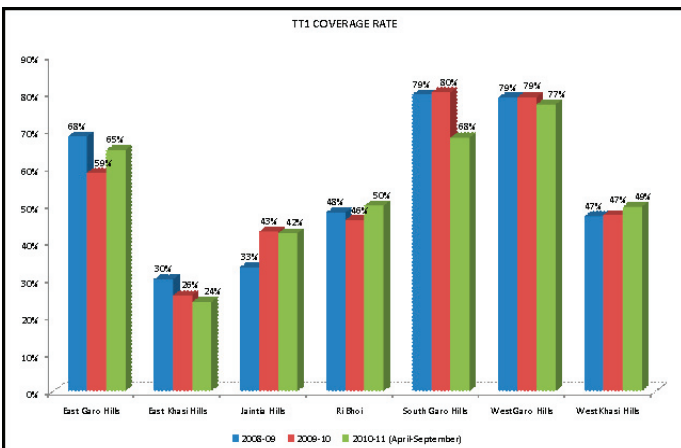
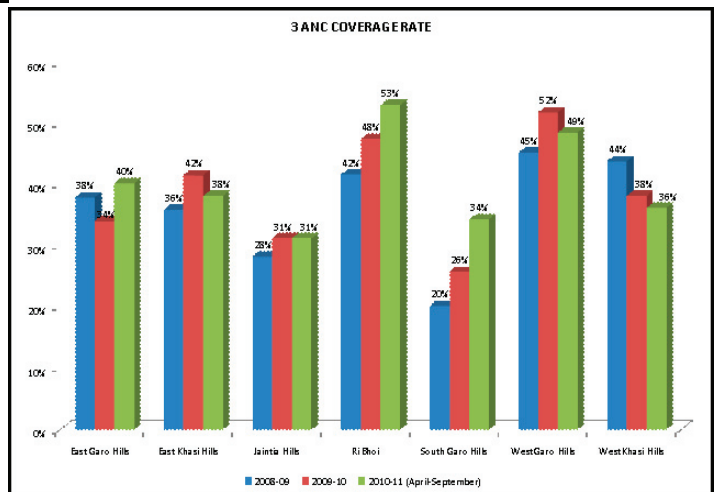
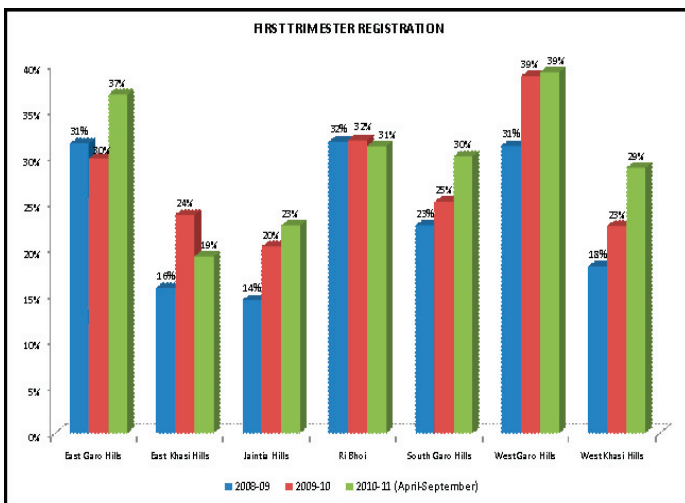
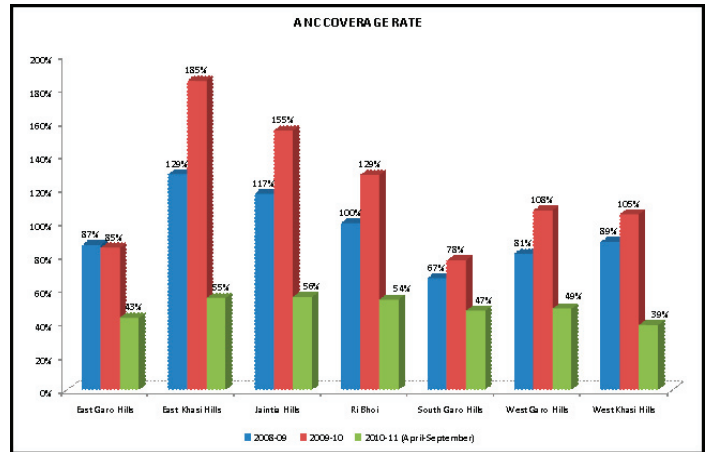
GVK EMRI-Meghalaya in collaboration with the Department Of Mass Communication, St. Anthony's College Shillong organized a street play with the theme "Reaching Out".

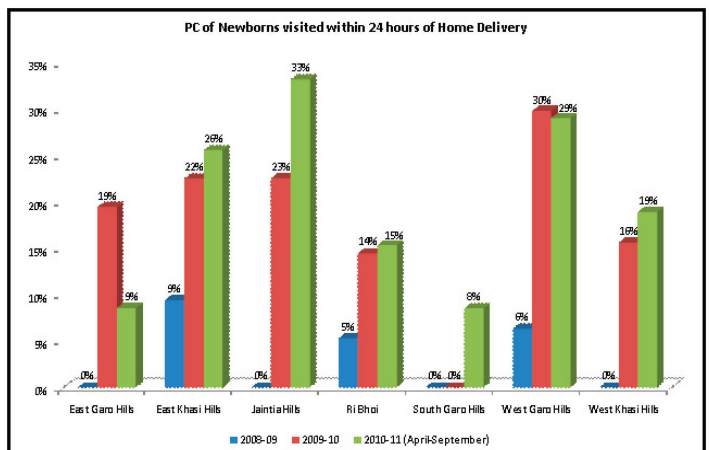
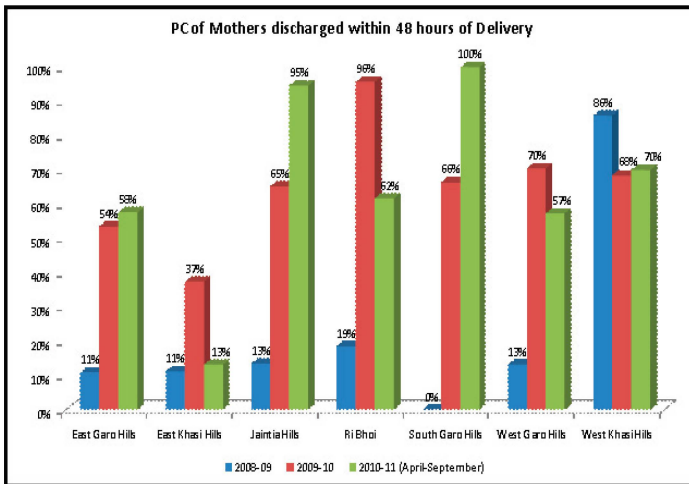
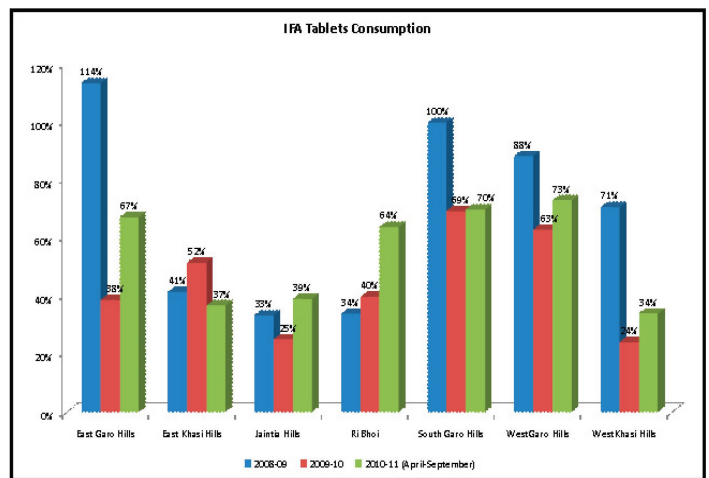
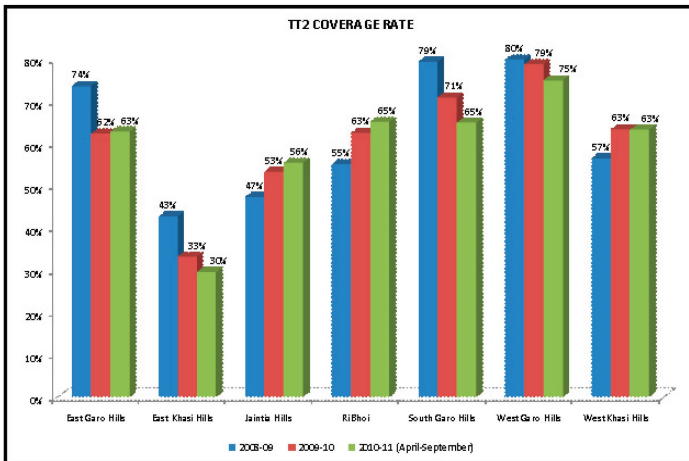
The issues highlighted during the performance by the mass media students were in relation to the services provided by GVK EMRI 108 Emergency Service, which includes Medical, Police and Fire. Some of the issues that were address are 24x7 Free Service, a toll free number, with emphasis on being able to call in spite of having zero balance, educating the public on ill effects of prank call (for example blocking the line for genuine emergencies). 108 is not a customer service number where the public can call for gas or mobile recharge and to educate the young generation on the importance of the 108 Emergency Service.

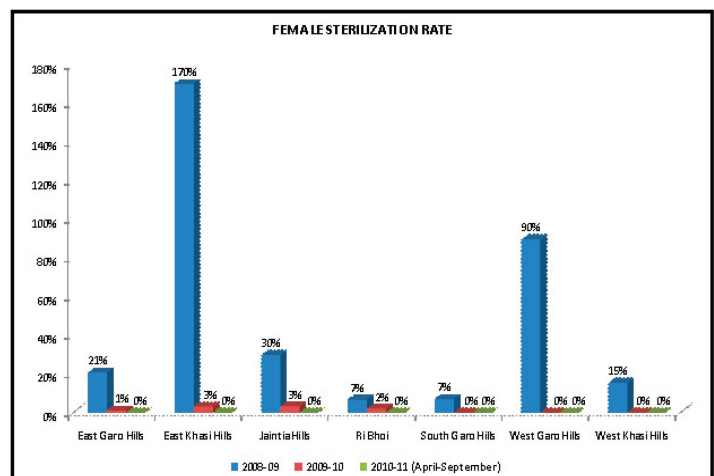
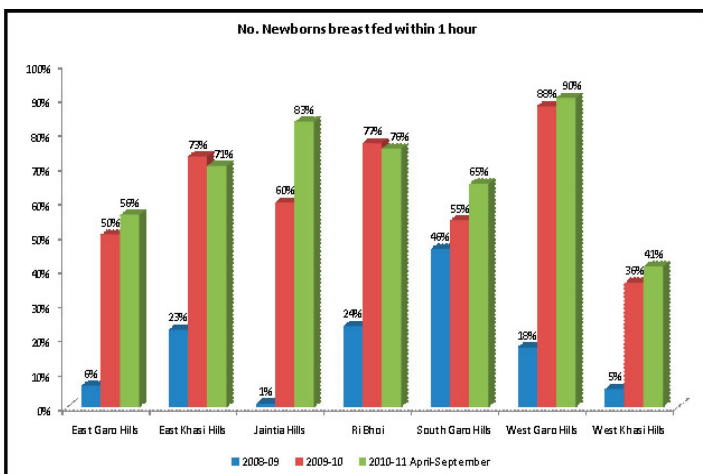
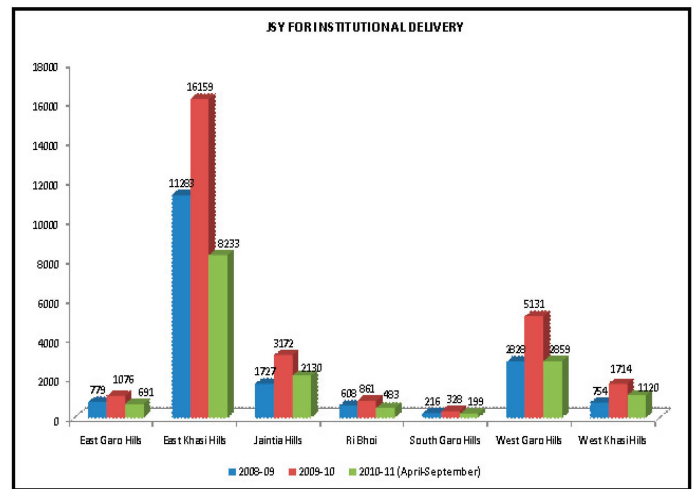
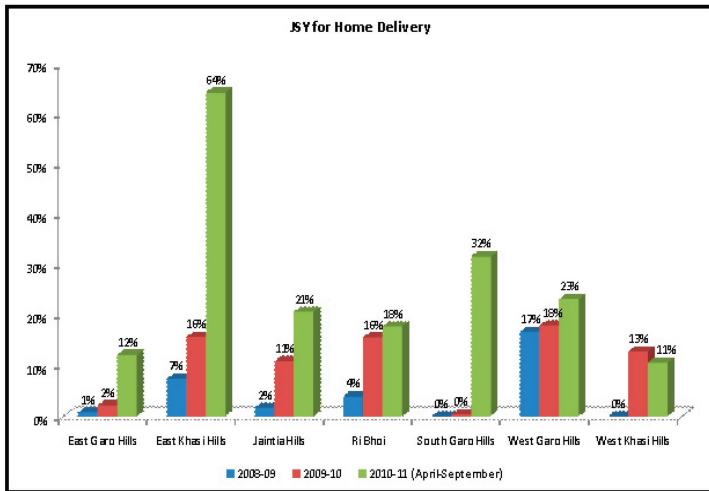
The Department of Mass Communication, St. Anthony's College have street play as a part of their curriculum and in the past years they have chose to incorporate social messages so as to inculcate a sense of responsibility towards society.

The venue for the last performance was at the junction in Police Bazar (Khyndai Lad).

Data Analysis on HMIS (Health Management Information System)









We are happy to share that GVK EMRI has bagged 1st prize of the Piramal Prize for Innovations in the Established Organization Category.

The CEO Mr. Venkat Changavalli received the Rs. 10 Lakhs cash award from Dr Rakesh Basant, Chairperson, CIIE, IIM-A (third from left), in Ahmedabad on the 4th of December, 2010.

The awards were instituted in 2007, in partnership with the Ajay G. Piramal Foundation and the Centre for Innovation, Incubation and Entrepreneurship (CIIE), of the Indian Institute for Management-Ahmedabad (IIM-A).



National Immunization Schedule (NIS)



Vaccine	When to give	Dose	Route	Site
For Pregnant women				
TT – 1	Early in pregnancy	0.5 ml	Intra – Muscular	Upper Arm
TT – 2	4 Weeks after TT-1*	0.5 ml	Intra – Muscular	Upper Arm
TT – Booster	If received 2 TT doses in a pregnancy within the last 3 years *	0.5 ml	Intra – Muscular	Upper Arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1 ml (0.05 ml until 1 month age)	Intra – dermal	Left upper arm
Hepatitis B ****	At birth or as early as possible within 24 hours	0.5 ml	Intra – muscular	Antero – lateral side of mid – thigh
OPV – 0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	2 drops	Oral	Oral
DPT1, 2 & 3	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra – muscular	Antero – lateral side of mid – thigh
Hepatitis B 1, 2 & 3 ****	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra – muscular	Antero – lateral side of mid – thigh
Measles	9 completed months – 12 months (give upto 5 yrs if not received at 9 – 12 months of age)	0.5 ml	Sub – cutaneous	Right upper arm
Vitamin A (1 st Dose)	At 9 months with measles	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT Booster	16 – 24 months	0.5 ml	Intra – muscular	Antero – lateral side of mid – thigh
OPV Booster	16 – 24 months	2 drops	Oral	Oral
Japanese Encephalitis **	16 – 24 months	0.5 ml	Sub – cutaneous	Left upper arm
Vitamin A *** (2 ND – 9 TH Dose)	16 months with DPT/OPV Booster. Then 1 dose every 6 months up to the age of 5 years	2 ml (2 lakh IU)	Oral	Oral
DPT Booster	5 – 6 months	0.5 ml	Intra – muscular	Upper arm
TT	10 years & 16 years	0.5 ml	Intra – muscular	Upper arm

*Give TT or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to a woman in labour, if she has not previously received TT.

**SA 14-14-2 Vaccine, in select endemic districts after the campaign

***the 2nd to 9th doses of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS

****In select states, districts and cities

IMMUNIZATION

IMMUNIZATION

IMMUNIZATION



GOOD HEALTH IS IN YOUR HANDS

NATIONAL RURAL HEALTH MISSION

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