



NATIONAL HEALTH MISSION

Annual Newsletter

April 2013- March 2014



Healthy Child, Healthy Mother, Healthy Family & Healthy Nation

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From the desk of Mission Director (National Health Mission), Manipur



The National Health Mission (NHM), formerly known as National Rural Health Mission) was launched throughout the country in 2005 with the aim to provide accessible, affordable, integrated and quality health care services to the people with special emphasis on rural areas. In Manipur, the programme has witnessed a phenomenal growth in terms of both service delivery system and infrastructural development in the area of health care for the benefit of rural masses.

All the officers and staff of the health department are the backbone of this NHM programme without whose support, it will not be possible to carry forward and implement the programme in right earnest in the State.

I hope this publication will serve as mirror for the stakeholders and staff in creating an awareness about health issues.



Dr. Okram Ibomcha Singh
Mission Director & Chief Editor

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National Rural Health Mission (NRHM)

was launched in the country on 12th April 2005 by the Hon'ble Prime Minister with special focus to 18 High Focus States including the State of Manipur.

Vision:

- To provide accessible, affordable and quality health care to the rural population, specially the vulnerable sections
- To increase public spending on health from 0.9% of GDP to 2-3% of GDP by end of Mission period (2012)
- To undertake architectural correction of the health system to enable it effectively handle the increased allocations and promote policies that strengthen public health management and service delivery
- Effective integration of health and family welfare sector with health determinant sectors such as sanitation, water supply, nutrition, gender and social sectors
- To improve access by the rural people especially poor women and children to equitable, affordable, accountable and effective primary health care.

Objectives:

- Reduction in child and maternal mortality
- Universal access to food and nutrition, sanitation & hygiene and universal access to public health care services
- Prevention and control of communicable and non-communicable diseases
- Access to integrated comprehensive primary health care
- Population stabilization, gender and demographic balance
- Revitalize local health traditions and mainstream Ayurved, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH)
- Promotion of healthy life styles

Core strategies:

- Train and enhance capacity of PRI to own, control and manage public health services
- Promote access to improved health care at household level through Accredited



Social Health Activists (ASHAs)

- Health plan for each village through Village Health Committees of the Panchayat
- Strengthening existing health facilities through better staffing and HRD Policy, clear quality standards, better community support and an untied fund to enable the local management committee to achieve these standards.
- Decentralization in planning, implementation and monitoring.
- Integrating vertical Health and Family Welfare Programs at National, State, District and Block levels.
- Developing capacities for preventive health care at all levels for promoting healthy life style, reduction in consumption of tobacco and alcohol etc.
- Promoting non-profit sector for Public Private Partnership for rendering health services in under-served areas.

State's Progress so far:

Organizational set up:-

- (i) Formation of State Health Mission under the chairmanship of Hon'ble Chief Minister, Manipur
- (ii) Formation of registered State Health Society under the chairmanship of Chief Secretary, Govt. of Manipur by merging all vertical health and family welfare programs (except Cancer Control and HIV/AIDS)
- (iii) Formation of similar structures at District level
- (iv) Rogi Kalyan Samiti, which are autonomous societies are established at JN Hospital, 07 District Hospitals, 16 CHCs and 73 PHCs.
- (v) Formation of 420 Sub-Centres level Committee led by PRI representative for all existing Sub-Centres in the State
- (vi) Formation of registered Village Health & Sanitation Committees led by PRI representative for all villages/ hamlets. 3591 Village Health & sanitation Committees are operationalized with their own bank accounts.



Accredited Social Health Activists (ASHAs):-

1. The State has a total of 3878 ASHAs.
2. Training Status of ASHAs: The State has finished 3rd round of modules 6 & 7.
3. The State has 3 State Level trainers. They have been already trained up to 3rd round of module 6 & 7.
4. The State has a total of 62 District trainers who have been trained up to 2nd round of 6 & 7 modules.
5. Status of support structures and support processes:

At the State level, ASHA Resource Centre (ARC) is already in place since January 2011 with 1 (one) State ASHA Program Manager. One Data Annalist has been recruited recently as a part of the State Level ARC. Also, one State Nodal Officer (ASHA) and one Community Process staff from RRC, NE are also in Place to support the program at the state level.

Apart from the ARC, the State also has the State ASHA Mentoring Group (AMG) with 10 members.

At the District Levels, the ASHA Program is supported by District Community Mobilizers (DCMs; one each per district) as a part of the ARC which is supported by District Nodal Officers of ASHA (DIOs/DFWOs).

In the Block level, there are 194 ASHA Facilitators (1 ASHA facilitator supervising approx. 20 ASHAs) as a part of ARC supported by Medical Officers in-charge.

6. Training Status for ARC:

Staffs	Training	Venue	Status
SAPM/DCM	3 days Induction training,	RRC-Guwahati	Done
ASHA Facilitators	4 days Induction training,	NRHM, State Head Office, Imphal	Done
ASHA Facilitators	1st round of 6 & 7 Module training (duration of 5 days).	Imphal	Done



7. Opening of bank accounts for ASHAs was initiated in the year 2012-13. However, due to lack (or non-existent) of proper banking facilities in many areas of the State, the state is still trying to follow up on those ASHAs who still do not have bank accounts. Further, the state is also trying to open postal accounts for ASHAs posted in areas where banking facilities are poor or non-existent. For approximately 70 % of those ASHAs who have bank accounts, incentives are directly transferred to their accounts through e-transfer at present.
8. The State has started Home Based Newborn Care (HBNC) in the month of April, 2013.
9. The State has a total of 3878 Village Health Sanitation and Nutrition Committees.
10. The State has established ASHA Grievance Redressal Committees in all the nine districts
11. The State has started Performance Monitoring of ASHAs since July of 2013.
12. The State has already completed database compilation for ASHAs and AFs.
13. Items given to ASHAs so far under NRHM, Manipur:

Umbrella, ASHA drug kit, Radio, Bicycle (for 4 valley districts), Uniform (twice), Diary, identity Card, Torch Light, Baby Weighing machine, Digital thermometer, Digital Watch, Raincoats, Mobile phones, Mucus Extractors and Communication Kits.

- 1) The state has a total of 3878 ASHAs. district wise ASHA status is as follows:

Sl.No	District	No.of ASHAs
1	Imphal East (I/E)	431
2	Imphal west (I/W)	329
3	Thoubal (TBL)	365
4	Bishupur (BPL)	235
5	Ukhrul (UKL)	302
6	Chandel (CDL)	550
7	Churachanpur (CCP)	627
8	Senapati (SPT)	787
9	Tamenglong (TML)	252

Total no. ASHA 3878



2) Support structure for ASHAs Program:

ASHAs Resource Centre (ARC) status.

a) One State Asha Program Manager

b) 9 District Community Mobilizer (One for each District)

194 ASHA Facilitators (AFs)

Dist.	I/W	I/E	TBL	BPR	CCP	CDL	UKL	TML	SPT	Total
No.of AFs	17	22	18	11	32	26	15	13	40	194

Trainings:-

Skills, knowledge & Practice of MOs, Nurses & Paramedics are up-graded by training them. Status till December 2013.

Sl.No	Training activities	Tar 10-11	Ach	Tar 11-12	Ach	Tar 12-13	Ach
1	EMoC Training	2	2	4	4	10	5
2	BMoC	-	-	24	22	24	24
3	BSU (MO/LT)	-	-	8/6	8/6	-	-
4	Exposure training on C-section (SN)	16	08	-	-	16	16
5	SN-ANM/MO (AYUSH)	68/0	36/12/0	24/20	24/20	48/20	48/20
6	IMEP	-	-	78	68	90	89
7	RTI/STI (MO/ANM-SN)	-	-	120/660	90/660	90/540	74/540
8	MTP/MVA	20	08	-	-	40	40
9	IMNCI (ANM/SN)	180	151	-	-	-	-
10	Pre-IMNCI	-	-	129	54	-	-
11	NSSK (SN)	-	-	100	86		
12	Immunisation	45	41	550	283	-	-
13	IUCD (MO/SN-ANM)	120/540	40/216	120/660	120/624	-	-
14	NSV (MO)	-	-	12	12	-	-
15	ARSH (MO)	-	-	61	58	90	70
16	ARSH (SN-ANM)	-	-	-	-	136	104
17	Nodal Teacher WIFS	-	-	-	-	1434	1020
18	ARSH District TOT	-	-	-	-	27	17
19	Finance	-	-	-	-	28	28
20	Post Graduate Diploma in Public Health Management	-	-	-	-	2	3

The following table shows the outcome of Training imparted to nurses on SBA- % of SBA assisted Home Delivery against reported Home Delivery.

2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14 (Feb 2014)
45.3	45.9	57.1	59.3	60.2	61.4	59.1	54.8



Immunization:-

Regarding immunization, auto disabled syringes are used for vaccination. Yearwise progress since the inception of NRHM in the State-

% of full immunization among children.

2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2002-13	2013-14 (Feb 14)
52.3	53.7	76.2	82.8	80.5	83.6	65.32	92.54

Family Planning:-

Performance of Family Planning Services so far-

No. of	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14 (Feb 14)
Stierilization	457	706	2148	986	1468	1794	1015	684
IUD insertion	4182	4376	3993	5183	5097	5429	3823	4343

STATUS OF NRHM CIVIL WORK 2006-07 to 2011-12

Sl. No.	Items	Target	Achievement	Shortfall
1	Construction of PHSC	166	126	40
2	Construction of PHC IB	15	12	03
3	Construction of BTQ	18	14	04
4	Construction of IPD Block of CHC	03	00	03
5	Up-gradation of 24x7	36	24	12
6	Up-gradation of Urban Health Centre	08	08	00
		246	184	62



FRUs

Out of 7 District Hospitals targeted for upgrading it to FRUs 5 District Hospitals namely CCpur DH, Bishnupur DH, Thoubal DH, Ukhrul DH, Tamenglong DH are functional.

24x7 PHCs

The total number of Primary Health Centre in Manipur is 72 according to HMI report. 26 PHCs out of 38 PHCs targeted for 24x7 services are functioning round the clock delivery services. The District Wise lists of PHCs functioning 24x7 are as follows:-

Sl. No.	District	Name of PHCs
1	Imphal East	PHC Heingang
2		PHC Sawombung
3		PHC Akampat
4		PHC Borobekra
5	Imphal West	PHC Khumbong
6		PHC Mekola
7		PHC Khurkhul
8		PHC MayangImphal
9	Thoubal	PHC Lilong
10		PHC WangooLaiphram
11	Bishnupur	PHC Leimapokpam
12		PHC Ningthoukhong

13	Chandel	PHC Moreh
14		PHC Chakpikarong
15	Tamenglong	PHC Noney
16		PHC Tousem
17		PHC Tamei
18		PHC Oinamlong
19		PHC Khoupum
20	Ukhrul	PHC Somdal
21	Senapati	PHC Poamata
22		PHC Maram
23	Churachandpur	PHC Singhat
24		PHC Saikot
25		PHC Sagang

Functional Community Health Centres (Delivery Points)

- 1 CHC Moirang
- 2 CHC Jirribam
- 3 CHC Sekmai
- 4 CHC Wangoi
- 5 CHC Mao
- 6 CHC Kangpokpi
- 7 CHC Kakching
- 8 CHC Sugnu
- 9 CHC Yairipok

Adolescent Reproductive & Sexual Health (ARSH):-

DO NOT give in to friend's pressure

Alcohol



Cigarettes



Sex



Drugs

say **N** 



Adolescent Reproductive and Sexual Health (ARSH)

Adolescent Reproductive and Sexual Health (ARSH) Strategy under NHM / RCH-II

Adolescents (10-19 years) in India represent almost one-third of the total country's population. A large number of them are out of school, get married early, work in vulnerable situations, are sexually active, and are exposed to peer pressure. These factors have serious social, economic and public health implications. Adolescents are not a homogenous group. Their situation varies by age, sex, marital status, class, region and cultural context. This calls for interventions that are flexible and responsive to their disparate needs. Some of the public health challenges for adolescents include pregnancy, excess risk of maternal and infant mortality, sexually transmitted infections and reproductive tract infections in adolescence, and the rapidly rising incidence of HIV in this age group. Thus it is important to influence the health-seeking behaviour of adolescents as their situation will be central in determining India's health, mortality and morbidity; and the population growth scenario.

The goals of the Government of India RCH-II programme are reduction in IMR, MMR and TFR. In order to achieve these goals, RCH-II has four technical strategies. One of these is Adolescent Health. Strategy for ARSH has been approved as part of the RCH-II National Programme Implementation Plan (PIP). This strategy focuses on reorganizing the existing public health system in order to meet the service needs of adolescents. Steps are to be taken to ensure improved service delivery for adolescents during routine sub-centre clinics and ensure service availability on fixed days and timings at the PHC and CHC levels. This is to be in tune with outreach activities. A core package of services includes preventive, promotive, curative and counselling services. (Friday-2-4 PM for Manipur)

Further, addressing adolescents will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, prevention and management of obstetric complications including access to early and safe abortion services and reduction of unsafe sexual behaviour.

Since service provisions for adolescents are influenced by many factors, wherein for example, at the level of the health system, lack of adequate privacy and confidentiality and judgmental attitudes of service providers, who often lack counseling skills, are barriers that limit access to services, a package of training modules have been prepared by MoHFW for orienting programme manager and training health care providers on ARSH:



BCC/IEC : -

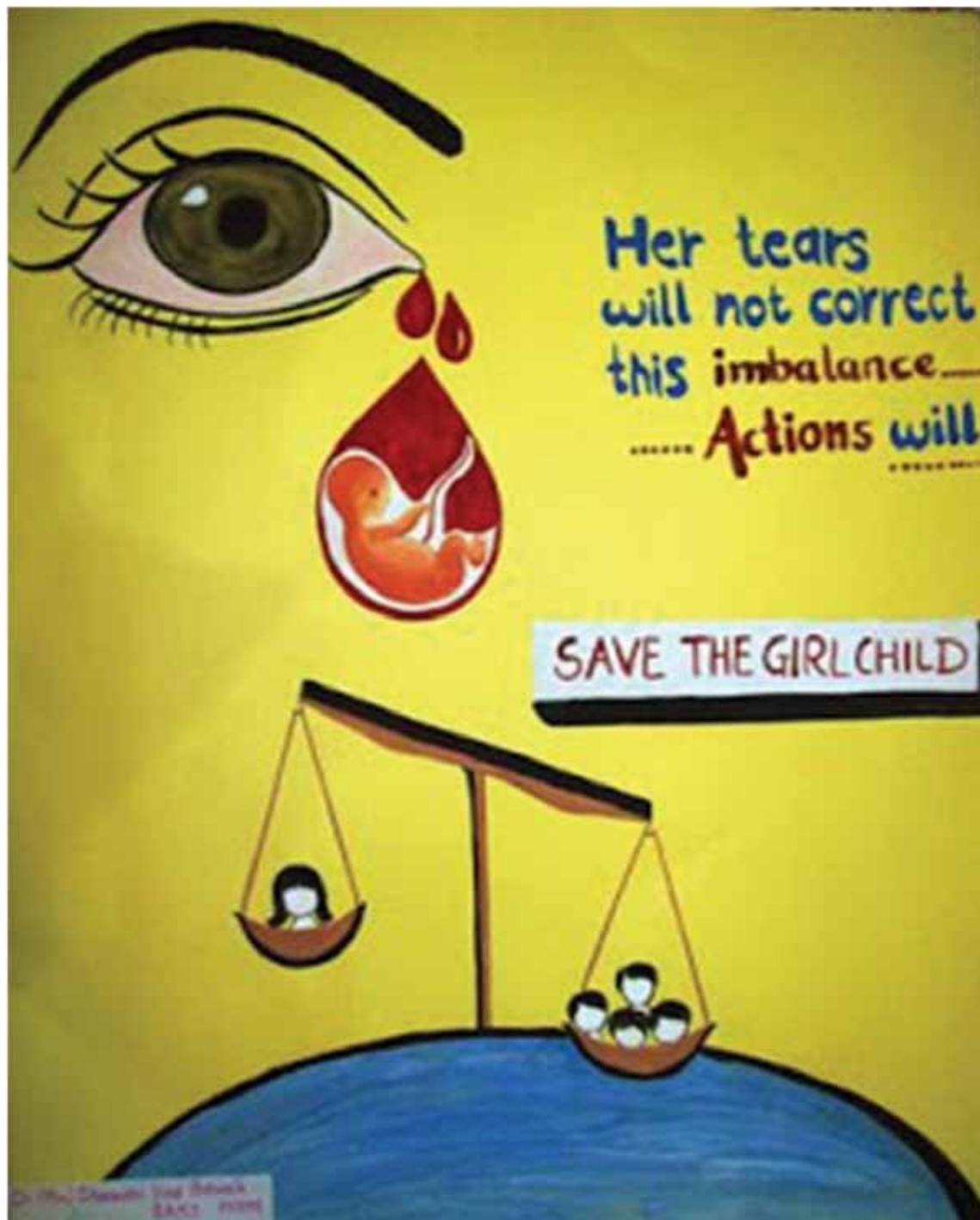
Creating awareness & Changing Behavior, Reaching the Unreached through...

- (i) Holding of District Health Melas @ Rs. 5.00 lakh per district per year. District Health Melas successfully conducted at all Districts every year.
- (ii) For creating more awareness in various health programs undertaken in NRHM with side effects for taking some unwanted behaviors is been highlighted in the following activities
 - a. ISTV Spots : Ads, Tele Film, Group Discussions
 - b. AIR: Radio Jingles, Health Talks
 - c. DDK Spots
 - d. Erection & maintenance of hoardings
 - e. Annual Calendar published, Republic day Tableaux
 - f. Printing of leaflets
 - g. Quarterly newsletters
 - h. Press releases in Newsletter
 - i. Capacity building workshops of the district & blocks staffs held
 - j. Block level need assessment survey conducted
 - k. Block specific BCC activities with focus on Inter Personal Communication.
 - l. Road Signs
 - m. To increase the institutional delivery in peripheral health centres such as SC/PHC/CHC/ DH, a packaged gift (Coffee Mug & Baby Carrier) for the mothers' upto two live births is also on process.
 - n. Exhibition Hall of NRHM Activities.
 - o. Ads through Public Transport system.
 - p. Newspaper Ads
 - q. Republic Day Tableau and Gate (every 26 January)
 - r. At block level, sensitization programmes are done.

PC & PNDT:-

- State Level Sensitization workshop for Women NGOs (28th June, 2011 at Moreh)
- Workshops for Advocates/Public Prosecutors (June 21st&21st August, 2011 at Cheirap Imphal)
- Workshops for Gynaecologists/Doctors(17th Sept, 2011 at RIMS)
- Sate Advisory meeting on 18 Nov 2011, 10 Jan 2012, 29 may 2012, 10 jan 2013.
- State Appropriate Authority meeting on 19 Jan 2013.

- Awareness camp on 21/8/2013
- Monitoring visits latest on 15/10/2013.
- Capacity building of NGOs and Doctors latest on 10/8/2013



% of Institutional Delivery against expected delivery

2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
40.9	55.3	56.0	65.5	68.3	73.9	76.3	74.3
							(Apr-Nov)



Assures NIL out of pocket expenses in all Government Health Institutions

- For Pregnant Women & Newborn
- Entitlement for Pregnant Women as set by the Ministry
- Free delivery
- Free caesarean section at District Hospitals/JNIMS
- Free Drugs and consumables upto Rs. 350 (Normal) and Rs. 160/- (C-section)
- Free diagnostics (blood, Urine routine for sugar and protein, Haemoglobin test, pregnancy test etc.) upto Rs. 20/-
- Free diet during stay (upto 3 days for normal delivery and 7 days for caesarean section) only at govt. Hospitals excepts RIMS (Rs. 100/- per day)
- Free provision of blood at FRU/District Hospitals/JNIMS upto Rs. 300/-
- Free transport from home to nearest delivery points/health institutions, between health institutions in case of referrals and drops back home upto Rs. 1000/-
- Exemption from all kinds of user charges

Entitlements for Sick Newborn upto one year after birth:

- Free and zero expense treatment
- Free drugs and consumable (Rs. 200/-)
- Free diagnostics (Rs. 100/-)
- Free provision of blood at FRU/District Hospitals/JNIMS/RIMS
- Free transport between nearest health facilities in case of referral and drop back from nearest health institutions to home
- Exemption from all kinds of user charges

Status:

- Identification of State Nodal Officer and District Nodal Officer in place
- Notification/ Assurance of NIL out of pocket expenses in all govt. health facilities is placed.
- This program has been started since 2012-13.
- RIMS and JNIMS has also started recently under JSSK Program. (Nov, 2013)

Monthly Village Health & Nutrition Day (VHND):

- VHNDs are organized once a month. On health day, the women, adolescent girls and children from the village will be mobilized by ASHAs for orientation on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of antenatal check up and institutional delivery, home remedies for minor ailment and importance of immunization etc. ANM of the Sub-Centre along with Anganwadi Worker and members of



the VHSCs at Anganwadi Centre will work together and provide integrated RCH services to the community. The achievement on VHND for 2013-14 (till Feb'13) in the State is 17,028.

Public Private Partnership (PPP):-

- (i) PPP for Emergency Obstetric Care with Comprehensive Health Services & Research Centre (CHSRC), Hamleikhong East, Ukhrul District. This program has been discontinued.
- (ii) PHCs run with PPP (This program has been discontinued)

In the year 2010, Government of Manipur, in order to further improve the health facilities in the State, had decided to implement a pilot project in which one Primary Health Centre (PHC) in three districts of the State will be managed and operated through a selected Non Government Organization (NGO). Following invitation of the Expression of Interest (EOI) through leading national newspapers, KARUNA TRUST was selected for the management of following three PHCs in three different districts of the state.

SI No	Name of the PHC	District	Date of Taking over
1	Borobekra	Imphal East	1st May 2011
2	Tousem	Tamenglong	1st May 2011
3	Patpuihmun	Churachandpur	28th Sep 2011

On March 31st, 2011, Memorandum of Understanding was signed between the Governor of Manipur represented by the Commissioner Health on the one part and KARUNA TRUST represented by Dr. H. Sudarshan, Honorary Secretary on the other part.

The State Government handed over the building and physical infrastructure of the PHCs to Karuna Trust along with the existing equipment, furniture, etc. The conditions of the building & equipment handed over were duly recorded. Karuna Trust is maintaining the said building/equipment with due care as would be reasonably expected.

Karuna Trust is providing the entire Health & Family Welfare Services viz. curative, preventive & promotive, as are normally expected from any Primary Health Centre, to local population in geographical area under jurisdiction of the said PHC(s) through its own qualified Medical, Paramedical & other staff and ensures that these personnel are always available at the pre-decided timings. The personnel also reside at facilities.



Changes brought out by Karuna Trust in PHCs:

- Functionalization of all the non functional PHCs
- Functionalization of all four SCs of Tousem, three of Borobekra and four of Patpuihmun.
- Two ANMs stay in each Subcentre
- Services provided at 24 x 7 patterns in PHC and SCs.
- 100% availability of Medical & paramedical staff at PHC premises.
- Good hospital care through assured availability of doctors, drugs and quality health services improved access to universal immunization.
- Improved facilities for institutional deliveries. Regular Institutional deliveries in Tousem and Borobekra.
- Availability of generic drugs for common ailments & mandatory lab tests are provided free of cost
- Establishment of ICTC centre in Tousem and Borobekra PHC
- Prevention and control of communicable and non- communicable diseases, including malaria. Specific malaria control camp in certain pockets.
- Created a new confidence among the villagers about the public health system managed by voluntary organization.
- Flexibility to deliver and meet people's needs.
- Good referral system. Ambulance in all three PHCs.
- Unprecedented gains in outpatient care, inpatient care, institutional deliveries and immunization.
- Continuous training & reorientation of ASHAs under PHC jurisdiction who becomes the community level worker at village level, drug kits are refilled from PHCs.
- Every week VHNDs different villages/Aanganwadi level on a fixed day for provision of immunization, ante/post natal checkups and services related to mother and child care including nutrition.
- Improve outreach services at village level.
- Innovation and autonomy.
- Service guarantees- a rights based approach.
- Implementation and participation in all National Health Programs including NRHM.
- Alternate power facility/ Generator facility in all PHCs, cold chain in all PHCs

District Mobile Medical Units & RCH Camps:

To provide outreached services to the poor, unreached areas in all the Districts 02 equipped vehicles which are providing DMMU services along with RCH outreached services in the remote area of the Districts. The number of camps held during 2012-13 is below:

- DMMU Camps - 243
- RCH Camps - 117



Ambulance For Difficult Terrain Areas:-

Four Wheel Drive ambulance suitable for hilly areas provided to DH Senapati, Tamenglong, Churachandpur, Chandel, CHRSC Ukhrul & CHC Jiribam. Procurement of another 40 ambulances are in progress.

Solar Power Plant:-

- Back up Power Supply
- Solar back up of 25KW installed in Moreh hosp., DH Ccpur in convergence with MANIREDA
- On process for installing of DH Thoubal
- Already tie up with MANIREDA for installing in remaining 05 DHs



Health Management Information System (HMIS):

The HMIS has been implemented in the state and the data flow has started from all the health institutions. The HMIS implementation status and degree of real time data flow from the health institutions into the HMIS portal for the state is among the best in the country. Facility level online data capturing is fully operational. To provide information of different health services at the individual level, by monitoring all the required health check ups (encounters) that a pregnant women/child undergoes in his/her treatment (health programme) a program called MCTS (Mother & Child Tracking System) has been started as a pilot project in Bishnupur District and is now operational fully/partly in 5 more districts – Thoubal, Imphal West, Imphal East, Senapati, Churachandpur & Ukhrul.

Mother & Child Tracking System (MCTS):-

Objective of MCTS :

To ensure that -

- Every pregnant woman receives
- Full Ante-Natal Care Check-ups (ANCs),
- Post-natal care (PNCs) including JSY payments
- every child receive full immunization/vaccination

Implementation Status :

- Initially implemented in Bishnupur district
- In all District except Chandel District.
- Remaining hill districts to follow in March, 2014.
- Registration Count as on 13-14 under MCTS
- 12596 pregnant woman & 10801 infants enrolled under Mother & Child care program under MCTS
- Mapping of all health facilities completed

AYUSH:-

- “Mainstreaming of AYUSH” by collocation of services with Allopathy.
- Provide choice of treatment to the patients.
- Strengthen facility functionality.
- Strengthen implementation of the National Health Programs.
- 171 AYUSH Doctors 59 AYUSH Pharmacists on contractual basis are posted in DHs, CHCs & PHCs.



ପଂଚକ୍ରମ ପ୍ରଣାମ ନିବନ୍ଧ ଶ୍ରୀମତୀ

**MAINSTREAMING OF AYUSH UNDER
NATIONAL RURAL HEALTH MISSION (NRHM)**

Important Treatments of Naturopathy

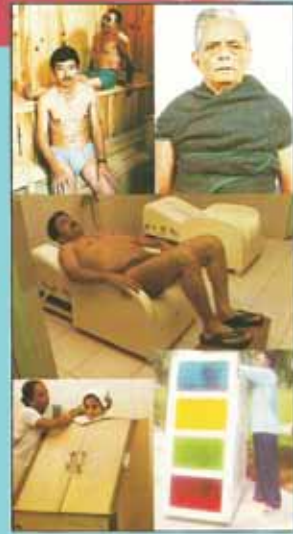


**Yoga cures what need
not be endured**



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eliminating toxins
from the body.**

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2. Colon Irrigation
3. Deluxe Hydro Massage, Jacuzzi
4. Hot & Cold Water Douches, Affusions
5. Whirlpool Bath
6. Under Water Exercises
7. Magnetotherapy
8. Colour Therapy
9. Acupuncture
10. Reflexology
11. Physiotherapy



Issued in Public Interest by National Rural Health Mission

For more details Please contact:
State Nodal Officer: AYUSH, NRHM Imphal

District Level Vigilance and Monitoring Committee (DLVMC):

To monitor the progress of NRHM DLVMC are constituted at all 09 Districts of the State. The committee will review on the program implementation, release of funds and its utilization, regular monitoring visits to Health facilities, ensuring functional management structure & multi sectorial intervention and recommending corrective measures for delivering effective and efficient services.

A ROOKIE DRIVER IN NRHM



Maisnam Chanu Liklainu
Deputy Director(Finance)
NRHM

A woman from Thanga with bags full of merchandise put her load down, stretched and eased herself. She was covered with mud spots on her clothes, hands, and nose-tip, read the word, N-R-H-M. She posed some questions on JSSK, told me how her entire village opt for a Maibi to carry out labour session. I was disappointed to hear that they are not taking the benefits meant for them and parted with her saying that a programme called JSSK do exist and to spread the word around. And again something that was pleasing to the ears was the low IMR recorded in our state. A lot of people debated on how we achieve this status, people came up with different explanations and it was a mind-boggling experience to listen to the divergent views of people. JSSK is one scheme which caught my attention. As we all know, there are entitlements in the form of free delivery, free caesarean session, free drugs and consumables, free diagnostics, free diet, free provision of blood, free transport and exemption from all kinds of user charges.

My first connect with NRHM began when I switched on the radio and the most popular voice mentioned the “NATIONAL RURAL HEALTH MISSION”. The radio jockey’s voice instantly pulled and stirred you creating an indelible impact on the listener’s mind. You are compelled to notice what was being announced. That was



the genesis of my mental association with this mission programme way back before I joined the health society. Now I am few months old, these few months have been quite an experience and a challenge. To equip myself with the A to Z of the society was not easy as I have to rely on the booklets and stuff that I have googled. As I love exploring the unfamiliar and the unexpected, it's such a thrilling experience to be posted here. Being a rookie driver here I read a manual to update myself and I remember the first time how I flipped through the pages of Operational Guidelines for Financial Management. A semi- thick book which is a must for all of us who will be administering, overseeing, supervising, monitoring and inspecting the works of NRHM.

NRHM is a colourful society manned by young officials and supported by the senior medical officers. Having posted in different office environment, NRHM is different. It involves a lot of challenges. The cabins look vibrant with some of the posters pasted on NRHM. The lighting, ventilation, temperature and noise are bit okay for an office environment. One will come across guidelines on JSY, JSSK, Untied Fund, Immunization and Family Planning. The calendars published annually have highlighted various roles of ASHAs, AYUSH, training under NRHM, school health program, immunization, entitlements for mother and child and of the declining child sex ratio in Manipur. The Mothers' meeting pictures are quite interesting as the objective is for overall progress and growth. A long list of abbreviations and the technicalities of NRHM is what I have mastered during this period.

Meetings and monitoring are frequent and it teaches us so much . During the inspection we examined how the books of accounts are maintained and told them to take corrective steps. We stressed the need on effective implementation, checking if entitlements are given according to guidelines. Inspecting the district health centres



have given us the idea how the health centres are functioning, how they are utilizing the fund and whether it reaches the targeted area. NRHM is highly decentralized and this is visible how the funds flow down to the CHCs/PHCs, Sub-centres and VHSCs. Going to the periphery, I remember checking the finance staffing, the fund flow, checking whether adequate books are maintained, whether they are updated regularly, whether the cash book and bank book are written up to date, whether it reconciles with physical cash, whether the stock registers are maintained, and discussing on the problems and outstanding issues faced on internal controls.

Being a part of NRHM, we are exposed to different facets of life; we come across difficult terrain, difficult people, difficult situation and the list goes on. Awareness is of crucial importance, the NRHM related shows that are running on local network and the plays that are aired on radio are generating interests. We begin to understand the importance of basic health facilities learning why institutional deliveries are important. Having served in different departments, and coming to a health department is altogether a different experience and trying to understand the health related issues are something which keep me on my toes.



Free delivery and medical services in a government hospital are every mother and child's right.

The Government of India, with the help of the State Governments, presents Janani Shishu Suraksha Karyakram, a programme that aims to build a strong and healthy India.



7 free services for a safe delivery

User charges are not applicable



A pickup and drop service, for and after the delivery.



Delivery



Cesarean Section



Test, Treatments and Medicines



Availability of blood



Food



30 days of care for sick neonates

Healthy Baby competition held

Imphal, November 14 2013: Directorate of Family Welfare Services, Government of Manipur organized the State level “Healthy Baby” competition on the occasion of Children’s Day at its office premises here today.



The competition was held in three categories of six to 11 months, 1 to 2 years and 24 to 35 months in presence of Health Minister Phungzathang Tonsing, Principal Secretary of Health and Family Welfare Dr Suhel Akhtar, Director of State Health



Society Dr Okram Ibomcha and Additional Director of Family Welfare Services Dr K Razo.

In the category of six to 11 months, Okram Bishomalik, d/o Bembem of Thoubal Okram won the first prize while Jao Jianthuan, d/o Eroipoukhinlung of Tamenglong and Py Theigui, d/o Manjulong of Senapati bagged the second and third prizes respectively.

In the category of 1 to 2 years, Namchunglunglui R Panmei, d/o Guiringei R Panmei of Tamenglong was adjudged as the winner while Thangjam Suhana Devi, d/o Th Benjamin of Sega Road and Samsonlangougun Lenthang, d/o Kamkhahao Khongsai got second and third prizes respectively.

In the category of 24 to 35 months, Niteshwar Nongthombam, s/o W Rameshwar of Thoubal, St Ningring, d/o St Merrison of Chandel and Gaichaengalin M Gangmei, d/o Advanganganang of Tamenglong bagged the first, second and third prize respectively.

Health Minister Phungzathang Tonsing distributed prizes to the winners.

The first, second and third prize winners of all categories received cash prize of Rs.10000, Rs.8000 and Rs.5000 each respectively along with certificates.

26 babies were also given Rs.1000 each as consolation prizes.

Source: Hueiyen News Service

A ray of hope in Thoubal District Hospital









Inaugural function of Operation Theatre in Thoubal District Hospital on 29 May, 2013



Success History of OT District Hospital, Thoubal

On 24th December 2011, the day of inauguration of 100 bedded District Hospital, Thoubal, more than 4 lakhs population of Thoubal District warmly waited for functionalization of Operation Theatre at the Hospital. The most emotional question of the poor and needy community of Thoubal District was "Ebungo kari numitta Thoubalda Operation tauba yagadaorino". However, all staffs including CMO, Medical Superintendant, DPM etc were unable to give a definite answer.

Many big people including bureaucrats come to District Hospital, Thoubal for



routine inspections and promises many things for upliftment of the Hospital. The Villagers are happy on hearing the promises and welcomes with loud clapping. But things never come into the picture.

However, 29th May 2013 was a big turning point of District Hospital, Thoubal. On that day, a team of State Health Society, Manipur led by Dr O. Ibomcha Singh,

State Mission Director, Manipur and Dr. Rajo Singh, Addl Director, Family Welfare Services, Manipur visited District Hospital, Thoubal and reviewed all aspects of the Hospital. With enough confidence, State Mission Director, Manipur committed that he, himself will conduct CS for poor pregnant women at OT District Hospital, Thoubal at the earliest.

The Operation Theatre of District Hospital, Thoubal was planned to inaugurate on 30th August 2013 with a function by Hon'ble Minister, Health & Family Welfare Services, Manipur Shri T. Phungjathang Tonshing as Chief Guest. With a smiling face, the ASHAs of Thoubal District mobilized their poor pregnant women giving advices for CS by concerned gynaecologist.

In the morning of 28th August 2013, among the registered clients, primi client Smt Shaikhom Ibemcha Devi (27 yrs) w/o S. Ango Singh of Heirok Pt- I, Thoubal, a simple carpenter and para 2 client Smt Th. Shanti Devi (26yrs) w/o Th. Shyamsundar



Singh of Wangjing SK Leikai, Thoubal an innocent day today labour started complaining of pain.

The emotional and lazy faces of 2 client parties become happy smile one after hearing an n o u n c e m e n t of State Mission Director that both deliveries will be safe and cashless one under NRHM.

The gynaecologist team led by Dr. O. Ibomcha Singh, State Mission Director, Manipur and Dr H. Ranjit Singh. Medical Superintendent, District Hospital, Thoubal minutely observed the patient's status and decided to conduct CS at the evening of 28th August 2013. It was conducted successfully. The anaesthesia team was led by Dr Rajo Singh, Addl Director, Family Welfare Services, Manipur.

Under JSSK program of NRHM, all provisions of free laboratory facility, free referral transport, free diet and free drugs were provided to these poor mothers. Moreover, blood for every CS operation is kept ready by a team led by Dr S. Mangol Singh, Pathologist, District Hospital, Thoubal.

In the inauguration day of OT, Deputy Commissioner of Thoubal District expressed that this happiest moment is not only for poor villagers of Thoubal District, it is also for District Administration and gives all credit to State Mission Director, Manipur.

The success story of this CS became a source of inspiration for pregnant mothers who are unable financially to go to private clinics and a boon to their families. Till date, 27(twenty seven) CS are being conducted successfully.

Courtesy: Hrisikesh, DPM, Thoubal

A ray of hope in Chandel District Hospital















Apr 1: Giving a new ray of hope and life, literally, the newly renovated operation theatre (OT) of Chandel District Hospital was inaugurated on March 31 along with performing a caesarean section on a pregnant mother who delivered a healthy baby boy successfully.

After lying defunct for 20 years, the OT has been made functional with funding from the NRHM under the initiatives of the District Health Mission Society, Chandel.

The inaugural function of the newly renovated OT was attended by Director (FW & NRHM) Govt. of Manipur Dr O Ibomcha Singh; Chief Medical Officer/Mission Director, DHS, Chandel; Dr N Birchandra Singh, Medical Superintendent of District Hospital Thoubal Dr Ranjit as Chief Guest, President and Guest of Honour respectively.



District Immunization Officer Dr Romy Ngoruh, State Nodal Officer of AYUSH Benedict and Chandel NGO Functionary Rev Rd Joykumary Anal were also among the dignitaries present on dais besides local leaders, Medical staffs, NRHM Officials from the State & District including ASHAs.

Speaking on the occasion, Dr O Ibomcha stated that the Operation Theatre was renovated with fund utilized from NRHM so that institutional delivery might be resumed as the hospital without further delay instead of waiting for the 50 bedded district hospital which might takes 5-10 years to complete due to its slow pace of construction works.

While revealing the plan of the Govt and the Medical Directorate to send different specialists in the hospital shortly, Dr Ibomcha said that Chandel District Hospital has been already equipped with all modern appliances including Ultrasound, X-rays and generators and urged the people of Chandel to make use of the facility installed.

Dr Ibomcha further informed that the Medical Directorate would take up the same type of initiatives for the hospitals at Senapati, Ukhrul, Tamei and Moreh soon.

In his presidential address, Dr N Birchandra expressed optimism that both the govt and the people will extend support as he appealed to the staff of the district hospital to work sincerely for bringing improvement and change in the health care delivery system.

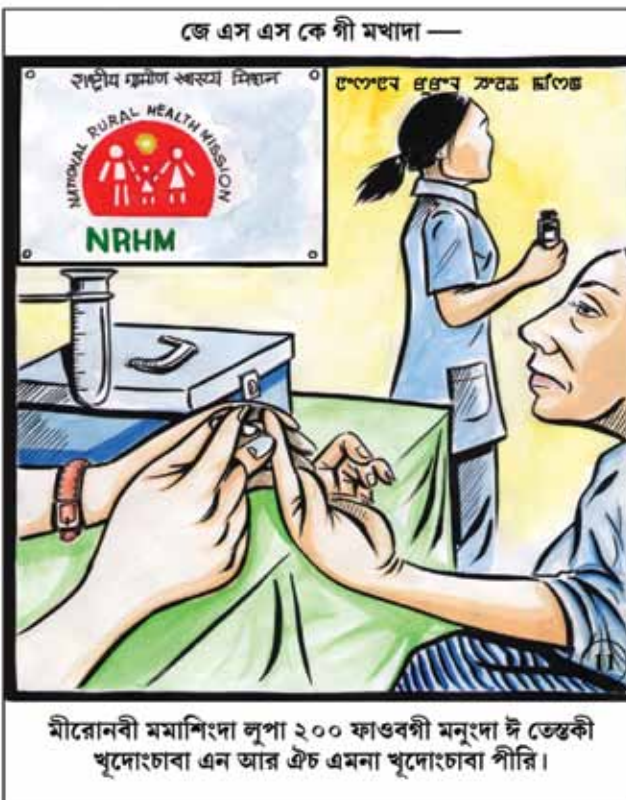
The woman who was operated for delivery of her child in the newly renovated OT of Chandel district Hospital was identified as Th Shantikumari Devi (30), W/o, Th Hembra Singh, a resident of Kakching Chummang Leikai.

Talking to media after the operation, one of the doctors informed that there was no complication and the whole operation was done in 35 minutes. The baby boy weighed 3.5 kg at the time of the birth and both the child and the mother are healthy.

Source: Hueiyen News Service















A father's involvement is a must in bringing up a healthy and happy Child.

A small Family is a Happy Family



Finance training under National Health Mission on 11th to 12th Feb, 2014



Sexually Transmitted Infection/ Reproductive Tract Infection Poster

Caring for YOURSELF and for your LOVED ONES!

To keep yourself and your loved ones safe
from STI and RTI :

- ✓ Use condoms correctly and consistently
- ✓ Practice safer sex
- ✓ Maintain hygiene • personal, genital, coital (washing genitals after sexual intercourse) and menstrual (in women)
- ✓ Get early diagnosis of STI/RTI
- ✓ Many STI are asymptomatic; internal examination helps diagnose hidden STI/RTI
- ✓ Complete the entire course of treatment
- ✓ Get your partner treated for STI too - this will prevent re-infection



REGISTRATION



Register yourself at the nearest health facility as soon as pregnancy is detected.

Four antenatal check ups are essential for a pregnant woman:

First ANC check up

As soon as the period is missed or within first three of missing the period.

Second ANC check up

In 4th - 6th month of pregnancy.

Third ANC check up

In 7th - 8th month of pregnancy.

Fourth ANC check up

In 9th month of pregnancy.

Regular ANC visits protects you and your baby from complications and ensures healthy mother and child

Press Conference on Launching of WIFS (Weekly iron folic Supplementation) on March 2014

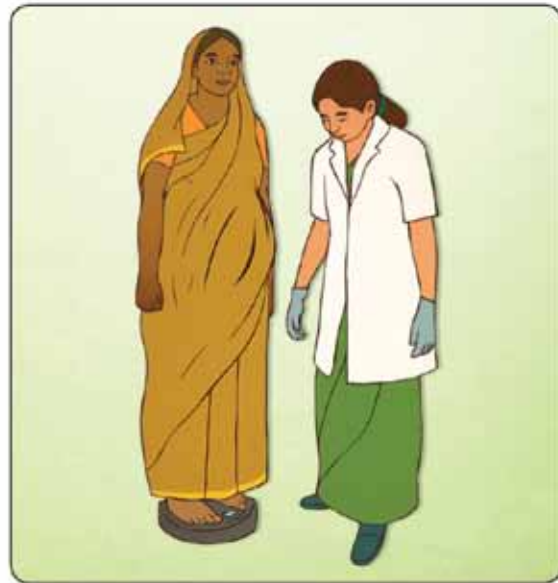


ANTENATAL CHECK-UP

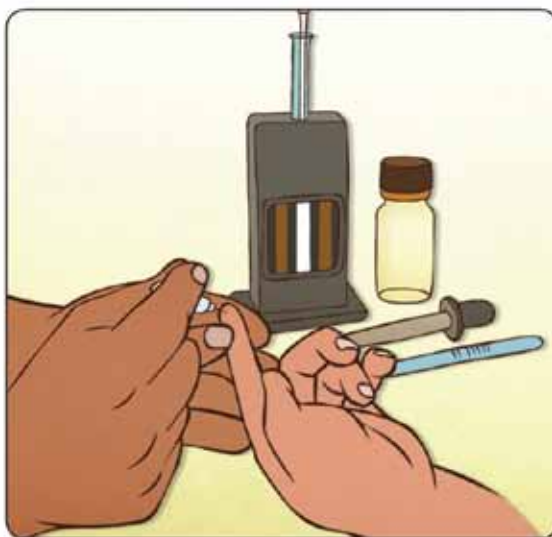
Get your Hb, Blood pressure(BP), urine, weight and abdomen checked at every visit. Ensure that you receive IFA tablets and two doses of Inj. Tetanus Toxoid (TT). Always consult your MO if necessary or referred.



Get urine tested for albumin and sugar.



Get your weight checked. (Average weight gain during pregnancy is 9 -11 kg).



Get your haemoglobin measured to assess anaemia.

Haemoglobin estimation helps in early detection and treatment of anaemia

Detection of albumin and sugar saves you and your baby from serious conditions



Launching of WIFS (Weekly iron folic Supplementation) on March 2014



ANTENATAL CHECK-UP



Get your blood pressure checked to detect high BP which can be dangerous for you and your baby.



Abdominal examination is important to assess foetal growth.

Abdominal Check-up during ANC helps in assessing foetal growth and its well- being

Asha Facilitators Training on 31st Jan, 2014



TETANUS TOXOID INJECTION



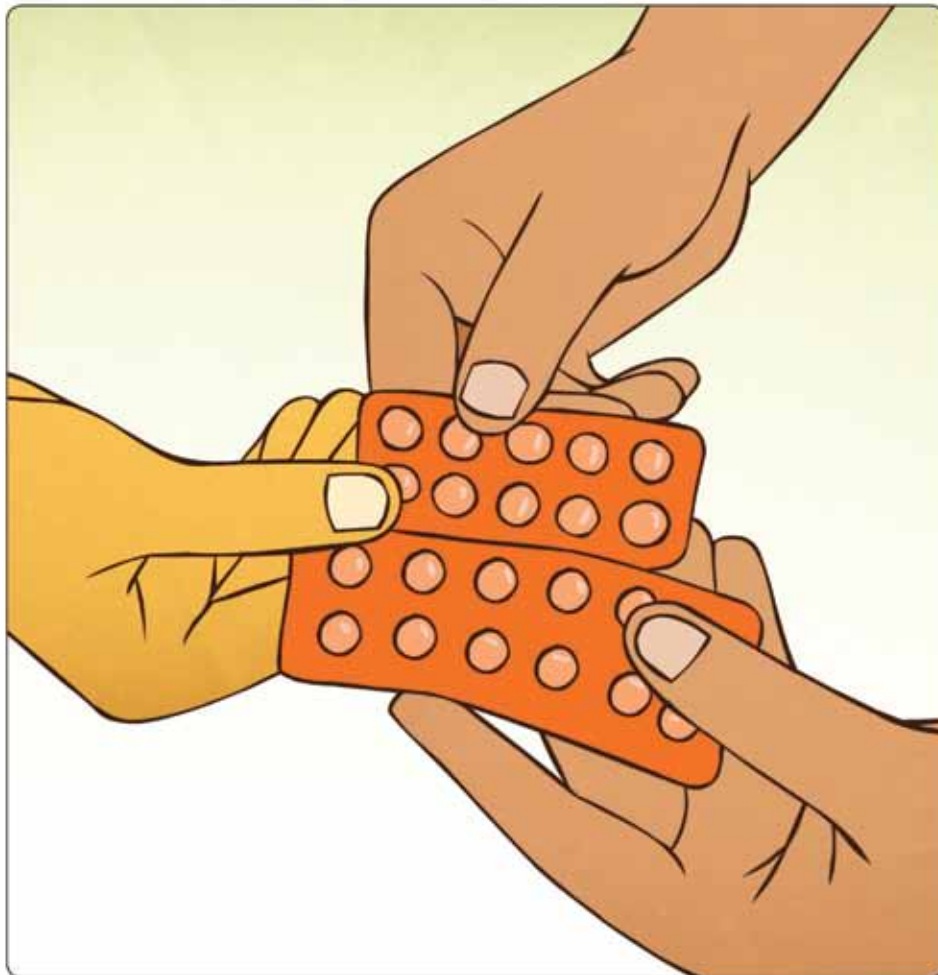
Get two doses of T.T. injection at one month interval.

Tetanus Toxoid Injection protects both mother and baby from Tetanus which is one of the life threatening conditions

Asha Facilitators Training on 31st Jan, 2014



IRON FOLIC ACID (IFA) TABLETS



During pregnancy 100 tablets of iron and folic acid will be given.

One tablet of IFA is to be taken daily starting from the fourth month of pregnancy. If you are anaemic, you will be advised to take two IFA tablets daily, one tablet in the morning and one in the evening.

**Taking one IFA tablet a day keeps anaemia away in mothers
and ensures delivery of a healthy baby**

Asha Facilitators Training on 31st Jan, 2014



DIET DURING PREGNANCY



- You need to eat one extra meal a day during pregnancy.
- Take milk and dairy products like curd, buttermilk, paneer-these are rich in calcium, proteins and vitamins.
- Eat fresh/seasonal fruits and vegetables as these provide vitamins and iron. Cereals, whole grains and pulses are good sources of proteins.
- Green leafy vegetables are a rich source of iron and folic acid.
- A handful (45 grams) of nuts and at least two cups of daal provide daily requirement of proteins in vegetarians.
- For non-vegetarians, meat, egg, chicken or fish are good sources of proteins, vitamins and iron.

A well balanced diet consisting of a variety of food helps in the growth of the baby and prevents anaemia

Mothers' Meeting - A boon to pregnant women



"Life is not merely being alive, but being well."

Marcus Valerius Martialis (circa 40 AD – 103 AD) – a Latin poet from Hispania (the Iberian Peninsula) best known for his twelve books of Epigrams

RICH SOURCES OF IMPORTANT NUTRIENTS

Iron



Green leafy vegetables, whole grains, cereals, dry fruits, nuts, meat, jaggary.

Calcium



Milk, milk products, sesame seeds, almonds, soya milk, turnip, egg.

Vitamins



Orange and dark green vegetables, citrus fruits, apple, tomato, amla, vegetables, meat, fish, eggs, sunlight, milk and milk products, soya products.

Proteins



Paneer, milk and other milk products, combined grains, seeds, nuts, egg, meat, poultry, soya beans.

Fats



Butter, ghee, oils, nuts.

Prefer using variety of local seasonal foods, vegetables and fruits being grown in and around your area



Republic Day Celebration 2014



CLEANLINESS



Wash your hands with soap and water before every meal and after attending toilet of self and baby.



Clip your nails regularly.

Personal hygiene prevents acquiring infection and also from transmitting to the baby



Health Mela under NRHM - Reaching out to the People



*"Those who do not find time for exercise will
have to find time for illness."*

Edward Smith-Stanley (1752-1834) – English statesman, three times Prime Minister of the United Kingdom



POSTPARTUM CARE

- It is important to stay in health facility where you deliver for a minimum of 48 hours as most complications in mother and baby occur then.
- You and your baby should be seen by a health worker on the day of delivery, and on 3rd day, 7th day and 6 weeks after delivery.
- You should get vaccination for 0 dose Polio, Hepatitis B (if recommended under routine immunisation) and BCG on the first day.
- You will also receive Counselling on cord care, Keeping the baby warm, Respiratory infections, loose motion, Nutrition and family planning during your stay.
- Take extra calories & fluids to fulfill requirements of breast feeding.
- Take adequate rest.
- Take immediate medical help if any complication occurs in yourself or your baby.

PROBLEMS AFTER DELIVERY

Contact P H C	Contact F R U
Tear in perineum	Excessive vaginal bleeding
Inability to pass urine	Inability to control defecation/urine
Burning in urination	Foul smelling vaginal discharge
Difficulty in breast feeding	Difficulty in breathing
Pain lower abdomen	Blurred vision and fits
	Fever
	Fainting

Post delivery care ensures good health
and wellness for you and your baby

Safe Motherhood - Delivery in Hospital is safe for both Mother and Child



"The body is like a piano, and happiness is like music. It is needful to have the instrument in good order."

Henry Ward Beecher (1813 – 1887) – a prominent, Congregationalist clergyman, social reformer, abolitionist, and speaker

NEWBORN CARE



- Baby should be:
 - Dried and wrapped immediately after birth.
 - Properly covered according to weather conditions and to be kept warm. Head and feet should be kept covered.
 - Given bath only after 48 hours.
 - Passing stools at least once in first 24 hours and urine at least once in first 48 hours.
- Burping should be done after every feed.
- Cord stump should be kept clean and dry. **Apply nothing on the cord stump.**

Choose to deliver in an institution - it provides timely help for mother and baby if complications occur

DANGER SIGNALS IN NEW BORN

Following conditions in a baby needs contact with M. O. or ANM

- | | |
|--|--------------------------------|
| 1. Difficulty in breathing | 7. Fever |
| 2. Inability to suck | 8. Diarrhoea |
| 3. Inability to pass urine and stools | 9. Dull and lethargic baby |
| 4. Umbilical stump is red or has pus | 10. Seizure |
| 5. More than 10 pustules over body or one large boil | 11. Eyes are red or infected |
| 6. Jaundice | 12. Any birth defects are seen |

Seek advice of your MO/ANM immediately if any complication is seen - timely treatment saves life of baby

BREASTFEEDING

- You should start breastfeeding your new born at the earliest, preferably within one hour of delivery to develop proper sucking.
- Breast milk of first day (colostrum) is very useful for the newborn because it is nutritious and rich in protective antibodies against common infections like measles.
- Exclusive breastfeeding should be done for six months and no prelacteal feeds (gripe water, honey) should be given to the baby during this time.
- Breastfeeding should be given on demand.
- Exclusive breastfeeding decreases the chances of diarrhoea and upper respiratory tract infections in the newborn; it decreases chances of pregnancy during that period.



Mother's milk is best for health and growth of your baby

Give only breast feeds to your baby for six months and protect baby from illnesses like diarrhoea and others

COMPLEMENTARY FEEDING

- Any food given to the baby in addition to breast milk is called complementary foods.
- After the age of 6 months, breast milk is not enough for mental and physical growth of the baby so complementary feeding is essential.

Type of Food	Age (month)	Frequency of serving
Mashed roti/rice/bread/biscuit mixed in sweetened undiluted milk. OR Mashed roti/rice/bread mixed in thick dal with added ghee/oil or khichri with added oil/ghee. Add cooked vegetables (such as potatoes, carrots, green leafy vegetables, yellow pumpkins, etc) also in the servings. OR Sevian/dalia/halwa/kheer prepared in milk or any cereal porridge cooked in milk. OR Mashed boiled/fried potatoes or give one seasonal fruit (banana/ cheeko/ mango) or meat, fish and egg.	6-12 months	Give 1 katori serving 3 times a day, if breastfed and 5 times a day, if the child is not breastfed.
	12-24 months	Give one & half katori serving 5 times a day. The variety in the diet should be increased by including the family foods in the diet of the child.
Rice, dal, chapatti (cereals or millets), yogurt, seasonal fruits (such as banana, guava, mango etc.), vegetables (such as potatoes, carrots, beans).	More than 24 months	3 times every day.
Add laddoo, biscuits, bread and other nutritious food.		Two times a day in between the meals.

It is important for you to understand that:

- Girls and boys need equal amount of food.
- Wash your own and child's hands with soap and water every time before feeding.
- Sit with the child at meal times.
- Give food in a separate bowl to make sure she/he gets enough food and eats the correct amount.

Timely introduction of a variety of energy rich complementary foods in adequate amounts in addition to breastfeeding keeps the baby healthy



IMMUNISATION SCHEDULE FOR BABY

Take your baby to the nearest health centre for immunisation.

At birth	BCG, OPV - 0 dose, Hepatitis B - 0 dose*
6 weeks	BCG (if not given at birth) DPT - 1 st dose OPV - 1 st dose Hepatitis B - 1 st dose*
10 weeks	DPT - 2 nd dose OPV - 2 nd dose Hepatitis - 2 nd dose*
14 weeks	DPT - 3 rd dose OPV - 3 rd dose Hepatitis - 3 rd dose*
9 months	Measles, Vit-A - 1 st dose
16-24 months	DPT booster, MR OPV boosters Vit-A - 2 nd dose
2 to 5 years	Vit-A - 3 rd to 9 th doses at the interval of 6 months. (total of 7 doses)
5 years	DPT booster
10 years	T.T. booster
16 years	T.T. booster

* If recommended under Routine Immunisation.

Follow immunisation schedules for protection of your babies
from life threatening and crippling diseases

FAMILY PLANNING ADVICE (SPACING METHODS)

A gap of two to five years is recommended between pregnancies for restoration of your health and proper care of your baby. A number of contraceptive methods are available for spacing pregnancies.



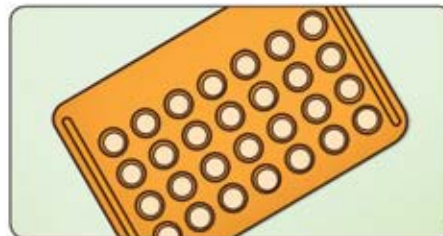
Lactational amenorrhea method (LAM)
protects from pregnancy for six months if exclusive breast feeding is done.



Intra Uterine Contraceptive Device (IUCD)
It is one time method and is effective upto 10 years.



DMPA
One Injection of DMPA is given every three months It can be used during breastfeeding.



Oral Contraceptive Pills (OCPs)
OCPs can be started 6 months after delivery; one pill is to be taken daily. Start immediately if not breastfeeding.



Condom
Spacing method for males.
It protects from pregnancy and sexually transmitted infections.

**3 years spacing between
child bearing ensures
healthy mother and baby**

Intensified Pulse Polio Immunisation campaign conducted

Imphal, January 19 2014 : Director Family Welfare Services, Government of Manipur and State Health Society jointly conducted Intensified Pulse Polio Immunization Programme at Family Welfare Services Department, BT Road today. The inaugural function of the programme was attended by Dr Okram Ibomcha Singh, State Mission Director, State Health Society as Chief Guest; Dr K Rajo Singh, Additional Director, Family Welfare Services as President while Dr Ch Nabakanta Sharma, Gynaecologist, JNIMS and A Ibochouba, Additional Director, Health Services Manipur as Guests of Honour.

Delivering key note address, Dr Ph Rameshwar Singh, Joint Director, Family Welfare Services, noted that the efforts of polio eradication was started since 1995 and the last case of polio in India was reported on January 13, 2011 .



Intensified Pulse Polio Immunization Programme was also conducted at Bishnupur District Hospital wherein DC of Bishnupur District Jason; Dr Ng Hemantakumar, MO and doctors, nurses and paramedical staffs of the hospital attended.

Source: Hueiyen News Service



About ASHA

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist – ‘ASHA’ or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. Following are the key components of ASHA:

- ASHA must primarily be a woman resident of the village – married/ widowed/ divorced, preferably in the age group of 25 to 45 years.
- She should be a literate woman with formal education up to class eight. This may be relaxed only if no suitable person with this qualification is available.
- ASHA will be chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.
- Capacity building of ASHA is being seen as a continuous process. ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.
- The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, and construction of household toilets.
- Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village.
- ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.
- ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services.
- She would be a promoter of good health practices and will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.
- ASHA will provide information to the community on determinants of health



such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health & family welfare services.

- She will counsel women on birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/ Sexually Transmitted Infections (RTIs/STIs) and care of the young child.
- ASHA will mobilise the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centers, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government.
- She will act as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.
- At the village level it is recognised that ASHA cannot function without adequate institutional support. Women's committees (like self-help groups or women's health committees), village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the trainers of ASHA and in-service periodic training would be a major source of support to ASHA.

A Brief Report on Regional Level Workshop On

“Communication Planning and AEFI Surveillance for Strengthening Routine Immunization ”

**Jointly Organised by:
ITSU-MOHFW**

for the states of Assam, Meghalaya, Manipur and Tripura

Dated: 27th February – 1st March, 2014

Venue: Hotel Dynasty, Guwahati



Broad contents of the Training Program:

Participants are expected to understand the basic concepts of communication and its different forms of medium. The role of BCC in NRHM, communication process, models, functions & barriers, data for BCC planning and problem analysis, target audience, segmentation & development of messages, channels of communication,

social mobilization, networking with media agencies – private & govt, writing for media and media management, role of advertising in health campaigns, PR – an image building exercise, preparation of IEC/BCC action plans, monitoring & evaluation of BCC activities were also imparted.

In connection with immunization, Adverse Effects Following Immunization (AEFI) were shared and the communication measures to be taken up before and after a crisis.

Draft Recommendations:

The three day workshop deliberated on Communication Concepts, Designing Effective communication materials and identifying communication channels, developing effective communication plans. Root cause analysis were also presented each by the States with the participants brainstorming on the root/causes of behavioural issues which obstruct the increase in the demand for RI.

1. The participants were asked to start reporting for AEFIs and strengthen the Committees in all levels.
2. The State IEC Bureau should capacitate the district and blocks in handling AEFIs and also in sensitizing the general public on AEFIs.
3. FIR and PIR are compulsory reporting formats to be submitted for any AEFIs.
4. Pentavalent vaccine will be introduced in Manipur shortly so Media sensitization to be done before and after.

Innovations from other states which are worth learning are:

1. Meghalaya – Using the platform of Festivals for immunization and BCC activities.
2. Tripura – Special Boats (IEC) for immunization.



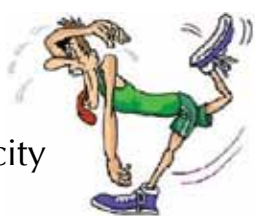


Is your child Anaemic?

- Anaemia is a condition where the human body has less-than-the-normal level of haemoglobin
- Anaemia is widely prevalent among all age groups
- Iron deficiency is most common cause of anaemia

Anaemia reduces energy levels and leads to

Poor work capacity



Repeated infections



Lack of concentration in studies



Decreased appetite



Common Causes of Anaemia

- Less intake of iron in diet
- Decreased absorption of iron in body
- Increased requirement of iron during childhood, adolescence & pregnancy
- Loss of iron from body due to worm infestation and menstruation

Prevention of Anaemia

- Take balanced diet containing Iron rich foods
- Weekly intake of iron folic acid tablets
- Control of worm infestations

Common Iron-rich foods:

- Green leafy vegetables (chaulai, methi, saag)
- Pumpkin (sithaphal)
- Soyabean, Black gram (kalachana), Arhar, Urad dal
- Meat



Weekly Iron & Folic Acid Supplementation Programme [WIFS]

- Intake of Iron Folic Acid (IFA) tablets under supervision once a week
- De-worming with Albendazole 400mg tablets
- Screening children for Anemia and referral
- Information and counseling about iron rich foods and Anemia prevention
- IFA tablets available free of cost at govt. & aided schools and Anganwadi centres



DOs AND DON'Ts for taking IFA Tablets



DO's

1. Take IFA tablet 30-60 minutes after meal



2. Take IFA tablet with a glass of clean drinking water



DON'Ts

1. Do not take IFA tablet empty stomach
2. Do not chew IFA tablet
3. Do not crush or break IFA tablet before intake
4. Postpone IFA tablet intake if there is a preexisting abdominal discomfort or illness

- IFA tablet may cause minor discomfort like nausea, stomach ache, or vomiting.
- These minor complaints generally are of short duration and subside on their own as body gets used to iron tablets.
- In case of discomfort after taking IFA tablet, please report to your teacher, headmaster, Anganwadi worker or nearest health facility.

SOLID BANO INDIA

A Government of India initiative to help remove iron deficiency in children

Free Weekly ARSH Clinic every
Friday from 2-4 pm in selected Health Centers



"The groundwork of all happiness is health."

James Leigh Hunt (1784 – 1859) – an English critic, essayist, poet and writer

Home Visit - Counseling by an ASHA



"Without health, life is not life; it is only a state of languor and suffering."

Francois Rabelais (c. 1494 – 1553) – a major French Renaissance writer, doctor and Renaissance humanist



Training under NRHM - Empowering Human Resources



"You pray for good health and a body that will be strong in old age. Good — but your rich foods block the gods' answer and tie Jupiter's hands."

Persius (34 AD-62 AD) — a Roman poet and satirist of Etruscan origin





Know Your Staff (State headquarter)

Sl. no.	Name	Designation
1	Dr. O. Ibomcha Singh	Mission Director
2	Dr. H. Ibemcha Devi	Deputy Director (School Health, ARSH, Up-gradation of Health Facilities)
3	Dr. S. Sucheta Devi	Deputy Director(Training)
4	M.Chanu Liklainu	Deputy Director(F)
5	Dr. L. Menjor singh	Deputy Director (IEC/BCC,HR)
6	Irengbam Rajeev	State Program Manager (i/c)
7	Harris Chongtham	State ASHA Program Manager
8	W. Tejendra Singh	State Finance Manager
9	A. Narendra Sharma	State Engineer Consultant
10	Chingkhei H.	State Assistant Engineer Consultant
11	Ibomcha	State Data Manager (i/c)
12	Kiranmala Thangjam	State BCC/IEC Consultant
13	P. Tombisana Singh	State Account Officer
14	Pritam Thounaojam	State HR/Training Consultant
15	Tarshi Elangbam	State RBSK Consultant
16	Philazan Sangh Shimray	State ARSH Consultant
17	I. Devdas Singh	Statistical Assistant
18	R.K. Momosana	State Accountant
19	Warjit M	State MCTS Officer
20	Jotin Yumnam	State Data Assistant (ASHA)

RRC-NE

1. W. Imo Community Mobiliser
2. Monota Ng. State Facilitator

WIFS Launching Ceremony



Tarshi Elangbam
RBSK Consultant, NHM,
Manipur

The State Health Society launched a memorable ceremony of Weekly Iron Folic Acid Supplementation & bi annual deworming Program in the State. The ceremony was conducted at Classic Hotel on 10th March 2014 at 11 am. Respected Principle Secretary Health and Family Welfare was the Chief Guest of the function, State Mission Director was the president of the

function, and Director Education (S) and Director Social Welfare were the Guest of Honor of the Day. The participants were District level officials (CMOs, DIOs/DFWOs, DPMs, ZEOs and DPOs), SPMU



staffs, students and teachers from nursing institute. The notable sign in this ceremony was that the participants



were actively involved in interacting with each other with lots of questions. The ceremony went smoothly and the medicines were distributed to the entire district. It is expected that good works will be continued for the days to come.



Intensified Pulse Polio Immunization

Consolidated State Form

(to be filled by the District Immunization Officer)

State : **MANIPUR**

Round : **Jan Round 2014**

Sl.No	Name of Block/PHC	Booth Coverage	House to House Coverage						
		Total Children Vaccinated in booths	Total houses visited by teams	No. of children vaccinated in houses by teams	No. of children vaccinated outside of houses by teams	No. of 'X' houses generated by teams	No. of 'X' houses converted to 'p'	No. of children vaccinated in 'X' houses	No. of 'X' houses left at the
		(1)		(2)	(3)			(4)	
1	BISHNUPUR	20991	45782	8364	679	82	18	2	
2	a CHANDEL	12630	15867	341	19	46	37	2	
	b MOREH	5541	8082	599	164	167	60	18	
3	CHURACHANDPUR	33059	35705	2149	46	182	160	147	
4	IMPHAL EAST	47573	84904	8247	671	133	114	114	
5	IMPHAL WEST	54629	82524	5643	479	118	52	29	
6	a SENAPATI	25419	29445	3506	327	1038	848	233	
	b KANGPOKPI	19566	26819	1604	235	143	66	57	
7	TAMENGLONG	15265	12613	682	245	430	407	388	
8	THOUBAL	43294	74603	11396	25	500	459	1000	
9	UKHRUL	23160	23704	824	0	147	147	41	
TOTAL		301127	440048	43355	2890	2986	2368	2031	



Immunization Programme

Reporting Format

(Immunization Officer at the end of each day)

14(19 - 21 Jan. 2014)

Report Date : **29-01-2014**

Age				No. of children vaccinated outside of houses by Supervisor	No. of Children vaccinated at transit points/mela sites/bazaars	Total Children vaccinated	Total OPV vials used	Target	%
No. of 'X' houses left at the end of the activity	No. of P-Houses checked by Supervisor	No. of P-Houses with unvaccinated children detected by Supervisor	No. of children vaccinated in P-Houses by Supervisor						
			(5)	(6)	(7)	(1+2+3+4+5+6+7)			
64	1698	0	0	152	697	30885	1985	31507	98.03
9	1612	0	0	5	432	13429	847	13801	97.30
107	509	29	29	82	608	7041	453	7273	96.81
22	4233	48	46	98	588	36133	2246	34261	105.46
19	7968	5	10	310	472	57397	3738	59470	96.51
66	7024	2	25	54	1141	62000	3833	60353	102.73
190	2637	87	100	52	1653	31290	1884	31027	100.85
77	4372	19	19	137	157	21775	1397	23628	92.16
23	1136	67	84	26	21	16711	1039	18151	92.07
41	3704	0	0	189	1092	56996	3561	57272	99.52
0	3557	0	0	37	17	24079	1425	24168	99.63
618	38450	257	313	1142	6878	357736	22408	360911	99.12

Counselling Checklist

Steps in counselling a patient with STI/RTI

- ✓ Welcome your client!
- ✓ Ensure that client is comfortable
- ✓ Build rapport!
- ✓ Reassure about confidentiality
- ✓ Clarify client's needs and goals
- ✓ Take the case history
- ✓ Identify signs/symptoms suggestive of STI/RTI
- ✓ Assess the risk of your client
- ✓ Explain modes of transmission of STI/RTI and HIV infection
- ✓ Highlight importance of early diagnosis
- ✓ Explain treatment and importance of completing full course
- ✓ Provide information on complications of untreated STI/RTI
- ✓ Encourage partner treatment
- ✓ Promote, provide and demonstrate correct usage of condoms
- ✓ Explain about prevention of STI/RTI and HIV infection
- ✓ Help your client to make a risk reduction plan
- ✓ Motivate and refer for HIV testing in ICTC
- ✓ Motivate for a follow up visit!
- ✓ Maintain all requisite records



Adapted from: Counselling for STI/HIV prevention in sexual and reproductive health settings - International Planned Parenthood Federation

ফুংজাথাংঃ মোদঁকেল স্তাফাশংনা মীয়ামগী পেন্নবগীদমক ইথৌ মশক খঙনা তৌরসি

পোকুফম নিউজ সার্বিস

ইম্ফাল, দিসেম্বর ২৩ঃ চুরাচান্দপুর দিক্ত্রিক্ত হোম্পিতালগী নৌনা শাবা ওপরেসন থিএতর, তি বি ব্লোক অমসুং সর্জিকেল বার্দ ওসি হেল্থ এন্ড ফেমিলি রেলফেয়র মিনিস্তর ফুং-জাথাং তোমিংনা শঙ্গাশ্বে।

চুরাচান্দপুর দিক্ত্রিক্ত হোম্পিতালদা মতমগা চান্নবা মওন্দা নৌনা শাবা ওপরেসন থিএতর, তি বিগী লা-য়েংফম ব্লোক অমসুং তোঙান তোঙানবা ব্লোক মরিনা পুনশিল্পগা শাবা সর্জিকেল বার্দ অদু ওসি হেল্থ মিনিস্তর ফুংজাথাং তোমিংনা শঙ্গা-রবা মতুংদা পাঙথোকখিবা অচহ্না থৌরম অমদা, লমদম অসিদা লৈ-রিবা দোক্তর, নর্স অমসুং মেদিকেল স্তাফ খুদীংমক্কা মীয়ামগী যাইফন-বগীদমক তৌফম থোকপা ইশাগী ইথৌ মশক খঙনা তৌরসি হায়না আপিল তৌখি।

মহাক্কা হায়, ওসি শঙ্গারিবা চুরাচান্দপুর দিক্ত্রিক্ত হোম্পিতাল অসিগী



ওপরেসন থিএতর অসি যাওনা তোঙান তোঙানবা ব্লোকশিং অসি খুস্ত-মাস্তকা মরী লৈননা চুরাচান্দপুরগী মীয়ামদা অচৌবা খুদোল অমনি। মসিমক হকশেলগী লমদা চুরাচান্দপুরগী ওইনা অচৌবা ইতিহাস অমনি হায়বা যাই।

চুরাচান্দপুর দিক্ত্রিক্ত হোম্পিতাল অসি ইম্ফালদা লৈরিবা হোম্পি-

তালশিংগী মথংদা অনীশুবনি। হোম্পিতাল অসিদা মপুং ফাবা ওপরেসন থিএতর থন্না অমসুং অতৈ খুদোংচাবা কয়া ফংহনবা ওহ্না অসিনা দিক্ত্রিক্ত অসিগী মীয়াম অমসুং অকো-য়বগী মীয়ামদা হায়নিংওই লৈতনা কান্নবা পীরগনি। মসিগী মথন্তা ইম্ফালগী হোম্পিতালশিংদা রিফর
মখা লামায় ৫, কলম ২ দা



ASHA FACILITATORS IMPHAL EAST

Sl.No.	Name of ASHA Facilitators	Place of Posting	Name of Blocks
1	L. Ibetombi Chanu	PHC Akampat	Keirao Bitra Block
2	L. Anupama Devi	PHC Akampat	Keirao Bitra Block
3	Samsoon	PHC Akampat	Keirao Bitra Block
4	L. Bedarani Devi	PHC Bashikhong	Keirao Bitra Block
5	Sanasam Meme	PHC Bashikhong	Keirao Bitra Block
6	Y. Ibeyaima Devi	PHC Keirao Makting	Keirao Bitra Block
7	Ng. Romita Devi	PHC Nongpok Keithelmanbi	Keirao Bitra Block
8	Th. Mangangleima	PHC Yambem	Keirao Bitra Block
9	Y. Ranita Devi	PHC Andro	Keirao Bitra Block
10	Samim Banu	Porompat Urban	Sawombung Block
11	S. Bebe Chanu	PHC Heigang	Sawombung Block
12	H. Bimola Devi	PHC Heigang	Sawombung Block
13	L. Ashalata Devi	PHC Sawombung	Sawombung Block
14	A. Urmila Devi	PHC Sawombung	Sawombung Block
15	L. Rinaka Devi	PHC Lamlai	Sawombung Block
16	Jeena Kangabam	PHC Yaingangpokpi	Sawombung Block
17	M. Babyrose Devi	CHC Sagolmang	Sawombung Block
18	L. Krishnakumari	CHC Sagolmang	Sawombung Block
19	L. Victoria	CHC Sagolmang	Sawombung Block
20	Mutum Anita Devi	CHC Jiribam	Jiribam Block
21	Chongtham Namita	PHC Borobekra	Jiribam Block
22	Yambem Hemabati	CHC Jiribam	Jiribam Block

DISTRICT COMMUNITY MOBILISER PROFILE

Huidrom Ananta Kumar

Office Address

District Health Society, Imphal East



DISTRICT COMMUNITY MOBILIZER PROFILE

Imphal West

District	Name	Designation	Place of posting
Imphal West	Kanchan Mutum	District Community Mobilizer	DHMS/ IW

ASHA FACILITATORS PROFILE				
District	Name of Block	Sl.No	Name	Place of posting
Imphal West	Wangoi Block	1	Moirangthem Gambhi Devi	CHC Wangoi
		2	Paonam Victoria Devi	CHC Wangoi
		3	Nongmaithem Dineshowry	PHC Samurou
		4	Wahengbam Inaobi Devi	PHC Mayang Imphal
		5	Aribam Tombisana Devi	PHC Sekmai
		6	Hidangmayum Sundari Devi	PHC Mekola
		7	Konthoujam Sunita Devi	PHC Mekola
	Haorang Sabal Block	8	Aribam Kamala Devi	CHC Sekmai
		9	Soubam Emota Devi	CHC Sekmai
		10	Meisnam Mamata Devi	PHC Khurkhul
		11	Nongthongbam Linthoingambi Devi	PHC Phayeng
		12	Konthoujam Susma Devi	PHC Phayeng
		13	Takhellambam Rita Devi	PHC Kakwa
	Khumbong Block	14	Haobam Bijaya Devi	PHC Khumbong
		15	Biteshowri Ningthoujam	PHC Khumbong
		16	Anoubam Ronita Devi	PHC Khumbong
		17	Khuraijam Kunjabati Devi	PHC Khumbong



(Asha Facilitator) Bishnupur

Sl. No.	Name	Block Name
1	Salam Sumati	Moirang
2	Tongbram Shanti	Moirang
3	Soibam Dhanee	Moirang
4	Chongtham Inao	Moirang
5	Khongbantabam Nirmala	Moirang
6	Thoudam Sarda	Bishnupur
7	Konsam Geeta	Bishnupur
8	Ngangbam Sandhyarani	Nambol
9	Ngangom Ronibala	Nambol
10	Ningthoujam Memcha	Nambol
11	Oinam Memcha	Nambol

DCM BPR			
Name	Block Name	Total No. Facilitator	No. of ASHA Cvd.
Ksh.Geetarani Devi	Bishnupur District	11	235



THOUBAL DISTRICT ASHA FACILITATOR PROFILE IN THE YEAR OF 2012

Sl. No.	Name of ASHA Facilitator	Health facility covered
1	E. Ranjana Devi	PHC Wangoo Laipham 1. SC Pangaltabi 2. SC Nungoo Chairel
2	Kh. Indira Devi	PHC Kak. Khunou 1. SC Elangkhangpokpi 2. SC Waikhong 3. SC Thongam
3	Y. Asha Devi	PHC Leishangthem 1. SC Uchiwa Nastao 2. SC Kekman 3. SC Irong Khunou 4. SC Irong Chesaba 5. SC Heibong Makhong 6. SC Maibam Konjil 7. SC Santhel 8. Irong Thokchom
4	K. Thoibi Devi	CHC Sugnu PHC Serou
5	N.Nirmala Devi	CHC Kakching 1. SC keirak 2. SC Mantak
6	Aslamjan Shahni	CHC Haoreibi 1. SC Upakthong 2. SC Mayai leikai 3. Oinam Sawombung
7	K. Somananda	PHC Leishangthem 1. SC Ningombam 2. SC Moijing 3. PHC Leishangthem 4. SC Khekman
8	N. Indubala Devi	PHC Hiyanglam 1. SC Langmeidong 2. SC Mayeng lamjao 3. SC Wabagai 4. SC Arong Tera
9	T. Sangeeta Devi	PHC Wangjing 1. SC Athokpam 2. SC Khangbok
10	L. Padma Devi	PHC Nongpk Sekmai 1. SC Ukhongsang PHC Charangpat 1. SC Thokchom Bengi
11	Y. Ritubala Devi	PHC Lilong 1. SC Chaobok 2. SC Nungei 3. SC Waithou 4. SC Kiyam Litanpok 5. SC Haokha
12	M. Usharani Devi	CHC Heirok



13	Y. Ranjita Devi	CHC Heirok 1. SC Salungpham
14	Shaheen Qamaroon	PHC Pallel 1. SC Sora 2. SC Irengband
15	Th. Romita Devi	PHC Khoirom 1. SC Leirongthel Malom 2. SC Chandrakhong 3. SC Leirongthel Pitra 4. SC Kekru
16	H. Rita Devi	PHC Khongjom 1. SC Techcham 2. SC Langathel 3. SC Phundrei
17	S. Renubala Devi	PHC Wangjing 1. SC Tentha 2. SC Athokpam 3. SC Sangaiyumpham 4. SC Khangabok
18	L. Anita Devi	CHC Yairipok 1. SC TBL. Khunou 2. SC TBL. Wangmataba 3. SC Lishamlok 4. SC Wangkhem 5. SC Phouden 6. SC Kshtrileikai

DISTRICT COMMUNITY MOBILISER, THOUBAL, MANIPUR

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