

NRHM NEWSLETTER MEGHALAYA



Inside this issue: New Schemes in Meghalaya:

ASHA BENEFIT SCHEME

Matching State Compensation to be given to ASHAs from the State

MEGHALAYA MATERNITY BENEFIT SCHEME

Incentives given to pregnant women to encourage Institutional Delivery

**NATIONAL RURAL HEALTH MISSION
GOVERNMENT OF MEGHALAYA**

From the Director's desk:



Dr. M. K. Marak Director of Health Services (MCH & FW) cum Joint Mission Director, NRHM Meghalaya

I am proud to announce that this is the fourth Volume of the NRHM Newsletter. This Newsletter serves as a platform for which all the achievements and accomplishments that the Health Department has had so far. I am proud to see that Nartiang PHC has developed the bio medical waste management under Dr. Pohsnem, the MO I/c which has proven to be one of the most innovative steps undertaken thus far. I sincerely commend the districts and the blocks for bringing up these stories to our notice and hope that they continue doing so. I wish the editorial team a wonderful success and hope that the team keeps aiming higher and continue with their positive attitude and commitment to this Newsletter.

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From the Editor,

An innovative approach of bio medical waste management by Dr. Pohsnem, MO I/c Nartiang PHC, Jaintia Hills District deserves an honourable mention in this issue of Newsletter one, which we hope the rest of the state will be able to adopt in all the health centers. Look out for the two new schemes launched by the State of Meghalaya 'ASHA BENEFIT SCHEME' and 'MEGHALAYA MATERNITY BENEFIT SCHEME' in the last page and back cover page. The aim is to reduce MMR, IMR and to increase Institutional Delivery. Do send your feedback on the two new schemes to iecbcc.nrhmmegh@gmail.com. Enjoy!

BIO MEDICAL WASTE MANAGEMENT AT NARTIANG PHC, JAINTIA HILLS DISTRICT

Bio Medical Waste Management, one of its kinds in the state of Meghalaya has been started at Nartiang PHC, Thadlaskein Block, Jaintia Hills District under the leadership of Dr. R. Pohsnem. Dr. Pohsnem, the MO I/c of the PHC designed this management which has resourceful, efficient, Pohsnem's unending surge of recognized across the State of waste management. His management has been so State Unit has decided to Medical Waste Management which will be circulated across the State in which other health centers would be able to use this particular manual as a reference and guide so that they may also adopt the same method. Dr. Pohsnem has been the MO of Nartiang PHC since 2009.



particular approach to waste proved to be very hygienic and positive. Dr. innovations has had him for this particular approach design of waste well appreciated that NRHM publish a manual on Bio

The staff of Nartiang PHC was given an orientation programme in which they were trained on how to dispose off the waste using this method of waste disposal. Colour coded bins and colour coded pits are used for easier identification of the wastes and where the waste ought to be disposed at.

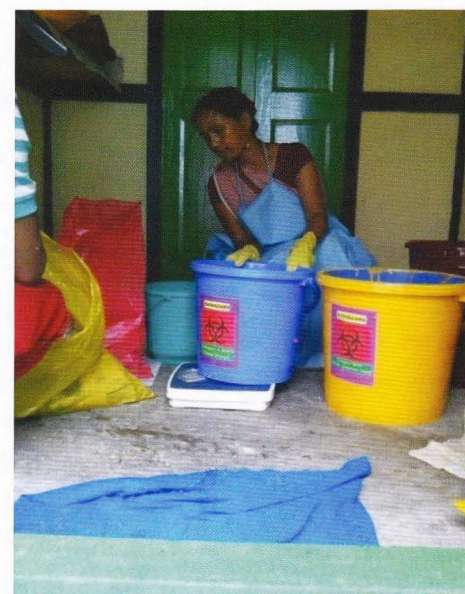


One of the staffs measures and records the amount of bleaching powder to be used as disinfectant every single day. Dr. Pohsnem says that this process of waste management is followed religiously every single day.

Everyday, the waste is weighed and logged so that they can keep count of the amount of waste being disposed everyday.

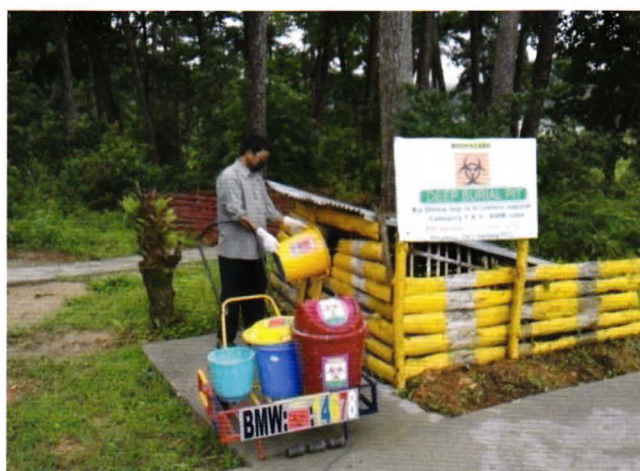
BMW Carriers are used to transport the colour coded bins to their respective soak pits which are also colour coordinated so that the staff in charge of disposing of the waste will know exactly where each container needs to be emptied at.

This whole process of Bio Medical Waste Management was used from the RKS fund for purchase of the containers, plastic bags, bleaching powder, printing of log books, stickers/labels, recycling of lawn mower into a BMW carrier, utility gloves, flex banner, painting and labeling of BMW carrier, buckets for fresh chlorine



and construction of the soak pit, sharps pit, deep burial pit and storage pit. Dr. Pohsnem informed that the cost spent for all these materials were a one – time expenditure with the exception of the bleaching powder and the plastic bags which are purchased on a monthly basis at the rate of Rs. 606.00 only.

Colour	Container	Category	Treatment / Disposal As per Schedule -II	Category of Waste generated at Nartiang PHC	Treatment / Disposal As vide letter No.MPCB /BMW-8/2008/2010-2011/106 Dtd. Shillong, the 16 th August 2010
Yellow	Plastic bag	1,2,3,6	Incineration/Deep burial	1,6	Chemical Disinfection & Deep burial
Red	Disinfected container/Plastic bag	3,6,7	Autoclaving/ waving	7	Chemical disinfection, mutilation and land filling
Blue/White translucent	Plastic bag/Puncture proof	4,7	Autoclaving/ waving/chemical	4	Chemical disinfection and disposed in sharps pit
Black	Plastic bag	5,9,10	Secure landfill	10	Disposed in soak pit



OPERATION SMILE PLAN FOR MEGHALAYA

Operation  Smile
India

Changing Lives One Smile at a Time

Vision & Mission for Meghalaya:

“Cleft free Meghalaya” through compassionate and comprehensive Cleft Care so that no child or individual in any community in Meghalaya should have to live with a deformity which is correctable.

Partnership with Govt. of Meghalaya:

To address the problem for patients of Meghalaya, Operation Smile with the support of the Health Department and NRHM, Government of Meghalaya, will provide cleft lip, cleft palate surgeries and correction of facial deformities for such patients of Meghalaya at the Guwahati Comprehensive Cleft Care Centre of Operation Smile.

Cleft deformities in

Meghalaya

- 1 in 700 births
- Translating to 100 + Children born every Year

Process:

1. Identification of patients through the Meghalaya Health Department and NRHM network / the field personnel comprising of DPM/ BPM/ ASHAs of NRHM. Competent Operation Smile Field Staff would train these personnel and work together.
2. Arranging patients and attendant's transportation to Guwahati and back for the surgery, including accommodation and food during stay at Guwahati.



Hon'ble Dy. Chief Minister I/c Health and Family Welfare Shri. R. Lyngdoh with the team from Operation Smile

Operation Smile under the leadership of Mahesh Deori, Director of Operation Smile has conducted the first round of surgeries in Meghalaya in Shillong Civil Hospital. The first round started in August 24th to August 31st 2012. A total number of 40 surgeries were completed within that week. Many children have benefited from this act of charity and they left the hospital with smiles on their faces.

From Mahesh Deori, Director, Operation Smile:

Successful Completion of First Mission in Meghalaya

Recently Operation Smile successfully completed its first ever Cleft Surgery Mission in the state of Meghalaya in Northeast India. The mission was held from August 24 – 31, 2012, at the picturesque state capital of Shillong.

Our team of volunteers from various parts of India and Singapore provided free multidisciplinary medical evaluations to 87 children from various rural districts of the state. Of them 40 children received 61 critical surgical procedures that have changed their lives forever!

The Government of Meghalaya supported our maiden venture in the state by providing infrastructure support of the Civil Hospital at the Shillong Medical College. Also National Rural Health Mission, Meghalaya partnered us in reaching out to the rural population in districts surrounding our mission site.

On August 28 the Hon'ble Health Minister of Meghalaya Bah Rowell Lyngdoh visited the mission site. During his visit the Minister interacted with mission team members and beneficiaries along with witnessing a life-changing surgery in progress inside the operating suite. Very impressed with the dedicated service of the team and the change it brought to the lives and families of the children being treated, Bah Lyngdoh remarked, "I have no words to express my admiration for the good work being done by the Operation Smile team. I hope Operation Smile can benefit more children of our state by continuing to work in future."

We express our sincere thanks to the Government of Meghalaya for supporting the cause of cleft children. This mission wouldn't have been possible without the cooperation and funding supports of our sister foundations *Operation Smile Sweden* and *Operation Smile Singapore*. We would also like to acknowledge the support lent by *Rotary Club of Shillong*, *Numaligarh Refineries Limited* and *Star Cement, Meghalaya*.

Encouraged by the success of this project Operation Smile India is committed to working towards creating more smiles in the State in collaboration with the Government of Meghalaya and all other supporters.

Some before and after pictures of Operation Smile in action:



BEFORE



AFTER



BEFORE

AFTER

WORKSHOP ON FORENSIC SCIENCE – WEST KHASI HILLS DISTRICT

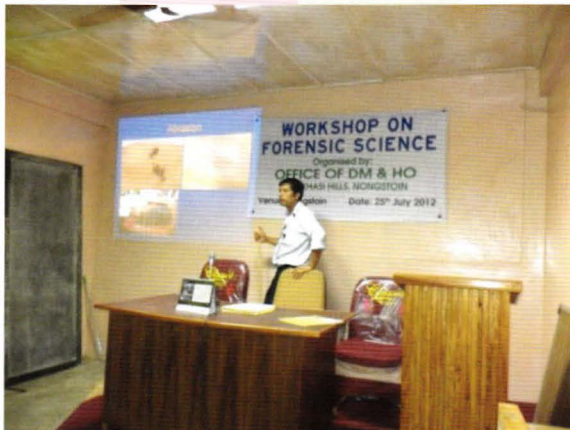


A workshop on Forensic Science in collaboration with the Forensic Department, NEIGRIHMS, Shillong was held on 25th July 2012 in the Conference hall of the DM & HO's Office, Nongstoin, West Khasi Hills, Meghalaya. The programme was chaired by the DM & HO west Khasi Hills, Dr. P. Lyngkhoi.

The second session was taken up by Dr. D. Slong, Special Forensic Medicine, NEIGRIHMS, Shillong.

This was then followed by an open discussion where topics on post mortem, and coordination between the Police Department and Health Department. Regarding the conducting of post mortem, it was discussed that there are several ways to conduct a post mortem which would depend on the injuries and their severities. Some victims may have bullet wounds; some may have been stabbed and so on. The Police Department and the Health Department will be working hand in hand regarding post mortem.

The vote of thanks was given by Dr. (Mrs.) I. Wahlang, the District MCH Officer who thanked everyone present at the function.



Similarly, a two day workshop on Emergency Gynae and Obstetrical Care and Medico Legal Rape was held on 14th – 15th June 2012 at Nongstoin, West Khasi Hills District organized by the DMHO's Office, Nongstoin, West Khasi Hills District.

INAUGURATION OF CASUALTY UNIT AND ENDOSCOPIC FACILITY AT SHILLONG CIVIL HOSPITAL, EAST KHASI HILLS DISTRICT



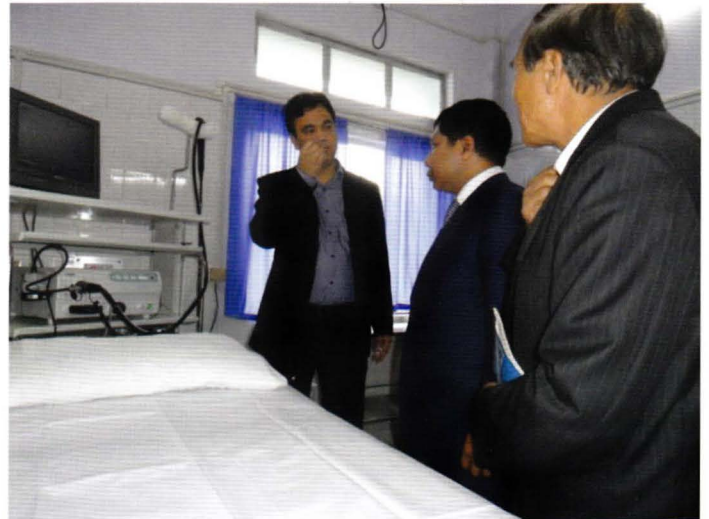
The Casualty Unit and Endoscopic Department was inaugurated in Shillong Civil Hospital on the 10th May 2012 in the presence of the Hon'ble Chief Minister of Meghalaya Dr. Mukul Sangma as the Chief Guest and the Hon'ble Dy. Chief Minister I/c Health & Family Welfare Department, Shri Rowell Lyngdoh as the Guest of Honour Shri D.P. Wahlang, Commissioner & Secretary cum Mission Director National Rural Health Mission, Meghalaya was the chairman at the function.

The Commissioner & Secretary Health gave the welcome address and welcomed the distinguished guests, doctors and nurses. He gave a brief report on the construction of the Emergency Service Unit and installation of all the machines with the latest technology and also of the Endoscopy Machine.

The Chief Minister inaugurated the Endoscopy machine and was shown a demonstration on how it works by Dr. T. Lyngdoh, the Surgeon. Then the ten bedded Emergency and Casualty Unit was officially inaugurated. The unit has all the highly advanced and sophisticated life saving machines with a team of doctors and staff that have been specially trained. The contractual staff to manage this unit has been recruited as this unit will have to be manned for 24 hours.



Hon'ble Chief Minister, Dr. Mukul Sangma, cuts the ribbon to the Endoscopic Unit



Hon'ble Chief Minister, Dr. Mukul Sangma, and Dy Chief Minister I/c Health & family Welfare, Shri Rowell Lyngdoh in the Endoscopic Unit



Unveiling of the plaque at Emergency and Casualty Unit



Hon'ble Chief Minister, Dr. Mukul Sangma, cuts the ribbon to the Emergency and Casualty Unit



WEEKLY IRON FOLIC ACID SUPPLEMENTATION (WIFS) PROGRAMME

Iron deficiency anemia adversely affects transport of oxygen tissues and results in diminished work capacity and physical performance during adolescents, iron deficiency anemia can result in impaired physical growth, poor cognitive development, reduced physical fitness, work performance and lower concentration on daily tasks. Iron deficiency in adolescent girls influence the entire life cycle. Anemic girls have lower pre pregnancy stores of iron and because the of this short period of pregnancy building iron stores to meet the requirements of the growing fetus, anemic adolescents girls have a higher risk of preterm delivery and having babies with low birth weight. Regular consumption of iron folic acid supplements along with a diet rich in micro nutrients is essential for prevention of iron deficiency anemia in adolescent girls and boys.

The weekly iron folic acid supplementation is an evidence based programmatic response to the prevailing anemia situation amongst adolescent girls and boys through supervise ingestion of IFAs and bi-annual deworming. The programme envisages benefiting all adolescent girls and boys enroll in all government and government aided schools including students from class 6-12, besides out of schools girls.

The long term goal of the programme is to break the inter-generational cycle of anemia and long term impact on the health of the young people and the short term benefits is of nutritionally improved human capital.

The success of the programme depends on the adherence of the programme protocol, appropriate linkages and mechanisms for utmost inter-sector convergence with the school education department and social welfare department in the state

Related activities:

The state level training on WIFS and SHP was organized by the directorate of health services (MCH&FW) under national rural health programme (NRHM). The training was inaugurated by the Joint mission director NRHM, Shillong was chaired by the Joint director health services cum nodal officer ARSH Programme.

Objective of the orientation programme: To orient the district head and district trainers from health, education and social welfare department about the WIFS programme for the smooth and successful implementation of the programme.

Total no of participants:

Day 1:- 20/09/12: 69 participants.

Day 2:- 21/09/12: 60 participants.

The training was successfully attended by participants from the three departments from the entire seven districts. District heads of the three departments i.e. health department, education department and social welfare department were present.



The state level master trainers had given the session based on the module supplied by the NIHFW, New Delhi the following topics and resource persons were discussed during the training programme.

- | | |
|--|-------------------|
| 1. Adolescents and Aneamia: | Dr J.L yngwa. |
| 2. Nutritional anemia: | Dr M.Hooroo. |
| 3. Implementation of WIFS programme through school platform: | Dr A.Warjri. |
| 4. Implementation of WIFS programme through AWW platform: | Smt K.Marbaniang. |
| 5. Monitoring and reporting the WIFS programme: | Smt F.Lyngdoh. |



The participants were interactive and many doubts and suggestions was highlighted and discussed during the training session.

The second day training was exclusively for school health programme and all the participants from health and education department stayed back except the participants from social welfare department.

The session for the programme was delivered by the following resource persons on different topics.

1. Operational mechanism and framework of School health programme: Dr. M.Hooroo
2. Immunization and preventable diseases: Dr. M.Nongrum
3. Common eye problems among school children and Vit A deficiency: Dr. Khongsit
4. Common deficiency diseases, PEM etc.: Dr. D.Pde Pediatrician
5. Common childhood diseases: Dr.D Pde Pediatrician
6. Developing of micro planning and generating reports for School health programme: Dr M.Nongrum.



The training ended with the distribution of certificates and vote of thanks from the Director Health Services (MCH&FW) Dr M.K.Marak in the presence of the Nodal officer ARSH.

DELIVERIES AT SUB CENTERS IN WEST GARO HILLS DISTRICT – Success Story

West Garo Hills District consisting of eight blocks, two District Hospitals, one Sub Divisional Hospital, six CHCs, eighteen PHCs, three St. Dispensaries, three UHCs and ninety two Sub Centers. West Garo Hills District has the highest number of deliveries in Sub Centers with a total of fifty Sub Centers.

The women are finding it much easier to go for deliveries at Sub Centers since the services that are promised, are available. With the increase in deliveries at Sub Centers, the total number of institutional deliveries has started experiencing a gradual increase.

These Sub Centers are:

Anogre S/c	Bamundanga S/c	Batabari S/c
Baljek S/c	Rongkhongre S/c	Rajabala S/c
Boldorengre S/c	Mangchim S/c	Hallidayganj S/c
Rombagre S/c	Wajadagre S/c	Zikabari S/c
Waribokgre S/c	Bhajamara S/c	Andarkona S/c
Mangakgre S/c	Naguapara S/c	Damjongre S/c
Chidekgre S/c	Chibinang S/c	Ujenggre S/c
Boldakgre S/c	Bamundanga S/c	Asinagre S/c
Galwanggre (Babadam) S/c	Rongkhongre S/c	Gopinathkilla S/c
Romgre S/c	Mangchim S/c	Kuligaon S/c
Damal Asim S/c	Wajadagre S/c	Anangpara S/c
Bollongre S/c	Bhajamara S/c	Kumligaon - S/c
Hollaidanga S/c	Thakimagre S/c	Jongchetpara S/c
Nidanpur S/c	Mukdangra S/c	Morchapani S/c
Belguri S/c	Dalupara S/c	Garodoba S/c
Gandipara S/c	Bolchugre S/c	Daronggre S/c

Rongsang Abagre S/c	Gambegre S/c	Okkapara S/c
Damalgre S/c	Rongchadenggre S/c	Mellim S/c
Sesengpara - S/c	Jjikapara S/c	Sandongdap S/c
Gonchudare S/c	Halchati S/c	Chengapara S/c
Rimrangpara S/c	Posengagre S/c	

Some of the Sub Centers which are conducting Institutional Delivery in West Garo Hills District

Pictures:



CONSTRUCTION OF HEALTH CENTERS ACROSS THE STATE

Several Health Centers have been constructed over years under NRHM and the State Health Department. Community Health Centers, Primary Health Centers, Sub Centers and Urban Health Centers have started cropping up over the recent years. With the oncoming of NRHM, several quarters for Medical Officers, GNMs, ANMs and extension of labour rooms with baby corners have also been constructed. Moreover MCH Clinics, Adolescent Clinics, Maternity Wards have been constructed in the PHCs and CHCs. Labour Rooms in Sub Centers have also been constructed as there has been a significant rise of institutional deliveries in Sub Centers.

Here are some of the pictures taken of some health centers which have been renovated, reconstructed and refurbished. The fund that had been used for construction is from the NRHM fund.

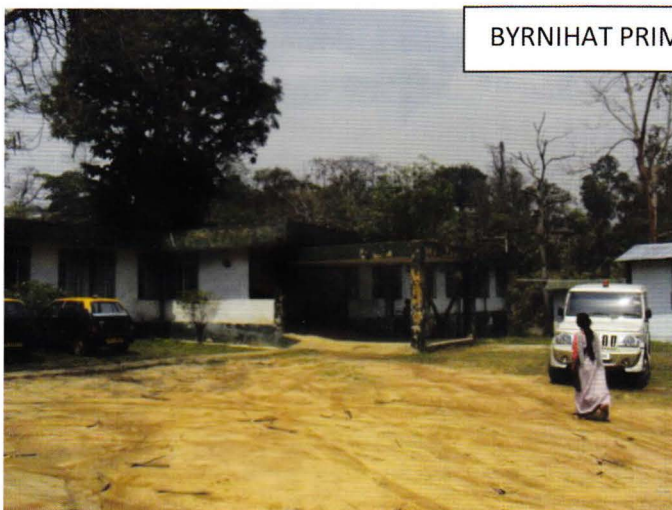


UMDIENGPOH SUB CENTER

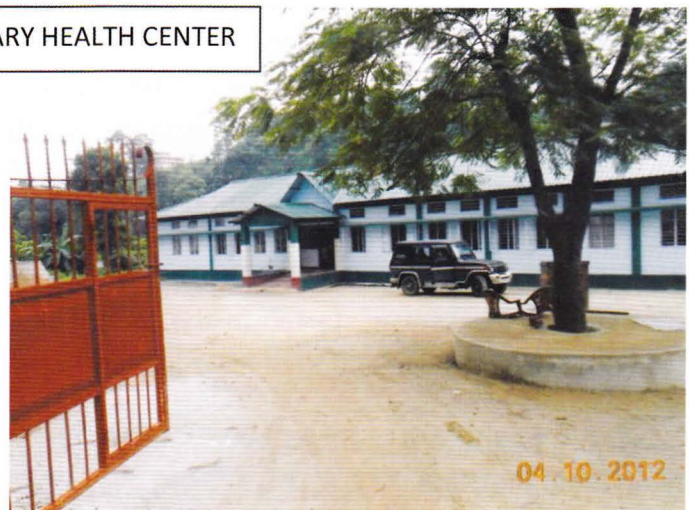


BEFORE

AFTER



BYRNIHAT PRIMARY HEALTH CENTER



BEFORE

AFTER

SOHRA COMMUNITY HEALTH CENTER



BEFORE



AFTER

STATUS REPORT ON IMPLEMENTATION OF RSBY – MEGHALAYA

Update for the period till: 30th September 2012

The enrollment in the State of Meghalaya commenced in the month of December 2009.

Presently the RSBY scheme is operational in Five Districts and in 30 blocks of Meghalaya State.

The Third Round enrollment in East Khasi Hill district is complete.

Jaintia, Ri-Bhoi and West Khasi Hills are already due for Round 3 of which the Policy Period would expire by 30th November 2012, and West Garo Hills District, enrolment is due for Round 2. However, the Government of Meghalaya has proposed for a Universal Health Insurance Scheme for the state whereby, RSBY and UHIS shall be starting about the same time; therefore the enrolment for the mentioned districts has been put on hold.

Enrollment:

The enrollment process was started in the month of Dec 2009 and achieved 52% of enrollment from the allocated district(s) since inception of RSBY in State.

TPA: Medsave Healthcare Ltd. has been finalized as a TPA for taking up the Enrollment along with Claims Management in the State.

STATE OVERVIEW (Active Districts)					
(MEGHALAYA)					
DISTRICT WISE OVERVIEW	EAST KHASI HILLS	RI BHOI	JAINTIA HILLS	WEST KHASI HILLS	WEST GARO HILLS
Total BPL Families	50,985	16,276	19,663	30,481	51,400
Enrolled Families	22,146	8,372	7,402	11,165	29,310
Conversion Rate	43%	51%	38%	37%	57%
Private Hospitals	4	0	1	1	2
Public Hospitals	20	6	6	5	31
District Nodal Agency	NRHM				
District Key Management Authority	Addl. DM & HO			Addl. DM & HO	

Journey till date for completing districts: enrollments and claims:

Premium @	District	Enrolment Start Date	Total BPL Families	Total Enrolment	Premium	Claim Numbers	Amount Claimed	Policy Start Date	Policy End Date
537.16	EKH - 1	12-Dec-09	50,997	27,330	1,46,80,583	301	12,31,917	01-01-2010	31-12-2010
116.13	EKH (Ext* 3 months)		50,997	27,330	31,73,833			01-01-2011	31-03-2011
487	EKH - 2	12-Sep-10	50,997	30,391	1,48,00,417	1,132	64,93,731	01-04-2011	31-03-2012
487	EKH - 2	01-Feb-12	50,985	22,146	1,07,85,102	608	25,12,060	01-04-2012	31-03-2013
537.16	Jaintia - 1	05-Mar-10	19,663	8,693	46,69,532	236	12,12,162	01-06-2010	31-05-2011
214	Jaintia(Ext * 6 months)		19,663	8,693	18,60,302			01-06-2011	30-11-2011
537.16	Ri-Bhoi- 1	06-Aug-10	16,276	8,323	44,70,783	208	11,52,393	01-07-2010	31-06-2011
179	Ri-Bhoi(Ext * 5 months)		16,276	8,323	14,89,817			01-07-2011	30-11-2011
537.16	West Khasi - 1	11-Aug-10	30,481	19,327	1,03,81,691	800	47,07,416	01-12-2010	30-11-2011
487	Ri-Bhoi- 2	01-Oct-11	16,276	8,372	40,77,164	133	7,49,900	01-12-2011	30-11-2012
487	Jaintia - 2	01-Oct-11	19,663	7,402	36,04,774	161	9,29,070	01-12-2011	30-11-2012
487	West Khasi - 2	01-Oct-11	30,481	11,165	54,37,355	765	44,70,825	01-12-2011	30-11-2012
487	West Garo Hills	01-Dec-11	51,400	29,310	1,42,73,970	34	1,80,000	01-01-2012	31-12-2012

Utilization of services and claims

District	Round	Policy Details		TPA Name	Total Cumulative Claims Made		Total Cumulative Claims Settled				Total Cumulative Claims Pending					
		Start Date	End Date		Number	Amount(Rs)	<= 1 Month		> 1 Month		<= 1 Month		> 1 Month		Rejected Claim	Rejected Amount
							Number	Amount(Rs)	Number	Amount(Rs)	Number	Amount(Rs)	Number	Amount(Rs)		
East Khasi Hills	1	01-Jan-10	31-Mar-11	FHPL	311	12,75,917	311	12,75,917	-	-	-	-	-	-	-	-
East Khasi Hills	2	01-Apr-11	31-Mar-12	FHPL/Medsave	1,134	65,01,731	1,019	57,77,980	32	2,46,600	2	8,000	-	-	81	4,69,151
East Khasi Hills	3	01-Apr-12	31-Mar-13	Medsave	709	27,17,160	456	25,48,680	2	10,080	5	18,200	5	28,200	241	1,19,200
Jaintia Hills	1	01-Jun-10	30-Nov-11	FHPL	236	12,12,162	232	11,88,162	4	24,000	-	-	-	-	-	-
Jaintia Hills	2	01-Dec-11	30-Nov-12	FHPL/Medsave	167	9,29,070	120	7,32,070	24	1,79,000	-	-	-	-	23	16,000
Ri-Bhoi	1	01-Jul-10	30-Jun-11	FHPL	208	11,52,393	202	11,03,393	1	3,000	-	-	-	-	5	46,000
Ri-Bhoi	2	01-Dec-11	30-Nov-12	FHPL/Medsave	143	7,78,300	98	5,61,400	25	1,56,300	2	11,400	-	-	18	45,000
West Khasi Hills	1	01-Dec-10	30-Nov-11	FHPL	800	47,07,416	780	44,43,592	17	2,53,824	-	-	-	-	3	10,000
West Khasi Hills	2	01-Dec-11	30-Nov-12	FHPL/Medsave	835	49,40,425	599	36,04,700	162	9,71,650	22	1,76,400	-	-	52	1,72,475
West Garo Hills	1	1-Jan-12	31-Dec-12	MEDSAVE	83	5,79,800	61	4,08,800	-	-	16	1,66,000	-	-	6	5,000
Total					4,626	2,47,94,374	3,878	2,16,44,694	267	18,44,454	47	3,80,000	5	28,200	429	8,82,826

IEC activities for promoting RSBY

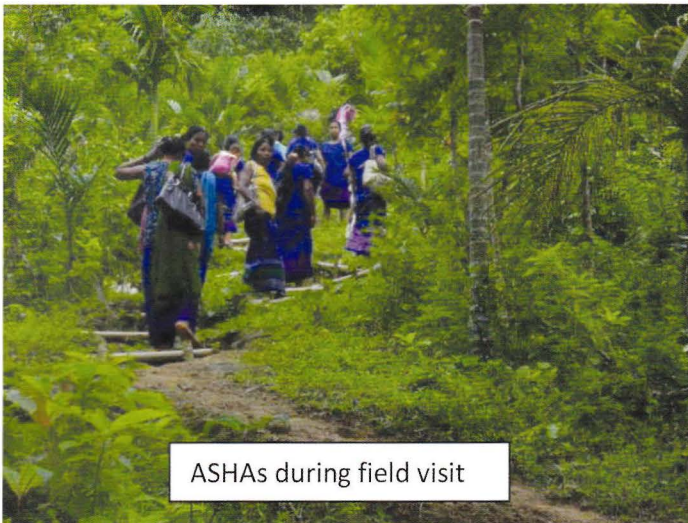


ASHA PHOTO STORY

ASHA weighing a child & Pregnant woman & Participants during at VHND Madan Thangsning AWC, East Khasi Hills District



During 6&7 Training for ASHA & AF conducted at different venues in the State



ASHAs during field visit



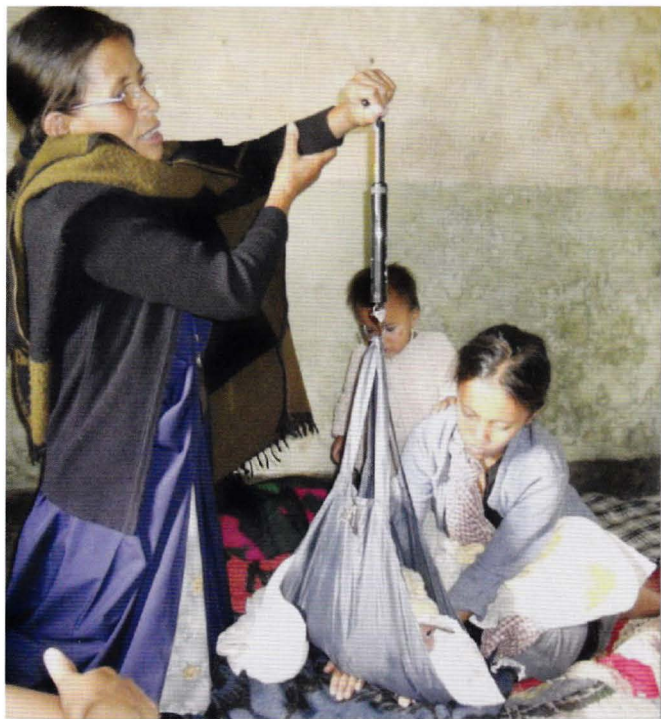
ASHAs preparing for role play



ASHAs during Sessions



Home visit of New Born by the ASHA



ASHA BENEFIT SCHEME

COMPENSATION TO ASHA:

1. ASHA would be an honorary volunteer and would not receive any salary or honorarium
2. ASHA will get a compensation package as per the rate and fund linkage as seen on the table

S. No.	Heads of Compensation	Expected Compensation	Matching State Compensation	Source of Fund/Fund linkage
1. Janani Surksha Yojana (JSY)				
1.1	JSY- follow- ups of pregnancy & accompanying the pregnant mother for delivery to the nearest health institution.	Rs. 350/-	Rs. 350/-	Fund from JSY scheme.
2. Village Health and Nutrition Days (VHND)				
2.1	For organizing the Village Health and Nutrition Day (VHND) at the village.	Rs. 100/-	Rs. 100/-	From untied fund of Village Health Sanitation & Nutrition Committee (VHS&N.C).
2.2	For organizing the Village Health Sanitation and Nutrition Committee Meeting (VHS&N.C) at the village.	Rs. 150/-	Rs. 150/-	
3. Immunization				
3.1	Mobilization of beneficiaries to immunization sites	Rs. 150/- per session	Rs. 150/- per session	Fund from Routine Immunization Program under UIP.
3.2	On completion of Full Immunization	Rs. 100/- per beneficiary	Rs. 100/- per beneficiary	
3.3	Alternate Vaccine Delivery	Rs. 100/-	Rs. 100/-	
4. Family Planning & Sterilization				
4.1	Motivation of women for Tubectomy sterilization	Rs. 150/-	Rs. 150/-	Sterilization Compensation under Family Planning Fund.
4.2	Motivation for Vasectomy sterilization or No Scalpel Vasectomy (NSV)	Rs. 200/-	Rs. 200/-	
4.3	For ensuring spacing of 2 years after marriage and on complete follow up of the same.	Rs. 500/-	Rs. 500/-	
4.4	For ensuring spacing of 3 years after birth of first child and on complete follow up of the same.	Rs. 500/-	Rs. 500/-	
4.5	For ensuring Permanent limiting method up to 2 children	Rs. 1000/-	Rs. 1000/-	

1. Child Health				
5.1	For conducting home visits for the care of the newborn and post partum mother.	Rs. 250/-	Rs. 250/-	Fund under Child Health –HBNC.
5.2	For motivating mothers for 2 days nutritional care of their malnourished/LBW child at Nutritional Rehabilitation Centre (NRC)	Rs. 100/-	Rs. 100/-	Fund under Child Health- Nutritional Rehabilitation Centre (NRC)
2. Maternal Health				
6.1	For report maternal death within 24hours to the ANM I/C Sub-Centre or MO I/C –PHC.	Rs. 50/- per death reported	Rs. 50/- per death reported	Maternal Health- Maternal Death Review(MDR)
3. Other National Disease Control Programs				
7.1	Revised National Tuberculosis Control Programme (RNTCP)	Rs. 250/- (after completion of DOT treatment)	Rs. 250/- (after completion of DOT treatment)	RNTCP
7.2	National Leprosy Eradication Programme (NLEP)	Rs. 100/- for registration of leprosy case and Rs. 200/- for successful completion of Pauci bacilli Cases and Rs. 400/- for successful completion of Multi bacilli cases.	Rs. 100/- for registration of leprosy case and Rs. 200/- for successful completion of Pauci bacilli Cases and Rs. 400/- for successful completion of Multi bacilli cases.	From National Leprosy Eradication Programme (NLEP) fund.
7.3	National Blindness Control Programme (NPCB)	Rs. 175/- for identifying, escorting and caring after operation for each cataract cases	Rs. 175/- for identifying, escorting and caring after operation for each cataract cases	NPCB fund.
7.4	National Vector Borne Disease Control Programme (NVBDCP)	Rs. (5+50) for collections of blood slides and after completion of treatment)	Rs. (5+50) for collections of blood slides and after completion of treatment)	NVBDCP fund.
7.5	National Iodine Deficiency Disease Control Programme (NIDDCP)	Rs. 25/- per month for testing 50 salt sample per month.	Rs. 25/- per month for testing 50 salt sample per month.	NIDDCP fund.

**Note:

This is only an indicative estimate regarding incentives which ASHA are entitled and may also be treated as the minimum incentives which an ASHA might obtain per month.

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National Rural Health Mission, Meghalaya





₹5000

MEGHALAYA MATERNITY BENEFIT SCHEME



₹5000



Aim: To reduce Maternal Mortality Rate, Infant Mortality Rate, and to increase Institutional Delivery

Sl No	Provisions of entitlements for beneficiaries
1	The pregnant mother should not be less than 19 years of age
2	Should be of a BPL family or one with an annual income of not more than One Lakh per annum
3	The pregnant mother should complete the 3 ANC's, 2 Tetanus Toxoid (TT) Injections, and consume 100 IFA tablets
4	Limited for up to two live births only, i.e. first and second child and <i>not</i> for still births
5	The mother has to stay in the hospital for 48 hours after delivery for post delivery treatment
6	Limited for institutional deliveries at DH/CHC/PHC/SC and accredited private hospitals
7	The beneficiary should have the MMBS card along with the Mother and Child Protection Card (MCPC)
8	The mother will receive Rs. 2000/- after completing the 3 ANC's, TT injections and consuming of IFA tablets and the other Rs. 2000/- after delivery and stay of 48 hours for post delivery treatment

Sl No	ASHA Package
1	Cash incentive of Rs. 500/- will be paid if she assists the pregnant mother for all three ANC's and the other Rs. 500/- if she assists the pregnant mother to the institution for delivery until she has been discharged after 48 hours

Mother's package	ASHA's Package	Total Package
4000	1000	5000



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National Rural Health Mission, Government of Meghalaya

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