



NRHM NEWSLETTER MEGHALAYA



VSATs installed at Block Level





From the Director's desk:



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

Being the fourth volume, NRHM Newsletter has been in publication for four years running now with 2 - 3 issues per year. On this issue of Newsletter, focus has been on the HMIS Section with several steps taken forward in terms of e-hospital management which saves a lot of time and energy. In the year 2012 - 13, we have managed to launch ambulances in two phases with a total number of 54 launched. These ambulances are now being sent to their respective stations and our aim is to have an ambulance for each and every CHC and PHC in the State aside from the District Hospitals. I congratulate the editorial team for their constant publication of Newsletter. All the best!

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Shri. D. P. Wahlang, IAS, Commissioner & Secretary, Health & Family Welfare cum Mission Director, NRHM, Meghalaya

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From the Editor,

Newsletter plays a crucial part as a platform for showcasing the various success stories and updates on NRHM in the State. In this issue a graphical Representation has been featured on all the different trends for better analyzing of the indicators. A short photo story on the different Outreach activities especially the IEC Community Events is also featured. Look out for the E-Hospitalization that is now taking place in Civil Hospital Shillong and the VSATs which have been installed in the blocks. E-HosMis is fast, quick and time saving. Here's hoping that HosMis continues to branch out to all corners of the State.

- Editor



E-Hospital @ NIC

E-Hospital @NIC, a Hospital Management System is a workflow based ICT solution for Hospital specifically meant for the hospitals in Government Sector. This is generic software which covers major functional areas like patient care, laboratory services, work flow based document / information exchange, human resource and medical records management in a Hospital. It is a patient-centric system rather than a series of add-ons to a financial system.

The features are:-

- ISO / IEC 9126 Certified
- Based on HL7 Development Framework
- Unicode (UTF-8) based Indian Multilingual Support
- Medical Vocabulary Interface- ICD-9, LOINC etc
- Comprehensive Reporting on various customizable parameters
- Comprehensive Role based Access Control and Security
- Embedded User Manual
- Data Security and Privacy
- Audit Logging of various transactions
- Powerful Search facility and tracking of Patient history
- Enables data sharing across various Department
- Touch Screen Kiosk Interface
- Available on Open Source Linux Platform



e-Hospital@NIC Suite is a web based solution, designed and developed by NIC, using Free Open Source Software (FOSS) tools and conforms to HL7 Standards, for managing healthcare service delivery in public hospitals in India; and solution is made available to public hospitals in India as **Software As A Services (SaaS)** by National Informatics Centre, Government of India, for accelerated adoption of ICT tools and Healthcare Standards by large number of public hospitals. e-Hospital@NIC suite also could be deployed in individual hospitals with interoperability features as per HL7 Standards.

??e-Hospital@NIC product suite designed to improve the quality and management of clinical care and hospital health care management in the areas of clinical processes.

??e-Hospital@NIC is powerful, flexible, and easy to use; and is designed and developed to deliver real benefits in terms of ITeS from outdoor clinics, IPD, Laboratories, Blood Bank and Hospital as a whole.

??e-Hospital@NIC runs on Linux and MS Windows platforms and can be easily customized to suit the requirements and reflect priorities of hospital management team.

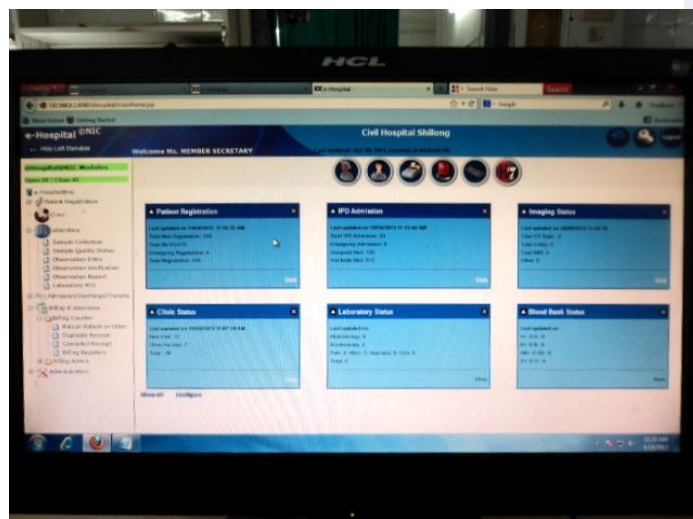
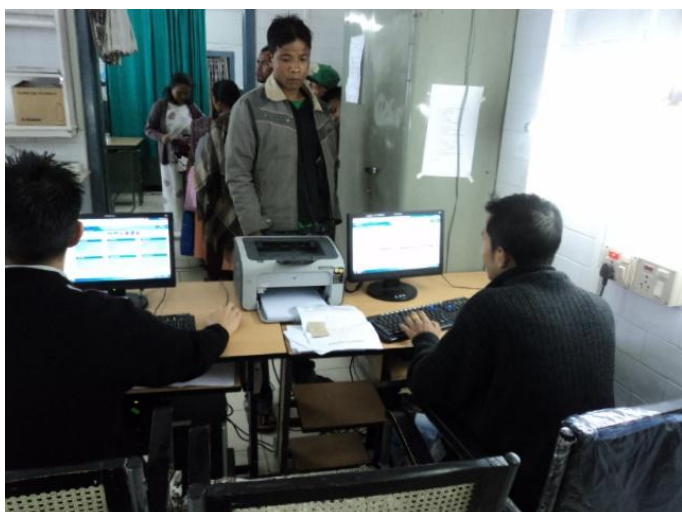
Comments:-



- One of the top most areas of concern to the common man is health care services. The load on Government Hospitals is increasing day by day with population increase and pro-people policies of Union and various State Governments on healthcare sector. Mainly down trodden masses are being served by govt. hospitals in rural and urban areas. A core group is working in NIC for providing one stop ICT solution for health sector embracing Healthcare and e-Govt. standards. E-Hospital@NIC is designed and developed to help small size to large size Government Hospitals to deploy ICT solution at an affordable cost –**Dr. B.K.Gairola, Director General, NIC.**
- Health Services and Family Welfare Department, Govt. of Tripura always strives to provide quality patient care. We could achieve significant operational efficiency by integrating patient management, administrative operations, and clinical processes into one efficient manageable system using e-Hospital@NIC solution from NIC at Agartala Govt. Medical College & GBP Technical Hospital—**Mr. S.K. Roy, IAS, Principal Secretary(Health)** , Government of Tripura.

e-Hospital@NIC solution is fully web enabled and is made available on Open Source Standards as well as on Microsoft Platform.

In Meghalaya the project has been launched in the District Civil Hospitals of Shillong, Nongpoh, Nongstoin, Tura, Williamnagar, and Ganesh Das MCH Hospital. Implementation is also in the sites of Mairang and Tura MCH.



VSATS

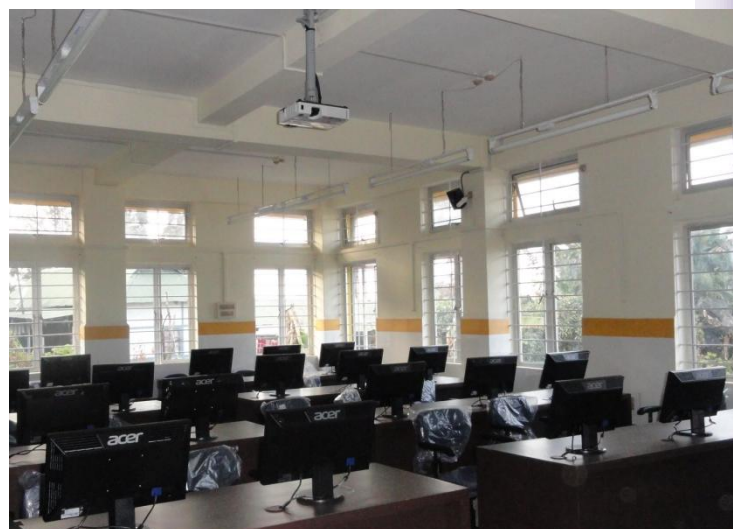
Government of India has implemented Mother & Child Tracking System (MCTS), a Mission Mode Project declared in May 2012 for tracking of pregnant mothers & children on their immunization status as well as Health Management Information System (HMIS) for getting information on the facility health care services throughout India. Due to the geographical terrain and constraints, we are facing great difficulty to provide connectivity to most of our remote check-gates which are located in the far flunk areas of the State for uploading data in the above mentioned web portals.

These web portals are part of E-Governance project. VSAT's for the 39 Health Blocks has been procured through CSC SPV concessions rates for providing Internet Connectivity for our Health Infrastructures which includes Community Health Centres & Primary Health Centres. Initially only the 39 Health Blocks have been connected.



VSAT at Umling Block, Ri Bhoi District

COMPUTER LABORATORY & MCTS CALL CENTRE



Computer Lab at Regional Training Center

The HMIS Computer Laboratory setup at the Regional Health & Family Welfare Training Centre (RHFUTC), Shillong is equipped with the latest IT Equipments. It has in it the latest Interactive LCD Screen with Classroom Management Software Application which enables Resource persons to share Interactive Board content with their participants, for a more collaborative learning process and a greater control over information. A participant's personal computer screen can be monitored and controlled to block unnecessary websites or programs during sessions. In addition, resource persons can conduct a training test or exam and on completion they can import from each participant, back onto the Interactive Board. The Computer laboratory has 36 nodes and the MCTS Call Centre has 24 nodes all interconnected through L3 Switches and fibre optics for net connectivity. The main aim for having this Computer Laboratory is to conduct all sorts of IT related training under the Health Department specially training related to

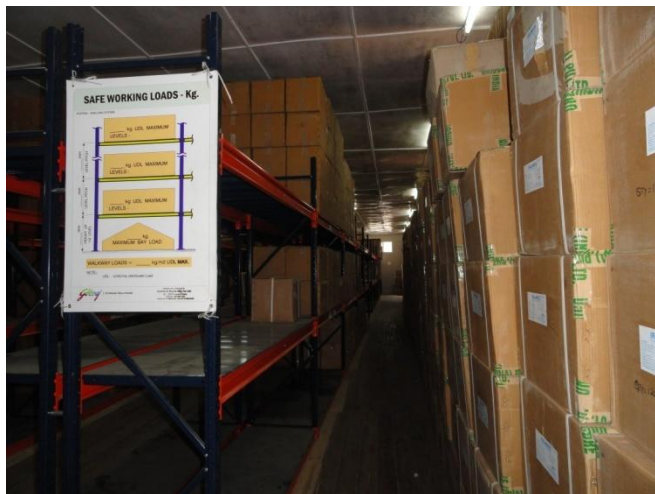


HMIS/MCTS/ProMIS/HosMIS etc, and the MCTS Call centre for smooth implementation of Mother & Child Tracking System.



RACKING SYSTEM AT STATE NRHM WAREHOUSE

The State NRHM Warehouse situated at Lawmali, Shillong is installed with the latest integrated pre fabricated Heavy Duty Racking system consists of Frame, Beam & Panels erected at site. The Racks consist of shelves which are useful for proper arrangements of Medicines and also helps in maintaining First Expiry First Out Medicines available in the Warehouse. Each Shelf is tag with specific Medicine names which also helps for easy tracking of the Medicines at the time of dispensing.





STERILIZATION CAMP AT GANESH DAS HOSPITAL, SHILLONG



Understanding the importance of promoting Family Planning services, the District Health authority planned to have Sterilization services at the CHC so that the services will be made available at the doorstep of the people especially in rural and far away areas from the District Headquarter. The District took a step forward to initiate the project in Border area of Shella Bholaganj Block. Ichamati CHC was identified as the centre for providing sterilization service.

The Medical officer & Staffs of Ichamati CHC and Shella PHC were asked to propagate the project and also to mobilize the Clients for undergoing Sterilization.

With the concerted effort of both the health facility, around 65 clients were mobilized for the camp. On the 16th & 17th May, 2012, screening camp was held at Ichamati CHC.

During the camp, around 30-35 clients belonging to Ichamati and Shella area were counseled and mobilized for undergoing Tubectomy sterilization. At the beginning, it was decided that Sterilization Camp will be organized at Ichamati CHC. However, the decision was held back as the site is not suitable and fit for conducting sterilization.

It was informed that the clients were not willing to come on their own to Shillong as majority of them were poor and could not afford to bear the travelling and accommodation expenses. As per the decision taken during the District Health Society meeting, it was decided and agreed upon that transportation of the clients may be arranged by the District so that the clients is not missed as a result of unmet needs. It was therefore decided unanimously that Unspent funds under Family Planning may be utilized for the same.



After consultation with Dr. L M Umlong, Obs. & Gynaecology Specialist, the clients are to be brought in batches due to shortage of rooms in Ganesh Das Hospital. The Clients were then brought in batches. Transportation cost (both pick up & drop back), accommodation expenses including drugs & medicine were borne by the District Health Society, East Khasi Hills, Shillong.



INAUGURATION OF BYRNIHAT PHC– NEW BUILDING AT RI BHOI DISTRICT



The new building of the PHC building of Byrnihat PHC, Ri Bhoi District was inaugurated on the 27th November 2012. The function was attended by the Health Minister, Shri. Rowell Lyngdoh, as the Chief Guest. The function was chaired by Shri J.D. Rymbai MLA. The programme started with the Chairman's Address which was followed by the presentation of bouquets. A welcome speech was given by the DM & HO of Ri Bhoi District wherein she welcomed all the people present at the function including the doctors and other medical officials including the media persons and the ASHAs.

The ASHAs of the PHC then presented everyone with a welcome song.

The Rangbah Shnong (Headman) of Byrnihat then gave a short speech which was followed by a speech by the President of Synjuk ki Rngbah Shnong, Mr. M. Syiem where he urged the health officials to consider upgrading the PHC into a CHC due to the large number of immigrant population as Byrnihat is present at the border area of Meghalaya and Assam.

The Keynote address was then given by the Commissioner and Secretary Health & Family Welfare cum Mission Director NRHM, Shri. D. P. Wahlang, IAS. In his speech, Shri. D. P. Wahlang said that the PHC Building was completed in a year's time only which is quite a success with a budget of One Crore under the NRHM Scheme 2011-12 – 2012–13.

The building was then formally inaugurated by the Health Minister, Shri. Rowell Lyngdoh as he cut the ribbon and unveiled the plaque. The Minister was then taken on a short tour inside the PHC New Building followed by the Health Officials and media persons. After the short tour, the Minister then went up onstage and gave his speech.

The vote of thanks was given by the Sr. Medical & Health Officer of Byrnihat PHC Dr. Sangma.





Former Health Minister Rowell Lyngdoh cuts the ribbon



The plaque at the PHC



IPD Ward



Labour Room



Emergency Room



Laboratory



LAUNCHING OF AMBULANCES PHASE I AND II



The National Rural Health Mission, Government of Meghalaya successfully launched 27 Ambulances on 12th Nov 2012 in the presence of Shri. Rowell Lyngdoh, Former Dy. Chief Minister I/c Health & Family Welfare, Government of Meghalaya. The Ambulances will be stationed at various health facilities across the State.

Dr. M. K. Marak, Director of Health Services (MCH & FW) cum Joint Mission Director, National Rural Health Mission stressed upon the District Medical & Health Officers on the need for proper maintenance of the Ambulances.

Shri. D. P. Wahlang, the Commissioner & Secretary,

Health & Family Welfare, cum Mission Director National Rural Health Mission, informed that the Government of India has sanctioned the State of Meghalaya a total of 54 Ambulances during 2012 – 13. The first batch of 27 Ambulances was launched on that day and the remaining 27 will be launched later in the year. He also informed that these ambulances will be fitted with GPS Navigation System to monitor and track their movement.



Hon'ble Health Minister, Shri. Rowell Lyngdoh also urged upon the Medical Officers In-charge of the respective health facilities to utilize these vehicles judiciously so as to improve the health delivery system in the rural areas. The Health Minister is hopeful that by launching of these ambulances will help to improve the figures of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR).



Similarly, the second batch of ambulances was launched on 15th December 2012 at Polo Ground by the Former Health Minister Shri. Rowell Lyngdoh in the presence of the Chief Secretary, Shri. W.M.S Pariat, IAS and the Commissioner & Secretary, Health & Family Welfare, Mission Director NRHM, Shri. D. P. Wahlang IAS and other health



officials. The ambulances are to also be fitted with GPS Navigation System to monitor and track their movement. These ambulances have their designated areas of station and on that same day itself, they proceeded to their respective destinations.



OUTREACH ACTIVITIES – A PHOTO STORY









PULSE POLIO IMMUNIZATION AT EAST KHASI HILLS DISTRICT – *LOOKING BACK...*



The Department of Health & Family Welfare, East Khasi Hills District, Meghalaya has successfully conducted the 1st Round Pulse Polio Immunization Programme throughout the district from the 20th February, 2012 to 22nd February, 2012. 1026 Vaccination Booths, 21 Transit Points and 8 Mobile teams were arranged during the Programme. Children were mobilised for vaccination to the arranged booths on the 1st day of the programme followed by a 2-day house to house search and coverage activity.

A Short Note on the Programme: A meeting on Pulse Polio campaign, 2012 was arranged by the Office of NRHM, East Khasi Hills in collaboration with the Dorbar Shnong, Mawiong the 20th Feb, 2012 at 9.00AM at Mawiong Rim. The objective of the meeting was to propagate the importance of Pulse Polio Immunization Programme and launching of the campaign in the district.

Shri. S Goyal, IAS, Deputy Commissioner Cum Chairman District Health Society, NRHM, Shillong attended the meeting as the Chief Guest. The meeting was convened by Dr. A A Dkhar, Addl. District Medical & Health Officer, East Khasi Hills. The Rangbahshnong, community leaders and parents were present in the meeting. While addressing the gathering at the meeting, the Deputy Commissioner appeal to all parents to come forward and bring their children (under-5 years of age) for polio drops vaccination. The Deputy Commissioner in his address also stated that eradication of Poliomyelitis is one of the top priorities of the Government to ensure that our State is Polio-free. Pulse Polio programme initiated by the Government of India is to protect our children from wild



polio virus, therefore, all the parents should take this opportunity offered without any hesitation and doubts. He also stated that disease may strike anyone irrespective of caste, creed, religion or community; therefore there should not be any misconception and disbelief about the programme. The DC expressed his wishes to the Department of Health & Family Welfare for the success of the Programme. The meeting ended with a bottom-line note that 'Prevention is better than cure'. Shri. S Goyal, IAS, Deputy Commissioner Cum Chairman District Health Society, NRHM, Shillong administered polio drops to few children at the booth and announced the start of the Campaign in the district.

House to house search activity was carried out by the

volunteer to track down all the missed and left out children.



East Khasi Hills District has been identified as one of the high risk area because of the migrant population, increasing urban slum populace.

- Mobile teams and transit points were put in place at various floating points.

Extensive monitoring activities undertaken by Members of District Task Force on Pulse Polio Immunization Programme, District Health officials and Supervisors during the programme at all level to ensure effective implementation and to avoid any programmatic and logistic issues.

Coverage report: 1st Round Pulse Polio Immunization Programme, 2012, East Khasi Hills

The District Health Society, National Rural Health Mission, East Khasi Hills expressed its gratitude and appreciation to all Doctors,

Nurses, Health staffs, Government departments (Office of the Deputy Commissioner, Education Department, Social Welfare Dept., ICDS project, DIPR, DDK etc.), Public Hospitals, NGO Hospitals, Private Clinics, Schools authority, NGOs, Church Leaders and most importantly the Rangbah Shnong, the Dorbar Shnong and the parents for their active involvement and participation in the programme.

We look forward for the continual support and cooperation in the future as well in our endeavour to reach the ultimate beneficiaries.

BLOOD DONATION PROGRAMME AT WEST KHASI HILLS DISTRICT



A Voluntary Blood Donation cum Awareness on blood donation programme was organised by the District and Medical Office, West Khasi Hills District in collaboration with the 4th MLP Battalion @ Regional Blood Bank, Shillong on the 17th October 2012 at Civil Hospital Nongstoin, West Khasi Hills. Many people turned up for the event including a decent number of the battalion who turned up. The DM & HO, Dr. P. Lyngkhoi spoke about the necessity to donate blood so as to help others who are in dire need of blood during emergent situations.

A certificate was given to all the people who donated blood on the day. Overall the whole programme was a huge success.





ASHA – A RAY OF HOPE

Personal Profile:



Name of the ASHA: Kong Dioila Warjri.

Age: 47 years.

Occupation other than being an ASHA: Local Dhai.

Marital Status: Married

Village name: Mawjongka Village

Name of the CHC: Sohiong CHC

Name of the SC: Wahlang SC

No. of house hold covered: 146

Total population: 565.

Training: Module 1 upto 6 & 7 3rd round completed.

“Obstacles don’t have to stop you. If you run into a wall, don’t turn around and give up. Figure out how to climb it, go through it, or work around it.”

Kong Dioila Warjri is an ASHA from Mawjongka village, a village situated 8 kms away from Sohiong CHC under Mawphlang Block East Khasi Hills District. Kong Dioila Warjri has been working as an ASHA since 2006. Prior to the implementation of the NRHM programme in the state Kong Dioila Warjri was popular and well known as a Dhai among the people in her community as well as the neighboring villages. The people in her community especially women respected her a lot.

And so, when NRHM programme was launched in the state and every village was asked to select a woman from the village to act as a link between the health sector and the community, kong Dioila was a the first and only person on every one’s mind. Hence, a village committee meeting was called and in the presence of all the community members including the ANM I/c Mrs. Silvaris Rani, Kong Dioila Warjri was selected as the ASHA of Mawjongka village.

Ever since she has been working as an ASHA in her village there has been increased percentage of Institutional delivery, immunization, ANC etc. Being the senior most ASHA amongst the other ASHAs from neighboring villages, some of them come to her for consultation and advise from time to time. Kong Dioila



Kong Dioila with her husband - Bah Nodir
Mawlong



Warjri was also awarded as the Best ASHA 2011-12 from Mawphlang Block during the ASHA Divas conducted by East Khasi Hills District.



Kong Dioila's
residence

“Being as ASHA is not easy there were many obstacles I have gone through. Some may think it is easy for me to convince people since I am a well known dhai. But I am telling you it is even more difficult especially when I have to convince them for institutional delivery, because they take it for granted that I am always available at any time. But I have tried hard to change this attitude amongst the people in my community, though there are still some families who are not yet convinced, but I hope someday they will be.

One advantage of being a dhai is people come to me as soon as they know that they are pregnant, and as an ASHA I take this opportunity to counsel them about the importance of institutional delivery and care during pregnancy. Some may think how could I promote institutional delivery because if I do so I will run through as loss? Not entirely actually because women not only seek my assistance during delivery but during the entire period of pregnancy. I especially recommend Institutional delivery for women expecting her first child, women with complications like those who are anemic, women with many children especially those who have not adopted any of the family planning method etc. And those who come to me frequently actually listen to what I advice them because they fear that I may not come to them in case of emergency, *that is not true but let that be a secret ... (laughs!)*.

Also, earlier people were not convinced with getting their child immunized because of the notion that their child get sick or develop fever soon after being immunized. This required a lot of counseling and frequent visit. But with all the trainings and help I received as an ASHA I was able to convince all the mothers with small children including, pregnant mothers and also those who prefer delivering at home. Family planning is still an issue because of many religious beliefs but I am working on it”.

We asked Kong Dioila Warjri to share one particular incident that touched her life or convinced her to continue her work as an ASHA, this is what she had to say:

“My role as an ASHA is not easy; I wanted to give up many times. I once approached the headman and told him I would like to discontinue and requested him to choose another ASHA but he told me, whether you work as an ASHA or just as a dhai people are going to come to you anyway, so why do you want to give up do it for the people they love you. *“God has given me the talent and skill to save life I should not waste it”*, I thought about it and decided to continue. There are many incidents in my life which actually strengthen me and gave me the zeal to move on.

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7 month pregnant mother currently being counseled by Kong Dioila (ASHA) for Institutional delivery.

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There is this woman named Kong Snora Wahlang in my village, as I told you women come to me as soon as they know they are pregnant, Kong Snora was one of them. She was expecting her first child when she came to me. When I did a routine check on her as I usually do for all pregnant mothers, for the first few months she was normal and I use to counsel her on importance of ANC apart from the routine check that I do, immunization and institutional delivery especially since it is her first child but she would not go for ANC in spite of me offering my company. AS she was nearing her EDD I realized she was developing some complications and I tried my best to



convince her to get herself checked by the ANM or the doctor but she would not go she got angry with me and never came back.

Two months later she delivered at home and it was a still birth from what I came to know. This lady for some reason did not want to accept the mistake she had done at that point of time and so started spreading rumors in the village about me, saying I was the one who killed her child and that I was a devil. I really felt so bad but that did not stop me from doing my work because I had many people who support me in my village as well as the neighboring villages. Few months passed she was expecting another child. This time she never came to me. And when time came for her to deliver the same thing happened. This happened 4 times (forth pregnancy). Meanwhile, some women whom I knew well from the community met her and advised her to forget all that happened in the past and asked her to visit me, but she wouldn't listen. I was actually willing to make an attempt from my side but she would even allow me anywhere near, so I decided I'd only help her if she asks for it. Finally, when she was expecting again (5th pregnancy) she visited me one day, she asked for forgiveness and said what had happened to her was her own fault and not mine, had she listen to what I advised her, her child would be alive. We forgave each other, and since then she did whatever I had advised her. She was regular with her check up and even delivered in the CHC. Today she has a healthy daughter and regularly getting her child immunized."



This child's birth was assisted by Kong Dioila (ASHA). She is almost a year old now

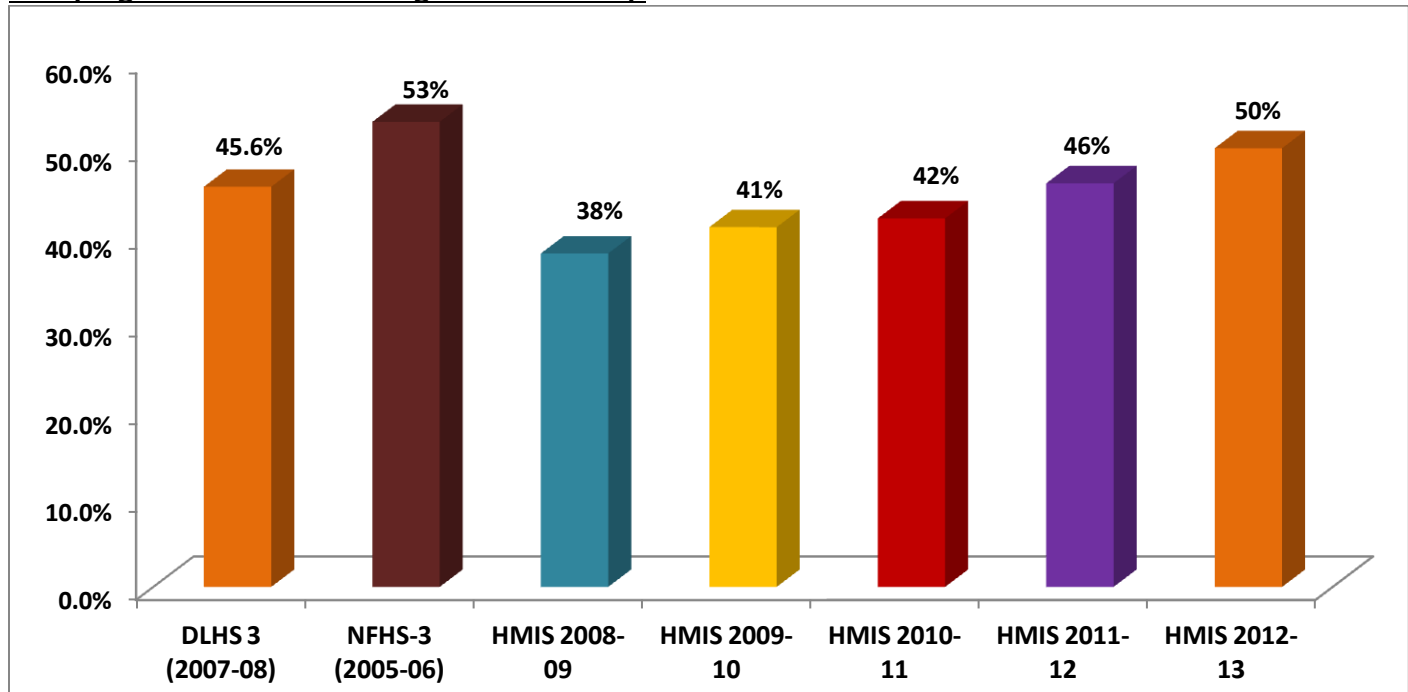
"Success is a journey not a destination.

The doing is usually more important than the outcome."

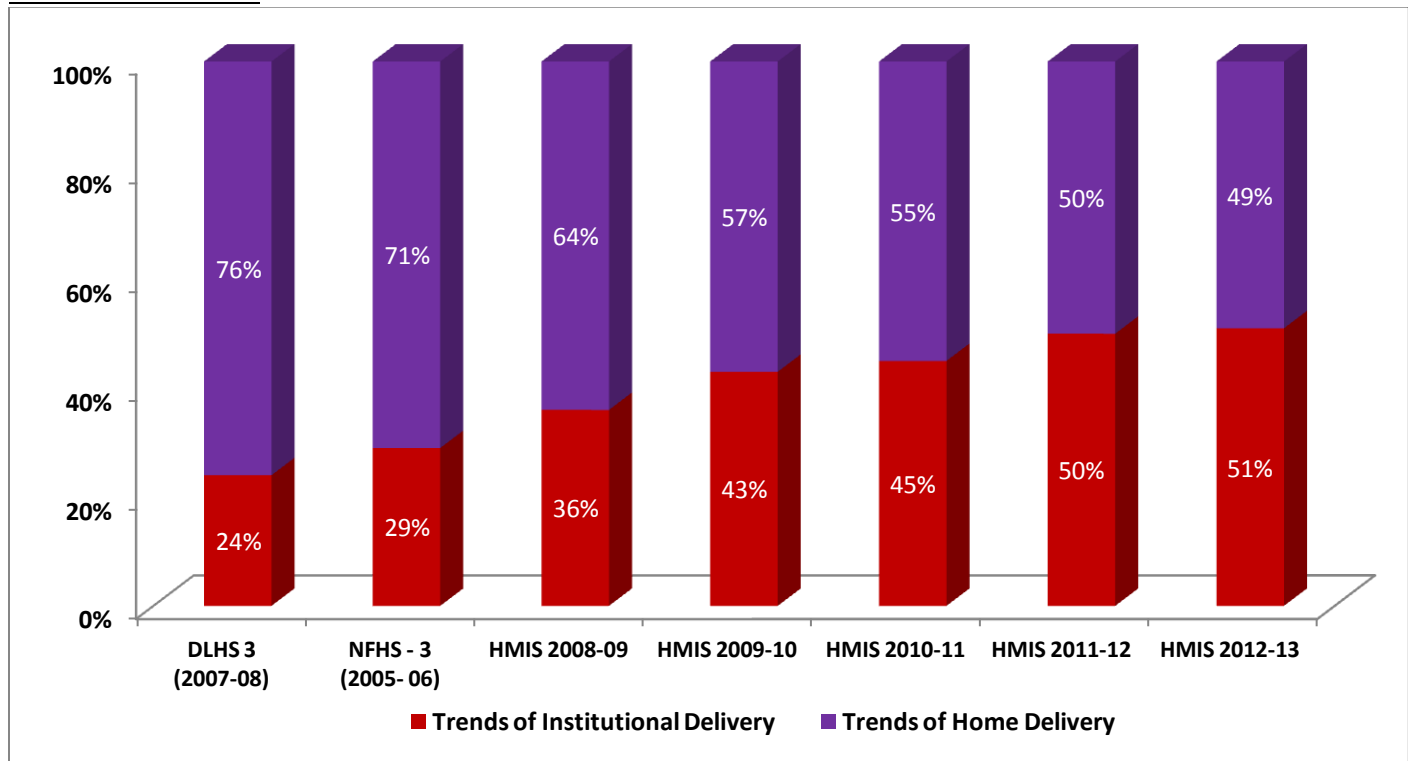


OUTCOME ANALYSIS (GRAPHICAL)

% of pregnant women receiving 3 ANC check-up

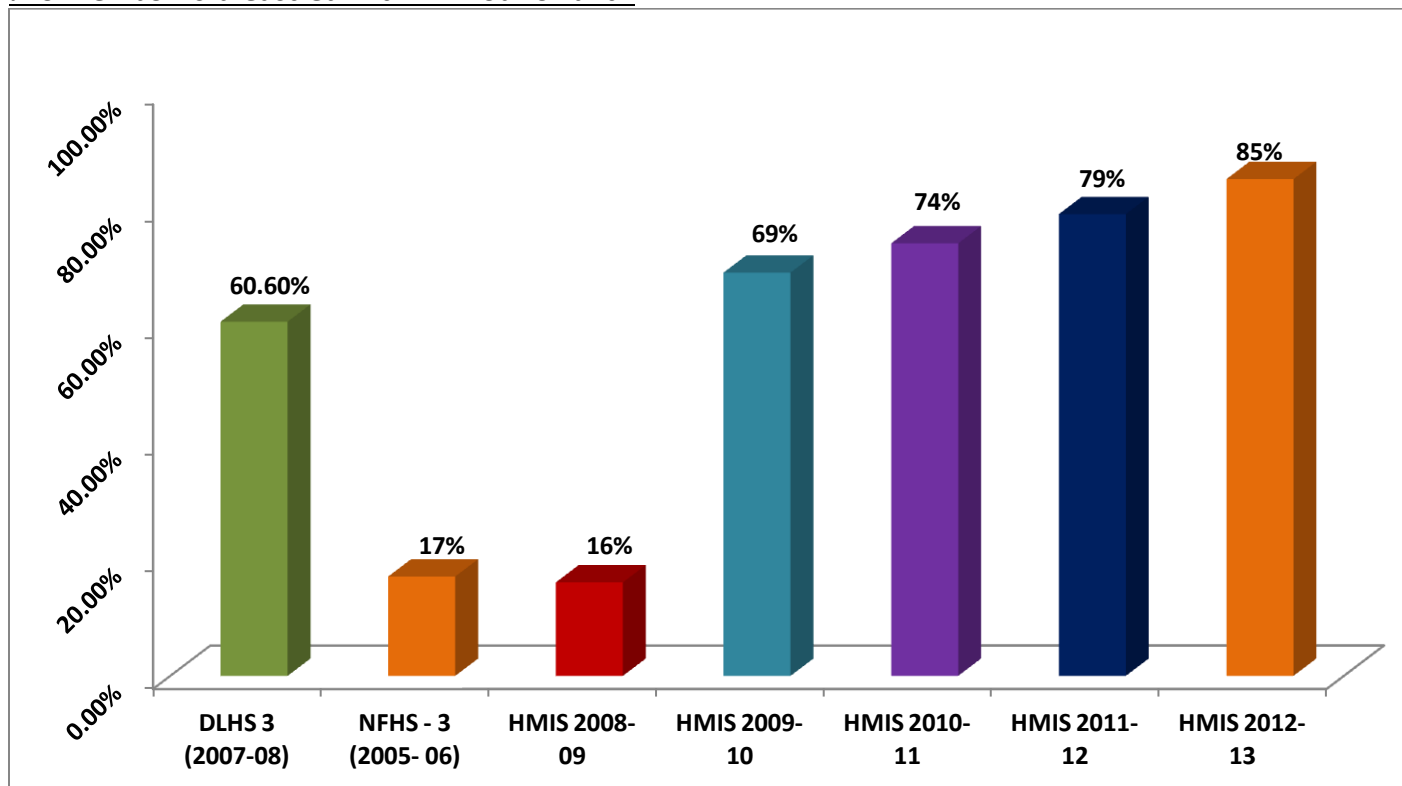


Trend of Deliveries

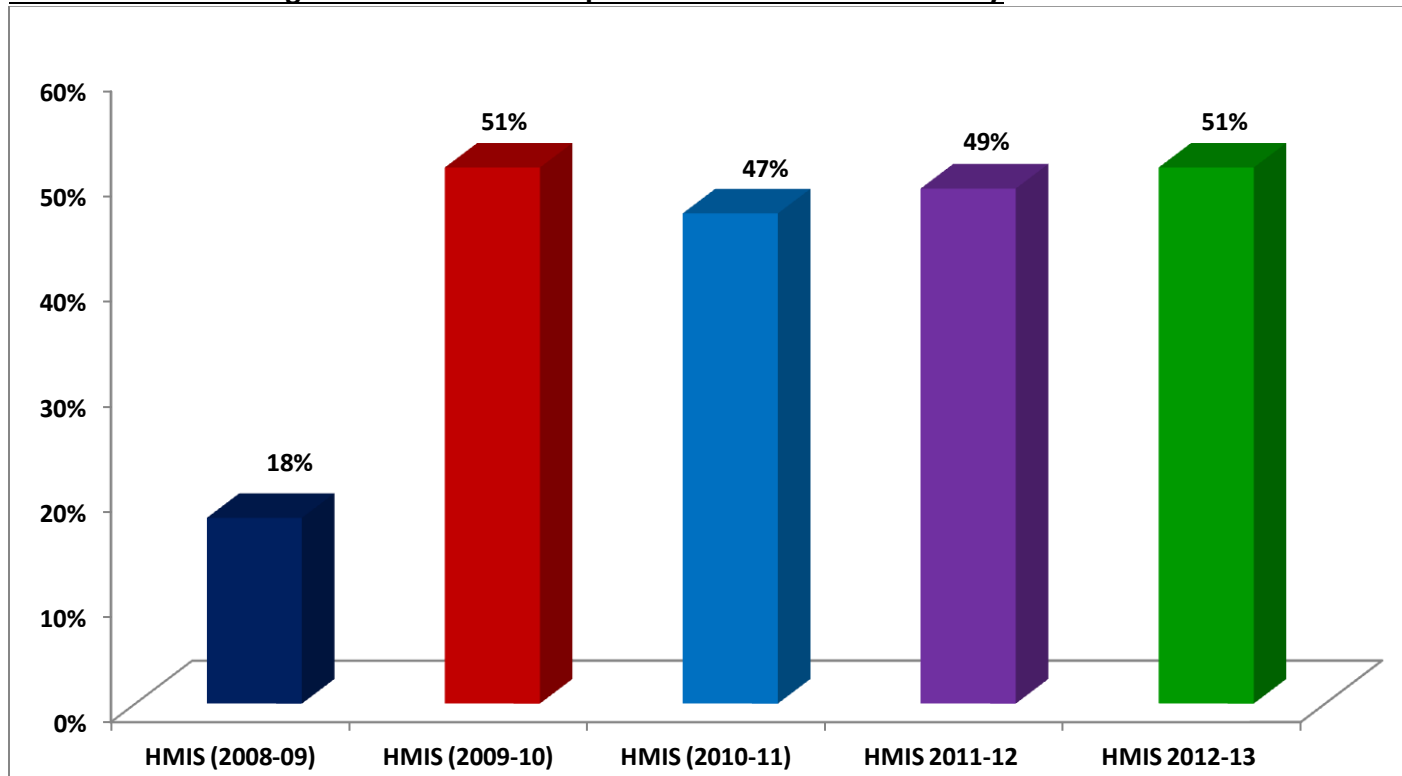




% of newborns breastfed within 1 hour of birth

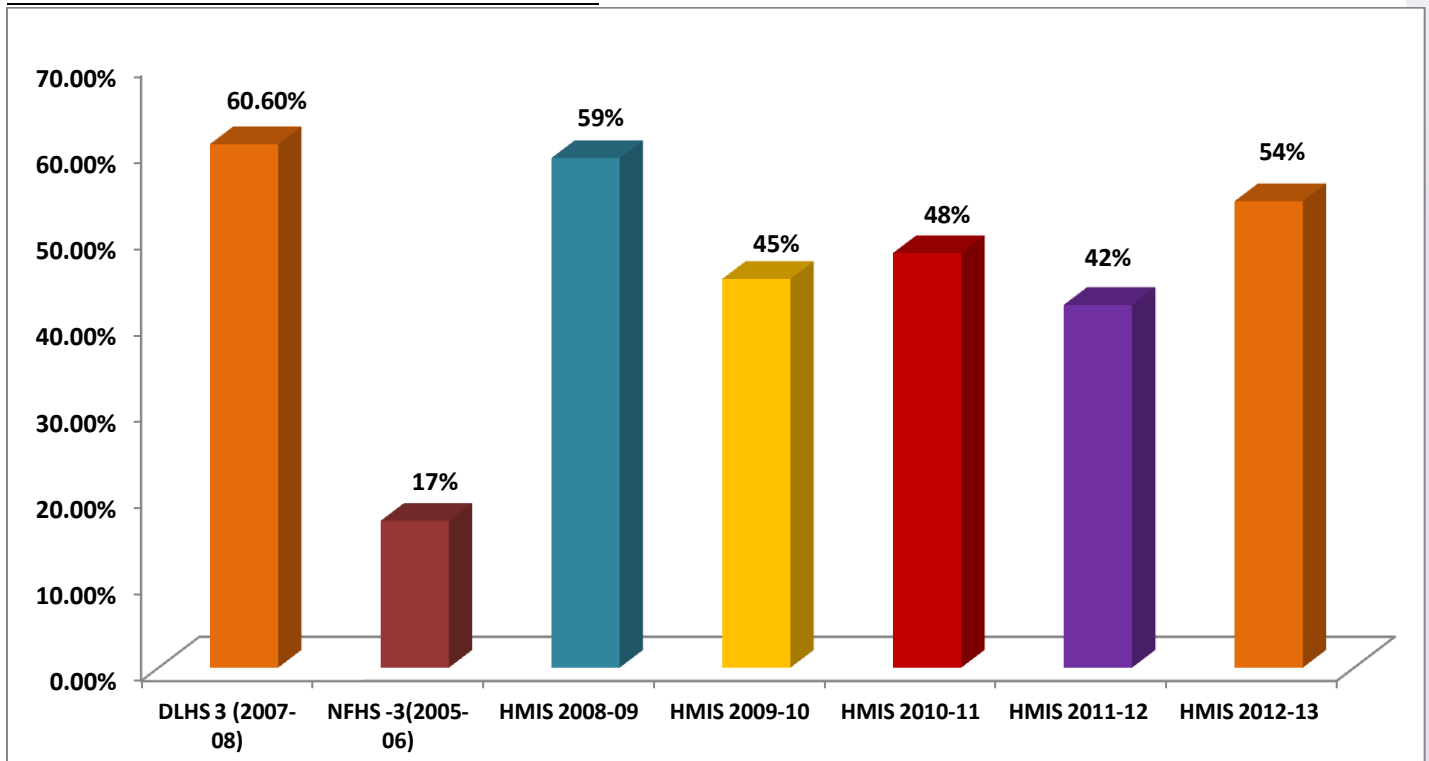


% of women receiving Post-Partum check-up within 48 hours after delivery

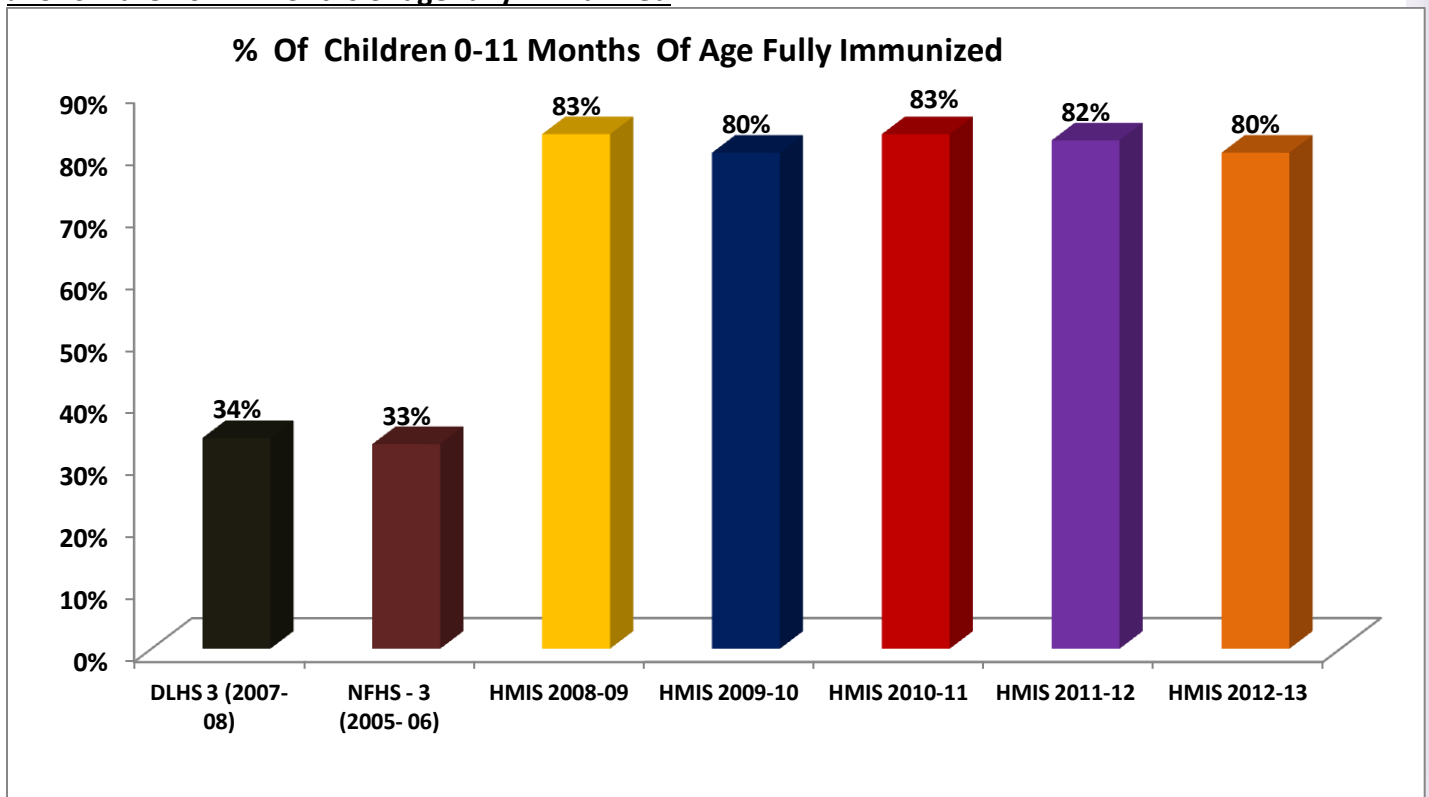




% of mothers who consumed 100 IFA tablets

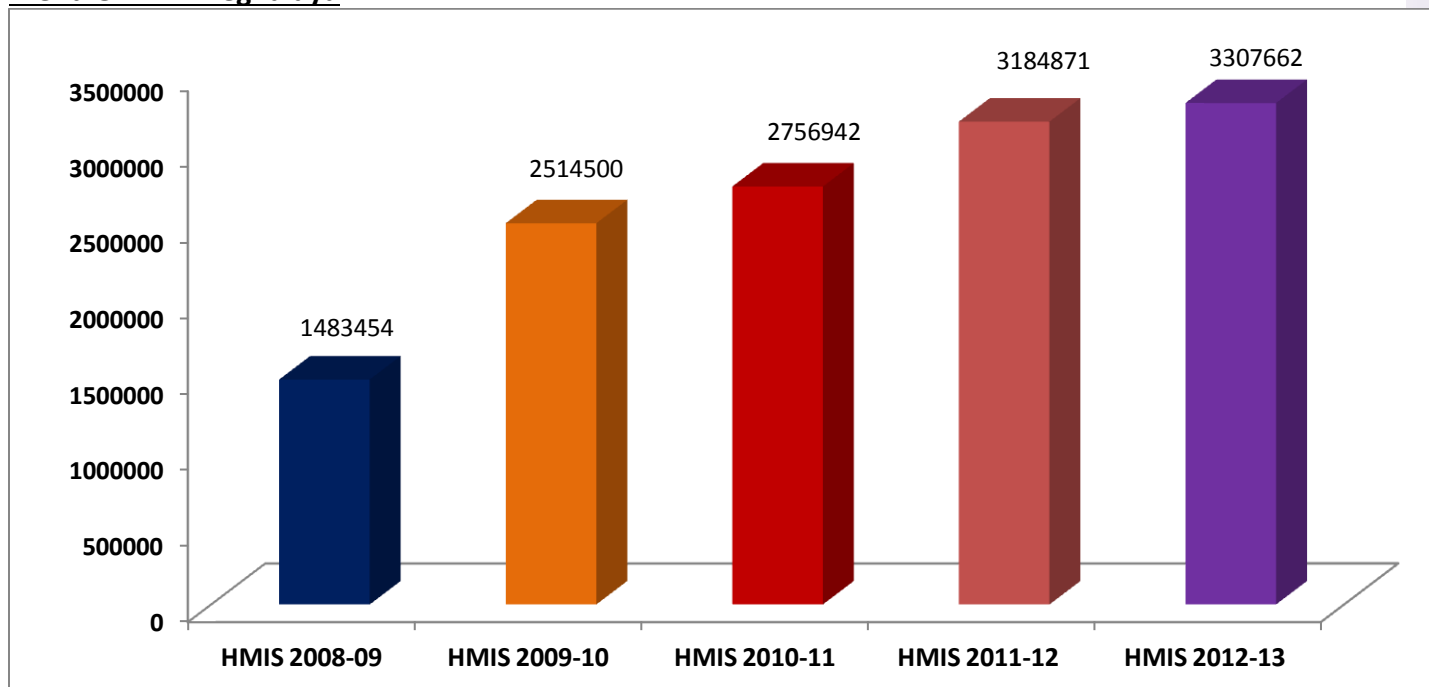


% of children 0=11 months of age fully immunized

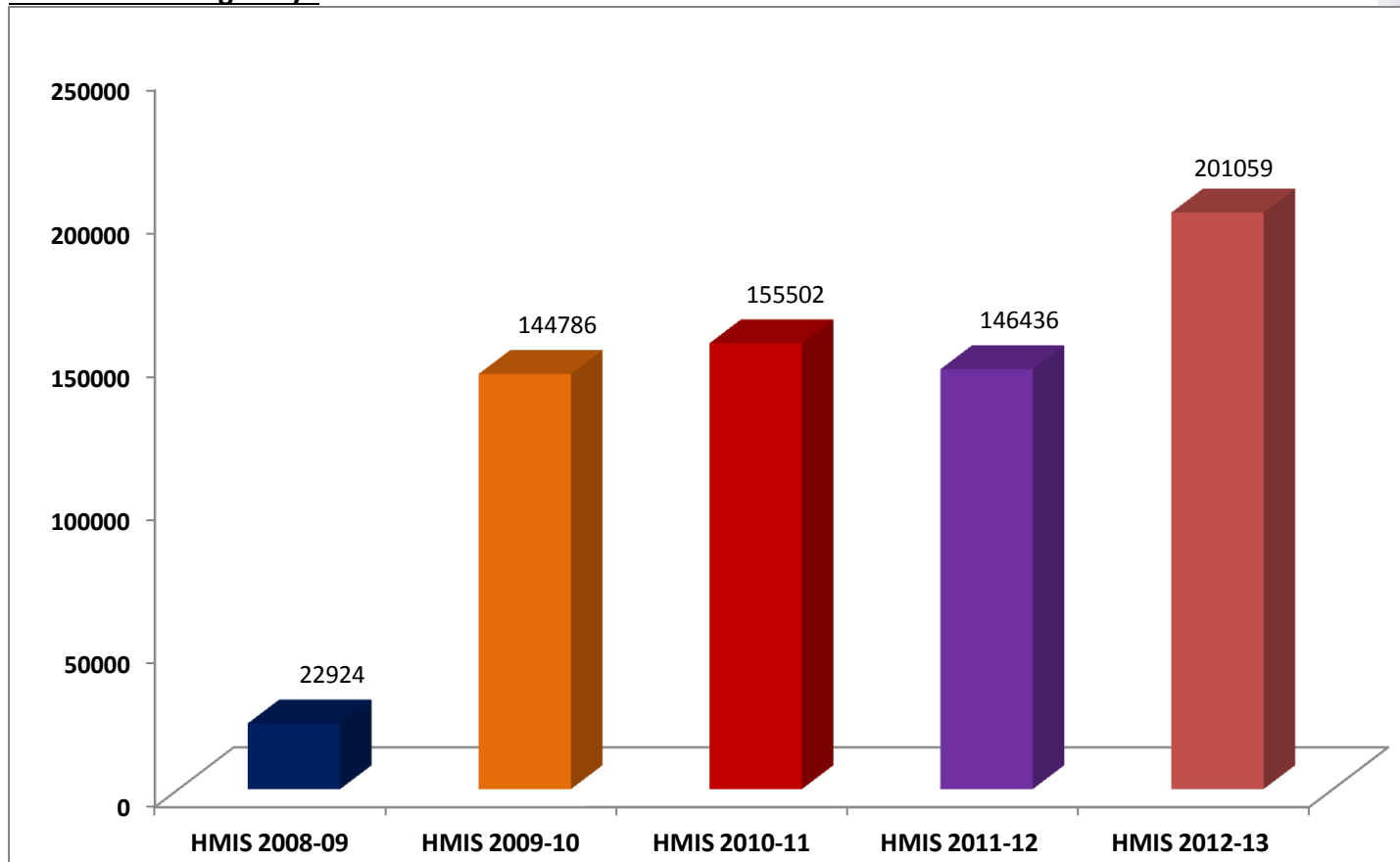


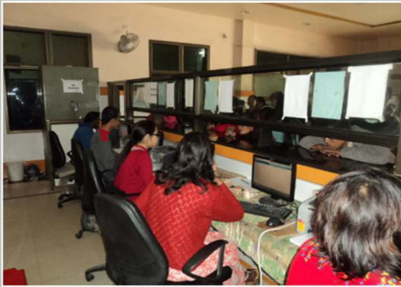


Trend OPD in Meghalaya



Trend IPD in Meghalaya





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