

Dr. (Mrs) L. L. Sawian, Director of Health Services (MCH & FW) cum Joint Mission Director, NRHM

From the Director's Desk: -

NRHM has been producing the NRHM Newsletter every year now and it is my delight to state that this is the fifth volume. It may be noted that all the success stories have been collected from across the state and have been contributed by the health staff themselves. Newsletter is one medium where such accounts are highlighted. I thank the State, District and Block level staff for bringing them to our notice. I would like to mention that this newsletter is shared with all the states of the North East and other states across the country.

My congratulations go to the editorial team for continuously bringing out these issues and to maintain doing so for the years to come.

Chief Editor, Advisor:

Shri. M. R. Synrem, IAS, Secretary, Health & Family Welfare cum Mission Director, NRHM, Meghalaya

Members:

Dr. (Mrs.) L. L. Sawian, Director of Health Services (MCH & FW) cum Jt. Mission Director, NRHM Meghalaya

Ms. Netta L. Syiem, State IEC/BCC Consultant, NRHM, Meghalaya

Editor, Cover Design, Layout:

Ms. Netta L. Syiem, State IEC/BCC Consultant, NRHM, Meghalaya

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From the Editor,

As has been said by Franklin D. Roosevelt, "We cannot always build the future for our youth, but we can build our youth for the future." So also, by having healthy adolescents/youths, we can hope that the future holds better for them. In this issue of Newsletter, much focus has been given on Adolescent Health especially on the launching of the WIFS Programme across the State. Also present in this issue is an article about Comprehensive Abortion Care, in collaboration with IPAS a first of its kind in the State. The convergence between NRHM and NACP is also a start for a better performance for both areas towards achieving the same goal collectively.

- Editor

NACP-NRHM Convergence in Meghalaya - A Beginning...

The HIV/AIDS epidemic in the state is complex, with intense focal epidemics among various groups and sub groups. Convergence between the National AIDS Control Programme (NACP) with over a decade of experience and technical competence in HIV/AIDS prevention and care interventions and the Health and Family Welfare programmes (HFW) under the National Rural Health Mission (NRHM) with its infrastructure, human resources and capacity reach to every village and community is critical to ensure scaling up and effective service delivery.



The MOHFW document envisages the various areas which are important for scaling up HIV/AIDS prevention responses: Behavior Change, prevention/management of RTI/STI and condom promotion is the cornerstones of HIV/AIDS prevention. All three areas have a significant degree of overlap with interventions in the Reproductive and Child Health programme, since target groups and services fall in the same arena. Other linked to HIV/AIDS have implications for programmes are and Testing (ICTC), Child Transmission safety of blood and Comprehensive include components care. VCTC and overlap between strategies. Areas of that need to be and care strategies include: gender, private sector involvement, and reduction of stigma and discrimination among health care providers and communities.



Considering the cross cutting need especially in the management of pregnant women and young children across the board, there was an urgent need to converge with the National Rural Health Mission. An initiative was taken by Meghalaya AIDS Control Society (MACS) by including the Gynaecologists and Pediatricians of leading government and private hospitals of the state during the sensitization/training jointly conducted by MACS and UNICEF in the month of September 2012 on PPTCT, Early Infant Diagnosis of HIV and Care of Exposed infants. UNICEF under the Joint UN Programme for the country is providing technical and manpower support in the form of placing a PPTCT Consultant to the Meghalaya AIDS Control Society.

Subsequently, a series of activities were initiated to bring about convergence between the NACP and NRHM. The first ever state level meeting was held on the 8th of November 2012 which was chaired by the Commissioner & Secretary, Department of Health & Family Welfare, Government of Meghalaya who is also the Mission Director of NRHM and President of the Meghalaya AIDS Control Society. In this meeting the National Guideline on convergence was shared with all the stakeholders present. Respective nodal

persons from NRHM and NACP were nominated from both the offices who would jointly prepare a roadmap for convergence.

Capacity building of the general health personnel of Health and Family Welfare (NRHM) on Prevention of Parent to Child Transmission (PPTCT), Early Infant Diagnosis of HIV and Care of Exposed infants had been an on-going convergence activity since September 2012. The PPTCT programme piggy back rode on the routine trainings of Integrated Management of Childhood & Neonatal Illness (IMNCI) of NRHM through the intervention of the state trainers who were earlier trained by MACS. One to two hour sessions were allotted for the PPTCT programme. Till date, 6 batches of District TOTs, Medical Officers, Staff nurses and ANMS have been sensitized/trained. In addition, all the MACS trainings for various programme components like Blood safety, STI/RTI, Care Support & Treatment etc. includes similar sessions on PPTCT. The sensitization on HIV exposed infant was done through power point presentation and



Training of Medical Officers on PPTCT

handouts to all the participants. The presentation included the details on:

- Differentiation between HIV infected and HIV exposed infants.
- The goal of care for HIV-exposed infants.
- The challenges in implementation of care and follow up of HIV-exposed infants.
- Routine care procedures for HIV-exposed infants.

- Early Infant Diagnosis (EID).



District level sensitization of Medical Officers of Jaintia Hills district

As the PPTCT programme will be implemented at all levels of the health care system, it is critical to ensure that the convergence between the NACP and NRHM is in place. In an effort towards achieving this, priority districts were identified on the basis of positive pregnant women reported in the last financial year. Sensitization of the MO I/C of all the CHCs and PHCs were done by requesting the respective DM & HOs to allot some time during their monthly meetings in Jaintia Hills, East Khasi Hills, Ribhoi and West Khasi Hills districts. Advantage was taken to avail the opportunity to tie up with other training programmes or review meetings conducted by NRHM for supervisory staff, refresher training of ASHA

facilitators in Ri-bhoi district.

Joint community awareness programmes have been conducted during the NRHM 'Health Melas' wherein the NRHM IEC van displayed IEC on HIV/AIDS along with RCH messages were prominently displayed. Whenever possible the counseling and testing services are also made available from the mobile ICTC van of MACS as was done in Khliehriat, Jaintia Hills district.



IEC van of NRHM during the Health Melas displaying HIV/AIDS messages

Health Camp and School Health Programme organised at William Lewis Boy's Home, Mawphlang in collaboration with Jaiaw Presbyterian Church on

2nd May 2013



A Health Camp and School Health Programme was organised at the William Lewis Home for Boys, Mawphlang on the 2nd May 2013. All the boys of the home were given a free medical check-up ranging from eye check up, dental, weight, height, diet and so on. The camp was in aid of the boys who are all orphans and have been staying at the home almost all their lives. The boys were also given a school health registration card, medicines and prescriptions. The

guardian of the home Mr. S. Jyrwa expressed his gratitude towards the National Rural Health Mission and the Jaiaw Presbyterian Church, Shillong for organising the health camp.

The Home is situated in Mawphlang, in East Khasi Hills District, Meghalaya just a few kilometres away from the state's capital Shillong. The Home is surrounded by rolling green hills and evergreen pastures. A cool breeze blows every few moments carrying with it the smell of cleanliness and freshness free of the city's air pollution.

The Home houses a total of thirty - eight boys ranging from ages six to twenty one years. The Home has been set up by the Khasi Jaintia Presbyterian Assembly for the welfare of the orphaned boys. The boys stay at the Home and are given proper care and shelter. The boys also attend the nearby schools so that they may obtain proper education. The Home also boasts of solar energy generated through solar panels.



The camp started off with a proper registration under School Health Programme headed by the different Medical Officers under School Health Programme. They were then sent for a check up like dental, height, weight and so on. This was followed by

an eye exam for each boy. The doctors present were from the East Khasi Hills District and the nearby health centers.



Registration under School Health Programme



Physical Check up – height, weight

The boys were taught how to brush their teeth properly for better dental care as some of the boys were not fully aware about the necessities of teeth brushing. Some of the boys had problems with their eyes ranging from short sightedness to simple redness and dryness. They were given prescriptions to get eye glasses and eye drops along with some vitamins and so on.

Two Mobile Medical Units were present at the Home for medical supplies to be given to the boys. The guardian of the Home was also given a proper feedback from the doctors regarding each child's health condition.



A boy getting an eye check up



Medicines given to the boys

WIFS Launching across the state – update

Weekly Iron Folic Acid Supplementation (WIFS) Programme



Iron deficiency anaemia adversely results in diminished work capacity and physical performance. Especially during adolescents, iron deficiency anaemia can result in impaired physical growth, poor cognitive development, reduce physical fitness and work performance and lower concentration on daily tasks. Iron deficiency in adolescent girls influence the entire life cycle. Regular consumption of iron folic acid supplements along with a diet rich in micro nutrients is essential for prevention of iron deficiency anaemia in adolescent girls and boys.



In Meghalaya 46.5 % Of adolescents girls

and about 42% of adolescents boys are anaemic, hence **The weekly iron folic acid supplementation** is an evidence based programmatic response to the prevailing anaemia situation amongst adolescents girls and boys through **supervise ingestion of IFAs and bi-annual deworming**. The programme envisages benefiting all adolescent girls and boys enrol 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 anaemia and long term impact on the health of the young people and the short term benefits is of nutritionally improved human capital.



In the state, the programme will benefit approximately **three lakh adolescent students enrolled in all government and government aided schools including out of schools adolescents girls through the Anganwadi centres**. This programme is being implemented in convergence with the Social welfare and Education department, Health department, (NRHM) as Nodal Department.

A target of more than 12,000 Nodal Teachers and 5115 Anganwadi Workers in Meghalaya are already participating in the training sessions organized at state district and at block levels.

The programme in the state was launch by, Shri A.L.Hek Honourable Health Minister, Government of Meghalaya on 25th March 2013.

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.

	DISTRICT	SCHOOLS	STUDENTS	STUDENTS	AWCs	Out of School Adolescents
1	West Khasi Hills	1001	23690	10371	715	2195
2	Jaintia Hills	504	47972	9011	574	3355
3	Ri Bhoi	376	18657	4896	440	2471
4	East Garo Hills	487	14678	9368	699	1607
5	West Garo Hills	1005	50036	21574	1318	6573
6	South Garo Hills	337	12356	3280	321	513
7	East Khasi Hills	1079	21885	31452	1048	5673
	Total	4789	189274	89952	5115	22387

From East Khasi Hills, contributed by Wishmanly Pamdhai, DPM: Theme – “Healthy Teen: Brighter Future”

The District Health Society, National Rural Health Mission, East Khasi Hills District organised a One Day Youth Festival Cum Musical Extravaganza– 2013 approved under the Adolescent Reproductive Sexual Health Programme (ARSH) of National Rural Health Mission (NRHM) on the 2nd August, 2013 at U Soso Tham Auditorium, Shillong from 10.00 AM – 6.00 PM.

The main Objective of the programme is to propagate the role and objectives of Adolescent Reproductive Sexual Health Programme (ARSH) under NRHM. The District also marked the launching of Weekly Iron Folic Supplementation Programme (WIFS) during the day.

Shri. A L Hek, Hon’ble Minister, I/c Health & Family Welfare, Government of Meghalaya inaugurated the One day Festival in the presence of Shri. M Synrem, IAS, Mission Director, NRHM, Shri. S Goyal, IAS, Deputy Commissioner Cum Chairman District Health Society, East Khasi Hills District & Dr. P Dohtdong, District Medical & Health Officer, East Khasi Hills. The inauguration session was also attended by Dr. M K Marak, Director of Health Services (MI), Meghalaya, Dr. E Shullai, Jt. Director of Health Services (MCH&FW), Dr. L L Sawian, Jt. Director of Health Services, SS, Civil Hospital, Shillong, Smt. C. N Marak, Deputy Director, Social Welfare Department, Meghalaya.

The programme was also attended by State & District Officials from the Health department, Social Welfare Department, Education Department, Doctors, BPMs, Officials from other Government department, Link Workers and ASHAs as well. The Programme was carried out with full participation from the Principals, Teachers & students of various schools in Shillong. 21 schools & 8 Colleges participated in the Programme. The Inaugural function was presided over by Dr. W Lyngdoh, District Nodal Officer, ARSH & WIFS Programme, East Khasi Hills, Meghalaya, Shillong.

The following were the other activities carried out during the day.

1. **District Launch of Weekly Iron and Folic Acid Supplementation (WIFS) Programme** to reduce the prevalence and severity of nutritional anaemia in adolescent population (10-19 years).
2. **Technical Session on Adolescent Health: By Doctors.**
3. **Free Counselling Service** for Adolescents on Health Issues & Life Skills by Doctors and NRHM's Adolescent counsellors.
4. **IEC Activities cum Exhibition** on Adolescent Reproductive & Sexual Health (ARSH) Programme and other Programme under NRHM.
5. **Quiz Competition for School students (Class 9-12)**
6. **Debate Competition** for College Students.
7. **Role Play by ASHAs**
8. **Musical Extravaganza – Dancing Competition** for School Students & Special Singing Performance by Students.
9. **Live Bands – Live Performance by Local Bands 'COLORS'**

Captured moments during the programmes...





Peer Educator's Approach



As part of outreach activities under Adolescent Health, the Peer Educator Approach was piloted at three Community Health Centers namely Ampati CHC, West Garo Hills District, Ummulong CHC Jaintia Hills District and Mawphlang CHC East Khasi Hills District. Each pilot centre had identified and trained 20 Peer Educators in the age group of 10 – 19 years both boys and girls, school going and out – of – school.

The peer educators have been trained on general health awareness, nutrition, life skills and basic communication skills including prevention and promotion of adolescent issues. The training had been conducted at the respective centers by trained Medical Officers.

The objective of having a Peer Educator is to have them be informed about the available Adolescent Clinics and to motivate and organise meetings among the adolescent group in the community. These peer educators have been provided with ID cards, bags, games and a diary to organise such meetings. Based on their performances, they will be given incentives in cash or in kind at the rate of two hundred and fifty rupees per month.



Peer Educators Training at Ummulong CHC, Jaintia Hills District

Success Story – Mrs. Itees Muktieh, Lady Health Visitor, gets award from President Pranab Mukherjee



Mrs. Itees Muktieh
Lady Health Visitor, Byrnihat, Meghalaya

Providing over two decades of committed service to people in her care, Mrs. Itees Muktieh has shown her excellent abilities of serving patients in the PHC as well as in the community. She has helped several patients in their homes, saving mothers and children and she has been a true guide and mentor to all the ASHAs she has worked with.

Apart from her usual schedule as an LHV at Byrnihat PHC, Mrs. Itees Muktieh is also a district trainer for the ASHAs in Ri Bhoi District. Being a linguist herself she could easily communicate and build a close relationship with the ASHAs, and the community she is working with. The progress of ASHA and Community Process Programme in Ri Bhoi District, particularly in areas under Byrnihat can largely be attributed to her. Her sheer hard work and dedication towards all programmes has contributed a lot to the district administration and has earned her the prestigious **NATIONAL FLORENCE NIGHTINGALE AWARD for NURSING 2013**.



On behalf of the Health Department, Mission Director NRHM, State ASHA Resource Centre and ASHAs under Ri Bhoi District, we acknowledge the dedication & constant support provided by Mrs. Itees Muktieh and wish her even more success in life.

Comprehensive Abortion Care Workshop

A joint initiative of Government of Meghalaya and Ipas

A Comprehensive Abortion Care (CAC) experience sharing workshop with key state officials, district officials, master trainers and CAC trained providers in Meghalaya was conducted on 8th August 2013 at Hotel Polo Towers, Shillong. Mr. Addison Dkhar, Director (MCH & FW) cum Jt MD (NRHM) chaired the workshop. Dr. P. Nongrum, Nodal Officer- Maternal Health, Government of Meghalaya, Dr. E. Shullai, Jt DHS, Govt of Meghalaya, Dr. R. Wankhar, Medical Superintendent, Ganesh Das Hospital, Shillong, Dr. Lalrin, Consultant NRHM, Meghalaya, Dr. Kharkongor, State Training Coordinator, NRHM were present at the workshop. Ipas resource persons included Dr. Sangeeta Batra (Senior Advisor Health Systems), Shenoy Cherian (National Program Officer) and Prachi Aggarwal (Senior Program Coordinator). A total of 49 participants attended the workshop.



The objective of the workshop was to share experiences of the CAC master trainers and trained providers regarding CAC trainings & service provision post training. And to orient the DM&HOs, District Program Managers & Data Managers on MTP site approval and CAC reporting process.

The workshop covered the following sessions:

- Overview of CAC, training status and service provision
- Overview of MTP Act
- Experience sharing by master trainers & trained providers
- Update on MVA & MMA
- Discussion and next steps

Some of the major points that emerged out of the discussions are as follows:



- **CAC Trainings**

- Positives

- Improvement in knowledge and skills on CAC
- Improvement in knowledge on legal aspects of abortions

- Improvement in knowledge on the counselling skills, infection prevention, clinical assessment skills. This knowledge has also helped in better service provision of other services
- MVA equipment was given at the end of the training

- Master trainers were enthusiastic

○ Areas of Improvement

- More doctors in periphery should be trained through increased number of training centers

- Stress on record keeping and documentation in the trainings

- Support staff need to be oriented on instrument processing, infection prevention and on soft skills like counselling

- Master trainers are overworked

- Number of training days to be increased for sufficient hands on cases

- Availability of audio – visual equipment

● CAC Service Provision post training

○ Good Aspects

- Increased confidence in providing CAC services

- Improved counselling skills

- Can provide safe abortion services

- Improved confidentiality

- Has increased access for women seeking service and hence they save time and money

- Provision of post abortion contraception

○ Areas of Improvement

- Some providers / district health officials are against provision of MTP services

- Poor infrastructure – non-availability/inadequate supply of intravenous fluids, MMA drugs, oxytocics, blood, etc.

- Lack of IEC materials and reporting formats

- More doctors in periphery to be trained

- Stress on record keeping and documentation

- Support staff need to be oriented by trained medical officers

- Privacy of women is still an issue

- Incentive should be given to the providers for providing services

- More quantity of lubricant required for MVA equipment



Group Work



BAKDIL NGO Success Stories –

Once again, Perseverance and Hard Work save a life...

It was on September 11th 2013 Wednesday a day of tension and worry for the Staff of **Siju PHC, South Garo Hills under PPP Mode with BAKDIL**. The Sub centre which is 9 km away can only be reached by foot. About 5 km away from the sub centre the village Rongri is inaccessible. One mother, who is in her fourth pregnancy, was and the first twin was 11th September 2013. very anemic and was condition some of the the sub centre to call patient's house for

The staff of all the necessary to the delivery and They examined the that she would not be the baby in the house.



pregnant with twins delivered at 6 am on She was found to be very weak. Seeing her neighbours came to the staff to the help.

high risk, so they requested the patient to be shifted to the PHC. But the husband and the mother of the patient refused to allow her to be taken to the PHC. After prolonged persuasion they still could not convince them to let her come to the hospital. So one of the Sub Center staff had to walk back the 13 kms to the PHC and called the doctor to come to the patient's house. The doctor with other staff went to the village but unfortunately they also could not help her at the house, so they asked that the patient be shifted to the PHC right away.

the Sub Center took things so as to attend went to her house. patient and knew able to give birth to The pregnancy was

However, the patient's family stiff refused and did not give in. The doctor and the staff had no choice but to remain with the patient at her whole house the whole night. The patient's family still refused to let the doctor examine the patient, but thankfully, due to some sensible neighbours, they convinced the husband to let the doctor examine her. By the time the examination took place, the baby had died inside the womb. The family were still resistant and were not willing to let them carry the patient for 13 km to reach the ambulance which was waiting for them. The ambulance was about 4 km from PHC. Meanwhile since the doctor and others were not coming back Sr. Alphonse, the sister in charge of Siju PHC and one more staff went again to the village to find out what the delay was about. On the way they met the doctor and the other staff, and together they went to meet the patient.

The staff remained in the patient's house till Friday evening but there was still no hope of any cooperation from the patient's family. By that time, the house had started to have a very foul odour that it was impossible for them to even stay inside the house. Saturday had come and the sister in charge and the doctor threatened the patient's family that they would inform every body and the police that their carelessness would eventually kill the mother also. On hearing this, they finally agreed to carry the patient

for 9 km and put her in the ambulance. So they started to walk by 5 am Saturday morning carrying the patient to the ambulance which would then take them to the PHC..

They had no way to inform the ambulance to come to Dobakol village where the vehicle would be able to reach them. One of the staff went ahead to the PHC to call for the Ambulance. On reaching the PHC they found that her case was too severe and had to be referred to Tura Holy Cross Hospital and they finally reached there by 7.30 pm on 15th Sunday after 4 days since the delivery of the first twin.

At The hospital, it was found that the patient was very anemic and B.P was very low. She was almost at the point of death. But thanks to the self sacrificing spirit of the doctors and the staff, they all helped to save her. She was immediately taken to the Operation Theater and caesarian section was done but they also had to perform a Hysterectomy to save the patient. They continued to work till 3 am the next day which was 16th September 2013. The patient was in shock for some time but thanks to the expert management of the doctors and the staff she started to pull through and she was finally discharged on 23rd September 2013. Thankfully, the sacrificing spirit of the Sr. Alphonse, the doctor and the staff from PHC, the willingness of the driver to carry the patient who was emitting tainted stench for seven hours and the hard work of the Holy Cross Hospital Doctors and staff helped save a mother.

Salmanpara PHC - A baby born in a stable...

On 17th October at 10.30Am a baby was born in a stable. There was a call in the early morning at 5 am from Thallegramme Village which is 18 kms away from the PHC. The patient was in labour, and wanted to



come to the PHC to deliver the child. The ambulance could go only up to 12 kms and they had to walk for the remaining six kilometres. A team of one GNM & one ANM staff set out with all the necessary equipment to conduct the delivery at home. When they reached the patient's home it was found that the patient was very sick and was not able to walk as she was very weak.

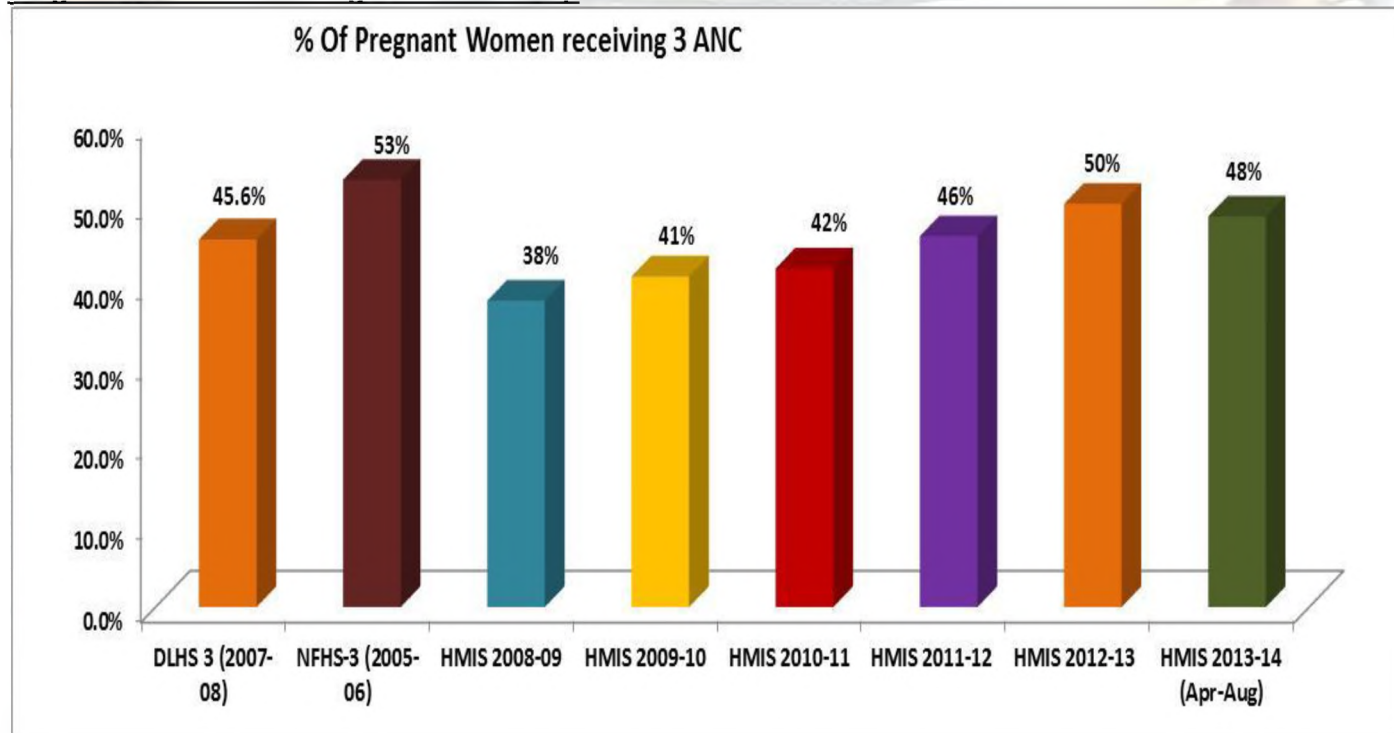
They had no choice but to carry the patient to the ambulance. But before reaching the ambulance the patient was about to give birth to

the baby. So they stopped on the way and looked for a little place where she could give birth to the baby. They turned round and saw a stable on the way where the cattle and the goats sleep in the night. They had no other way but to enter the stable and helped the patient inside the stable. In what almost seemed like a Biblical chronicle, the mother delivered the baby in the stable with the help of the two attendants. She gave birth to her first child who turned out to be a girl.

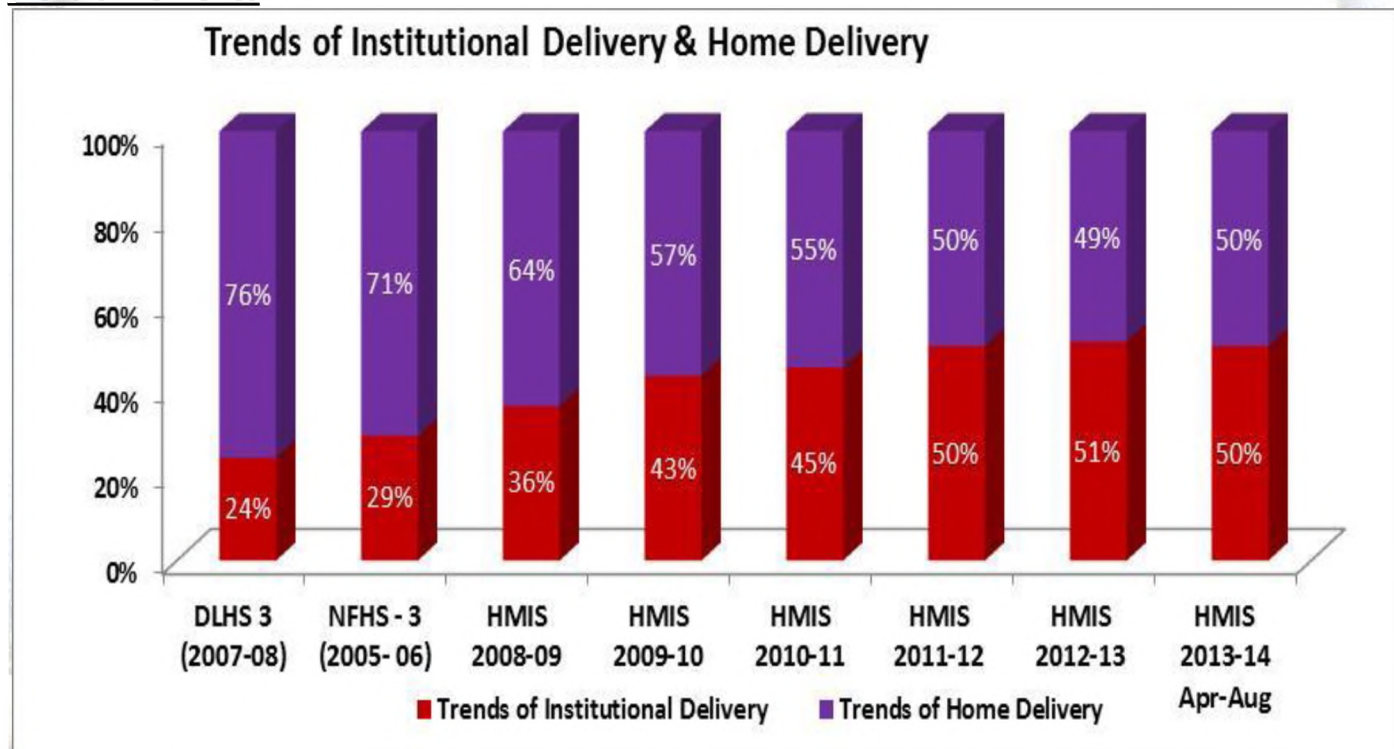
After the delivery they carried the patient for one more kilometre and reached the ambulance which had been waiting for them. The mother and baby were taken to the PHC where they were both cared for. They were discharged from the PHC on the fourth day after delivery when it was sure that all the necessary care and treatment had been given to them. As of now, both mother and baby are doing well and happy.

Outcome Analysis (Graphical)

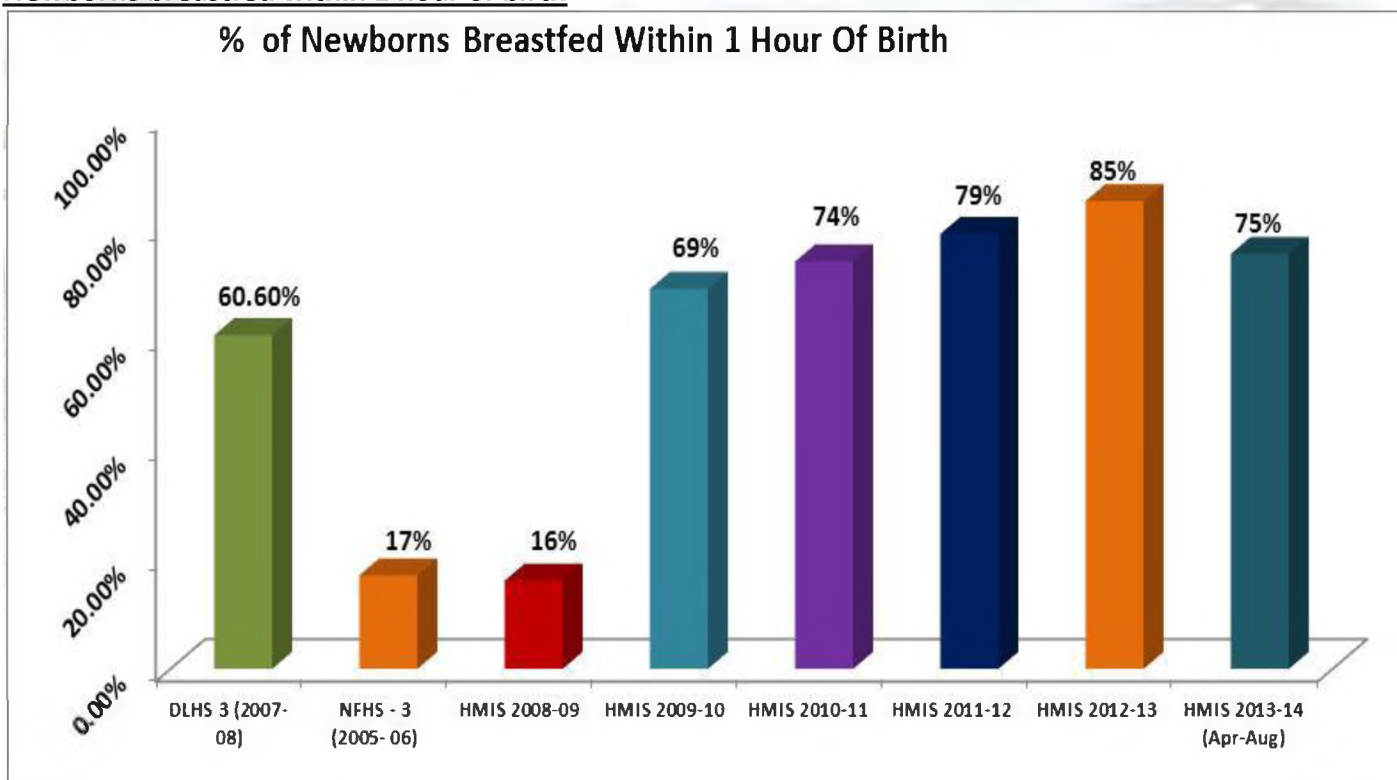
Pregnant women receiving 3 ANC check-up



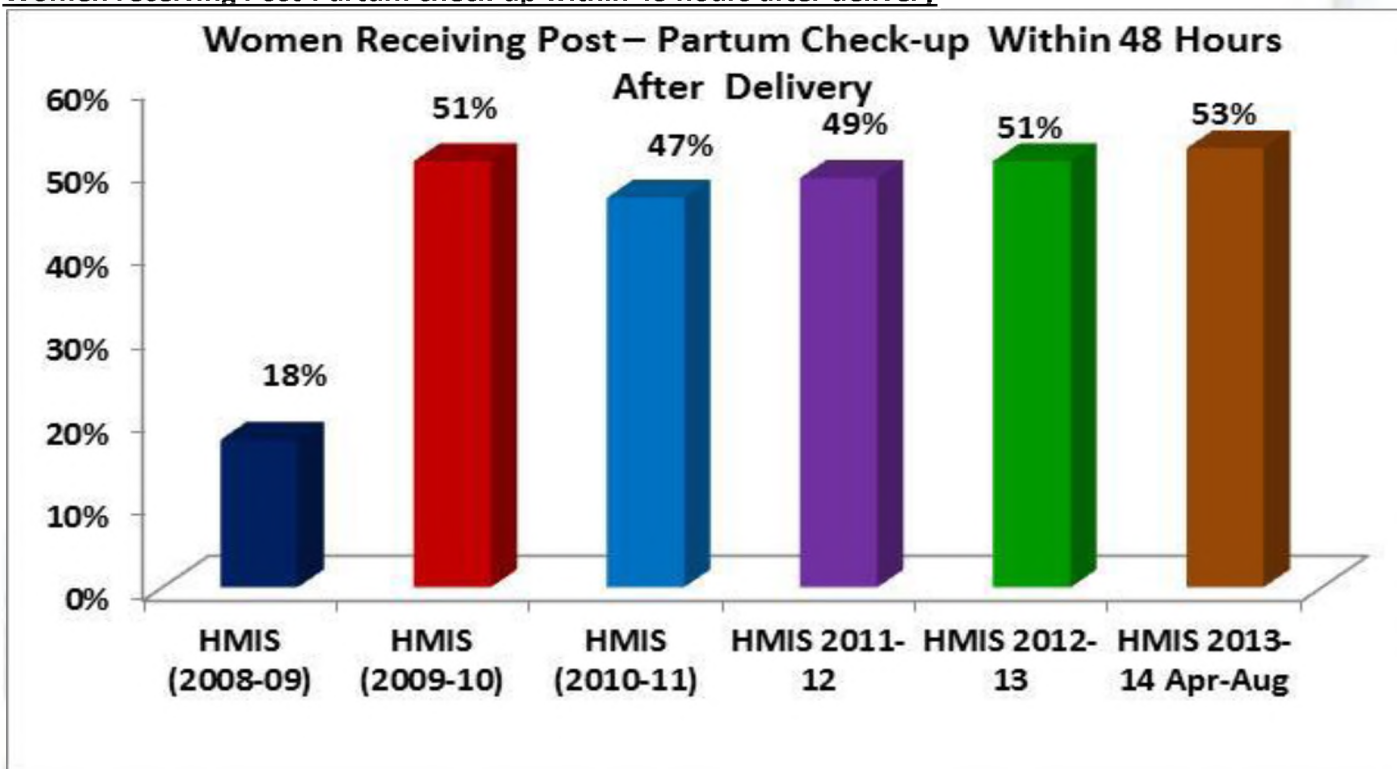
Trend of Deliveries



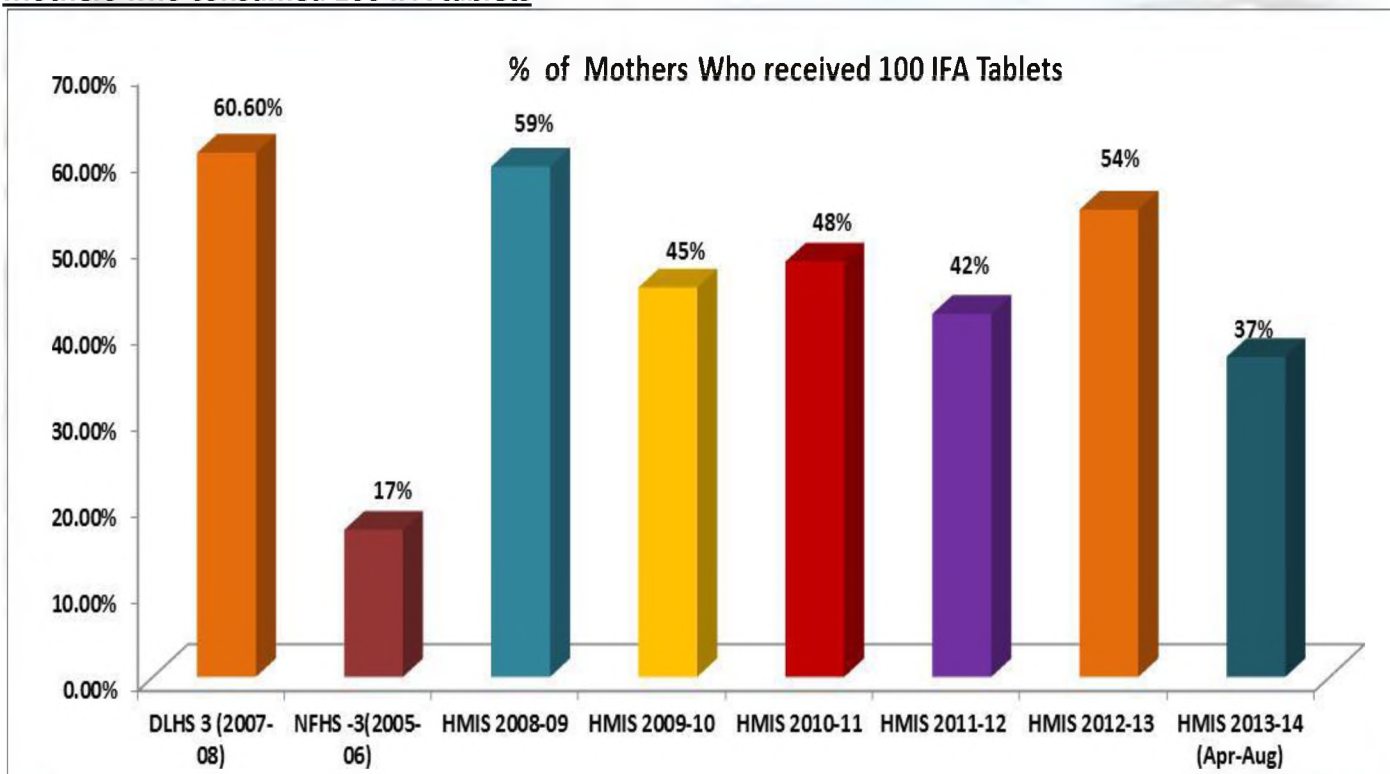
Newborns breastfed within 1 hour of birth



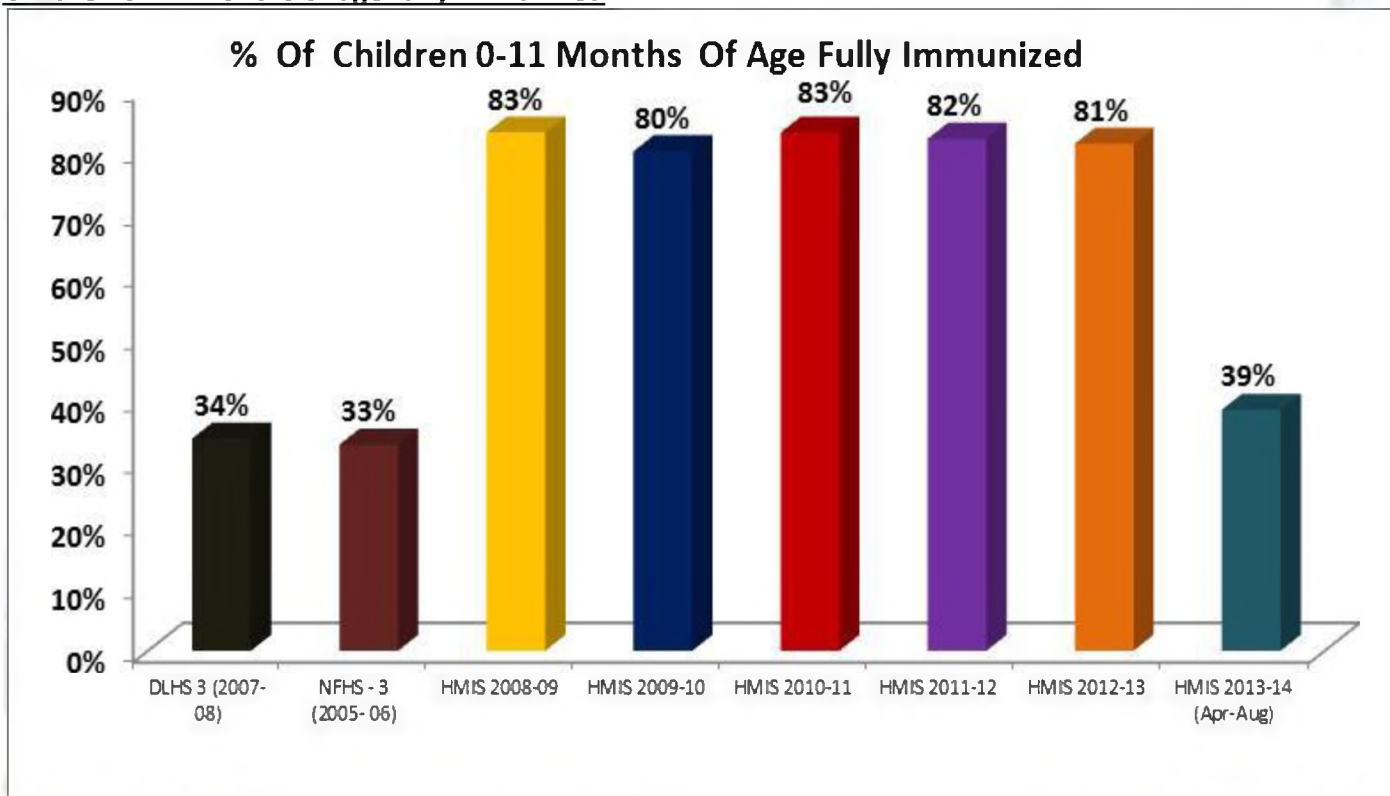
Women receiving Post-Partum check-up within 48 hours after delivery



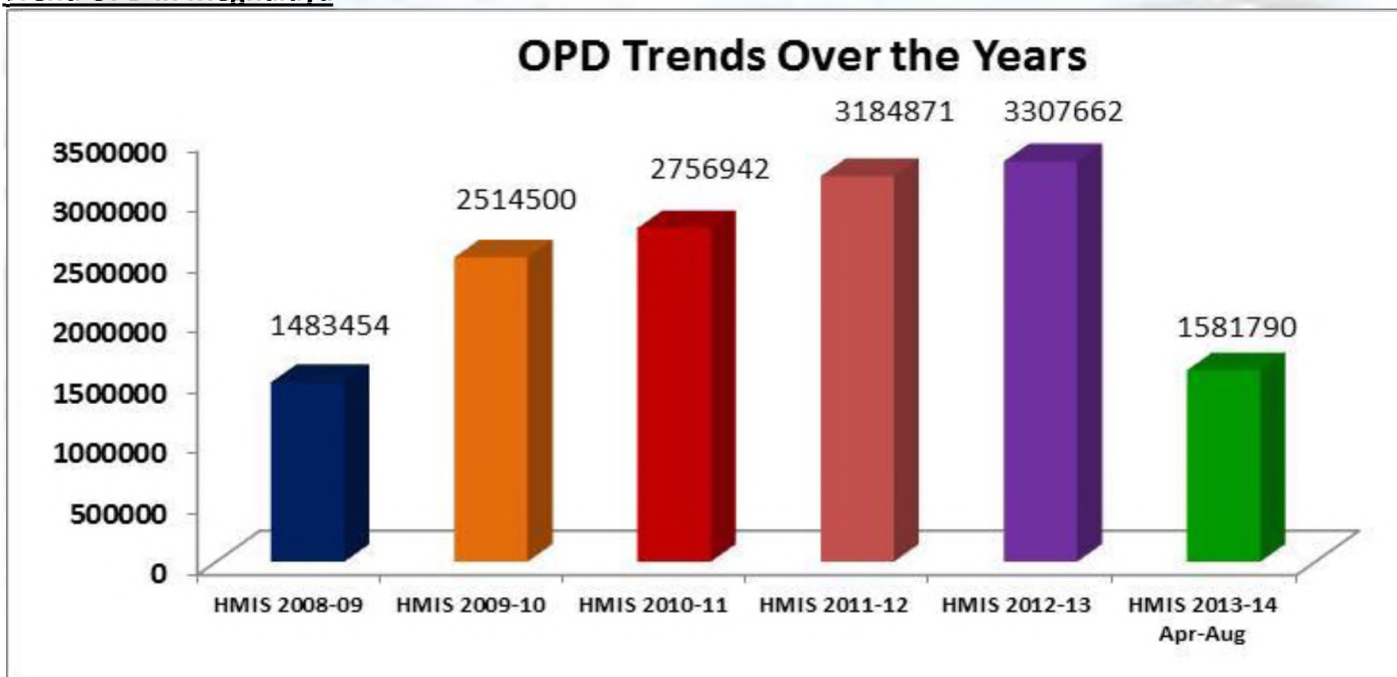
Mothers who consumed 100 IFA tablets



Children 0=11 months of age fully immunized



Trend OPD in Meghalaya



Trend IPD in Meghalaya

