

উন্নত মানের স্বাস্থ্য সেবা

11th Edition



Manipur

NRHM

National Rural Health Mission

April 2011-June 2011

Newsletter



ASHAs at your doorstep



Guidelines for Use of Sub-centre (SC) Funds under NRHM

Suggested areas where Untied Funds may be used include:

- 1. Minor modifications to sub-centre - curtains to ensure privacy, repair of taps, installation of bulbs, other minor repairs, which can be done at the local level**
- 2. Ad hoc payments for cleaning up sub-centre, especially after childbirth**
- 3. Transport of emergencies to appropriate referral centers**
- 4. Transport of samples during epidemics**
- 5. Purchase of consumables such as bandages in SC**
- 6. Purchase of bleaching powder and disinfectants for use in common areas of the village**
- 7. Labor and supplies for environmental sanitation, such as cleaning or larvicidal measures for stagnant water**
- 8. Payment/reward to ASHA for certain identified activities**

MOTHERS' MEETING (Reaching the interiors)



By : Sovarani and Mala
(ANMs, Tribal Health)



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The Mothers' Meeting is being organized by the Mobile Medical Team also known as Tribal Health, comprises of 2 ANMs and 1 Medical Doctor. 24 villages are covered in a year in four Districts - they are Bishnupur District, Thoubal District, Imphal East and Imphal West. Awareness programs are conducted called Mothers' Meeting once a month in each village. The Meeting is only for young mothers' below 40 yrs in which certain topics are discussed & interaction with the participants are done. The popular topics are Breast Feeding, Antenatal check-up, ORS and contraceptives etc. These type of programs have helped in creating awareness among the village women. The main objectives of this Mothers' Meeting are:

1. To Reduce Maternal Mortality Ratio.
2. To Reduce Infant Mortality Rate.
3. To make the women know the importance of using Family Planning Methods.

The Mothers' Meeting starts with a prayer and a round of introductions from the participants and the State Team. Discussions are started on the topics like breast feeding, Antenatal check-up, contraceptives and ORS. Discussions on the importance of breast feeding etc is also done. Regarding the use of contraceptions of both temporary and permanent methods, the participants of around 30 women are given full knowledge with main emphasis given on oral contraception pills (Mala-N) and Condoms. As diarrhoea is very common among the infants and children, the importance of ORS and how to prepare both home available fluids and ORS packages are taught to them. One of the most important topic that we usually talk about is importance of ANC check up. We try to motivate all pregnant women to go for ANC and the precautions that should be taken like T. T injection, 100 days Iron folic Acid tab, good nutrition and registration of pregnancy to the nearest health centre for safe delivery.

Finally, as a kind of feedback, the participants are requested to ask many personal health problems faced by them like how to control unwanted pregnancy, STD, etc. Advices are given on the necessary steps to be taken and if there is a serious problem, we advise them to go to a nearby Health Center.

Small family is a happy family

Mother's Meeting at Langjal Village on 2nd May, 2011



4 Ante – Natal Check – up is a must

TOBACCO USERS AMONGST TEENAGERS IN MANIPUR:

A Survey study in two urban schools.

Dr. Sucheta Sinam, Deputy Director, NRHM

Background

Tobacco is responsible for an estimated 3 million annual deaths in 1990s and it is expected to rise to 10 million deaths in 2020s. 70% of these deaths are expected to occur in developing countries¹. It has been found that 30 to 40 % of the 2.3 billion children and teenagers in the world would become smokers in early adult life. The most susceptible period for initiation of tobacco use in India is during adolescence and early adulthood i.e., in the age group 15-24 years². In developing country like India, health consequences of tobacco uses has posed a major public health problem with huge loss of lives prematurely and placing a great financial burden on the government. To this end adolescent youths viz, college/higher secondary school students in the prime of their lives and vulnerable to tobacco addiction are selected for targeted population study.

In Manipur, no study has been done for social, economical and behavioral variables leading to tobacco addiction. Hence the behavioral pattern of tobacco uses and their knowledge, attitude and practice towards tobacco uses amongst the beginners in adolescent youths in two randomly selected urban schools was studied with the help of well structured questionnaire.

Methology

The present study is cross sectional survey of 100 students from two schools. These schools were selected randomly from the Imphal Educational Institutions and all students within the age group of 16-20 years were selected. The tool used for the survey is pre-tested semi-structural questionnaire consisted of questions that elicited responses for the knowledge, attitude and practice towards tobacco uses.

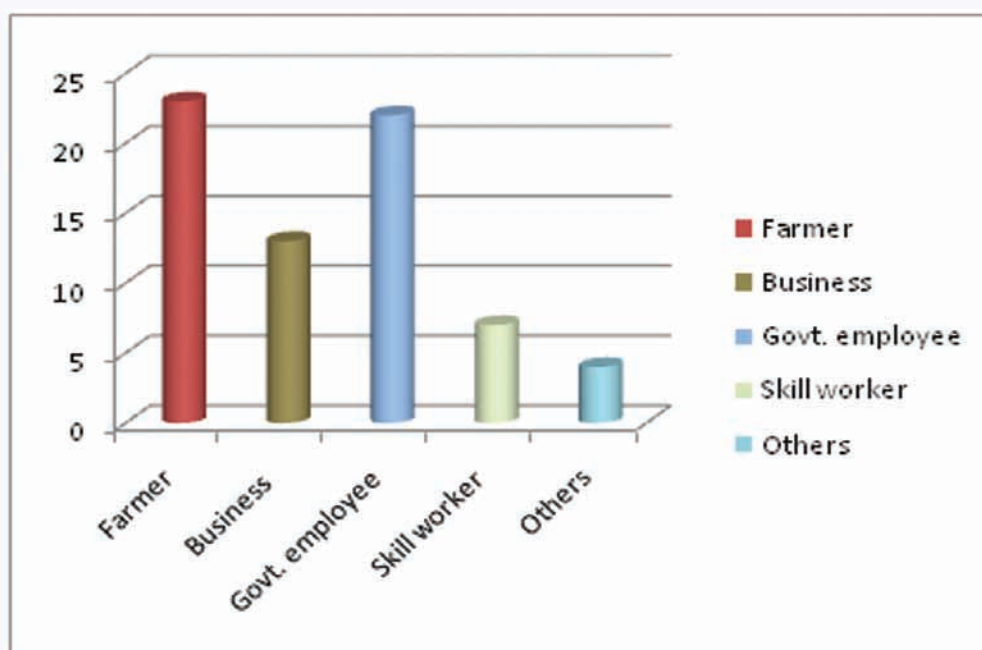
Photo: Briefing the questionnaire to the students



Practice towards tobacco use

	Parameters	No. of Respondents	Percentage
Uses of tobacco	Yes	35	35
	No	43	43
	No response	22	22
Duration	below 1 month	5	5
	1 - 6 months	9	9
	6 months - 1 year	7	7
	1 year & above	5	5
	No response	74	74
Type of tobacco uses	Pan(#zarda)	14	14
	Cigarette	13	13
	Khaini	1	1
	Cigarette+Pan(#zarda)	6	6
	Cigarette+Khaini	1	1
	No response	65	65
Reason for initiation	Mouth freshness	3	3
	For curiosity	14	14
	Insisting by friend	1	1
	For depression	1	1
	Time passing	1	1
	No specific	2	2
	No response	78	78
Addiction	Yes	4	4
	No response	96	96

Showing occupation-wise distribution of parents



Plan your family – for a better tomorrow

Majority of the parents/guardians were farmers. The point prevalence of tobacco users amongst teenage school students of Manipur is high. And most of the participants were aware of the harmful effects of the tobacco but that doesn't deter them from using tobacco. So knowledge is there but practice is wanting. The main reason for using tobacco was curiosity. Both smokeless and smoking types are used but girls use smokeless types only. Average duration of uses is 4.5 months indicating level of addiction is low and behavioral therapy alone can make them quit the habit.

Discussion

The short study of 100 students aged between 16 to 20 years in the urban area of Imphal focusing on their behavioral pattern of tobacco uses has shown many interesting new findings and deep insights in their social behavior. Though the study was done in an urban area, the students are from both urban and rural areas as indicated indirectly by the occupation of parents, 23% being farmers. Majority of the parents are farmers is explained by the fact that majority of students migrate from rural areas for better study facilities in urban area. Hence, it can be interpreted that the student participants covered both rural and urban areas of Manipur. In addition, majority of the study participants (80%) did not respond to the information about their parent's income. This may be because of the social custom of Manipur where children are not disclosed about family financial matters.

The findings are analyzed for the social and behavioral variables that led to the high incidence of tobacco consumption in young age school life. There were 35 candid disclosures of tobacco users in one form or another. That means there is 35% tobacco users in the age range studied. This high percentage in the young age group is keeping

in line with the pattern seen in other north east states². States of Mizoram, Nagaland Meghalaya and Arunachal Pradesh are having higher tobacco consumption rate in the age category studied (>50 to 61%).

However, overall the duration of uses is on an average less than 6 (average 4.5 months) months. Hence, it is a crucial stage where intervention with counseling or behavioral therapy can stop the tobacco users from becoming addicted later in life. Another interesting finding that has come into light is that > 90% of the users want to quit the habit and willing to take medical help if need be.

Conclusions

- That point prevalence of tobacco users amongst teenage school students of Manipur is high.
- Both smokeless and smoking types are used but girls use smokeless types only.
- Second hand/passive smokers prevalence is also high specially in the families.
- Cause of using tobacco is mainly out of curiosity (experimental).
- Awareness level of harmful effects of tobacco is high but that doesn't deter them from using tobacco. So knowledge is there but practice is wanting.
- Average duration of uses is 4.5 months indicating level of addiction is low and behavioral therapy alone can make them quit the habit.
- Parental involvement and family behavioral therapy are required since many of them are also tobacco users.
- Large size sample population study is warranted in this age group by incorporating other variates like race, ethnicity, religion cultures, sex and influence of media etc for definite conclusions.

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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**

A Story With A Difference (Accredited Social Health Activist)

Wahengbam Imo Singh

State Community Mobilizer, RRC for NE States



This story is of an ASHA who has performed above and beyond the calls of duty. She has not only mobilized and accompanied pregnant women for deliveries, but also regularly donated blood whenever need arose thus saving the lives of several mothers.

This is an example setting and inspiring story about an ASHA named Mrs Tababi Devi, who belongs to Meitram Awang Leikai of Imphal West District, Manipur.

To give a brief introduction, Mrs. W. Tababi Devi is an ASHA who has been working for NRHM, Manipur since the year 2006. She is someone who in her course of work has developed a good rapport with the people in the community by her compassionate and dedicate nature of working by trying to help and reach out to as many people as possible. She is someone who takes pride and joy in her work and feels that she has contributed something meaningful for her community and considers herself very fortunate in life for being able to help others. To quote her in her own words " I feel being blessed by people for helping them is the gift of god. I would love to help more beneficiaries if needed to in future".

ASHAs are required to accompany pregnant women for Antenatal Check-up, institutional delivery etc. However over and beyond the call of duty while listening to the helpless cries of the pregnant women she had accompanied for deliveries, she felt she needed to take a call and do something for these women. That was when she volunteered and offered to donate her blood. She feels that donating blood during those times had been very important events in her life as a woman and as an ASHA. As she was too poor financially to help these pregnant ladies, she

was glad that at least by donating much needed blood she could help them in their times of need. She recollected and shared her experiences of the time she donated blood for a pregnant mother in October, 2009 and another was in February, 2011. On both occasions the families were desperate for help as the bleeding was not stopping in both the delivering mothers. Fortunately, the blood group of Mrs Tababi Devi matched the blood group of the delivering mothers and she could donate the much needed blood during that crucial times. These kind and humane gestures have marked her out wherever she has gone and made her known and loved among the staff of the institution. Her sincerity and dedication are also clearly reflected in her work. Recently, she was awarded the Best ASHA of Imphal West District.



On being quired about the various trainings being given by NRHM and other facilities for ASHAs under NRHM, she expressed that the various training have helped her tremendously in fulfilling her roles and responsibilities as an ASHA. However, she highlighted, there are issues (including JSY) that need to be addressed by competent authorities for the over-all well being of the people in her locality.

Lastly, she emphasized that despite all odds there had been no stopping for her in her attempts to perform her duties and her efforts to help the people of her locality. She is truly someone from which not only other ASHAs but we all as human beings have a lot to learn from and try to emulate.



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Fully immunize your baby before first B'day

MONITORING CUM SUPPORT VISIT REPORT BY STATE TEAM AT DISTRICT/BLOCK LEVEL

Dr. K. Rajo Singh

Jt. Director, Family Welfare
State Nodal Officer – ASHA, GoM



Wahengbam Imo Singh

State Community Mobilizer,
RRC for NE States



Background:

The 1st round District / Block ASHA training on Modules 6th & 7th started from the month of February 2011 and has been completed in all the districts. The State formed a Monitoring cum Support unit which included the State ASHA trainers. According to the schedules submitted by Districts to the State, the State Monitoring Team visited 2/3 training sites in each district to give inputs and technical support for effective training program.

Main Key points of ASHA 6th & 7th

Modules training:

1. ASHA Modules 6th and 7th cover topics such as Newborn and Maternal Health, Child health and nutrition and infectious diseases such as Malaria, TB etc.

2. These Modules are knowledge as well as skill based.

3. Many Common illnesses of new born and child health could be managed at home if identified early.

4. ASHA will also be trained on birth preparedness that would contribute towards safe delivery.

5. The modules focus on early identification of problems related to Maternal, Newborn and Child Health and taking appropriate action.



6. Moreover, these will also contribute towards improving Maternal, Newborn and Child Health especially in difficult / inaccessible areas.

The State Team members:

1. Dr. K. Rajo Singh, Jt. Director FW/SNO
– ASHA
2. Mr. Nongyai, Regional Coordinator,
RRC, Guwahati
3. W. Imo Singh,
State Community Mobilizer, RRC, Manipur
4. Dr. K. Latashori, State Facilitator,
RRC, Manipur
5. Miss Sandhya, Deputy Director
(Finance) NRHM
6. Mrs. Moirangthem Memcha,
State ASHA trainer
7. Mrs. T. Helena, State ASHA trainer



Some grey areas in the districts which require attentions are:

1. Funds are required to be disbursed from District to Block level for conducting the ASHA training. However, in Bishnupur district, this guideline was not followed.

2. In Senapati district, untrained trainers were utilized as district trainers.

3. In some training sites, the District Trainers were found to be unpunctual.

4. More than the targeted sizes of participants present in some training sites of Imphal - East and Thoubal District.

5. Most of the DPMU officials are required to be present in the training sites



when the State team visited the districts. but, this was not so when then State Team visited.

6. Participants (ASHAs) were found to be less at Noney Primary Health Center, Training hall, Tamenglong.

7. The training schedules are supposed to be distributed to the trainees (ASHAs). However, this was not done so in 90% of the training sites.

Some good points that need appreciation:

1. Demonstration materials used effectively in CCP and UKL districts.

2. All the topics circulated from the State to the districts are covered during the training.

3. Participatory methods of training used in the sessions by the participants.

4. Group work, Recap sessions and individual presentations were conducted in almost all the training sites.

5. In Chakpikarong training site, the Block Program Management Unit did a good job in conducting the training smoothly in two batches simultaneously with good number of participants.

Interaction with the ASHAs during the training:

1. In Nambol Training site, participants (ASHAs) expressed that the additional ASHAs did not get their ID card.



2. ASHAs expressed that they are not recognized by the State and Regional Hospital medical staffs when they accompany pregnant women for institutional deliveries.

3. At Khongjom PHC training site, the ASHAs expressed that they are yet to receive Rs.600 as JSY incentive for escorting



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/ accompanying pregnant mother and instead they are being given Rs.200/-.

4. No regular drug kit refilling has been done.

Recommendations from the State team:

1. The number of participants should not be more than 30.



2. ASHA modules training fund should be compulsorily disbursed from District to Block.

3. Lunch and drinking water should be provided to all the participants during the training period. It was found that in some training sites, no lunch was provided especially in Nambol Training sites.



4. Districts should submit training report to the State once the 1st round ASHA Module 6th & 7th is completed within a month.

5. All the districts should submit their training schedules at least a week ahead to the state so as to enable the State Team to visit the training sites.

6. All DPMUs officials should coordinate effectively with District Mission Director and DFWOs for better and effective ASHAs training program.

7. Only trainers who have been trained at State level should be the district/block trainers.

8. Topics which are suggested by the state only should be taught at the districts.

9. Training schedule should be distributed to all the trainees, so that the trainees may mentally prepare for the next day's topics.

10. Observer cum documenter during the training period should be arranged by the DPMUs/BPMUs.

Finally, the State Monitoring cum Support Team would like to thank all the districts and block officials for their hospitality and extending their valuable cooperation during our visit to the respective districts /blocks.

Leprosy is curable

We shall overcome the hardships



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Flagging off function of medicines to districts through NRHM



Maternal Death Review Meeting on 23rd February, 2011

Use mosquito net to save oneself from Malaria



Facility Based Data Entry on HMIS Portal Training in the month of May, 2011



Monitoring visit of officials in Community Health Centre Moirang in the month of March 2011

A DAY FOR THE ASHAs OF IW

A REPORT ON

DISTRICT LEVEL ASHA DAY CELEBRATION (2010 – 2011)

*Compiled and written by:
Thoibiton, District Program Manager, Imphal West*



Venue: R&D Wing, Lamphel

Date: 29th, 30th JUNE & 1st JULY 2011

Organised by: DISTRICT HEALTH MISSION SOCIETY, IMPHAL WEST

ASHA – A Ray of Hope for the community, who is working day & night for better health of the Community, needs to be recognised, appreciated and motivated in every step. With this vision/view, ASHA DAY (2010-11) was celebrated at the District under the initiative of District Health Mission Society, Imphal West. At present, Imphal West District has 329 (three hundred twenty nine) trained ASHAs operating at the field.

ASHA DAY at District level was celebrated at R&D Wing, Lamphelpat for 3 days (29th June, 30th June & 1st July 2011). The main objective of the celebration was to recognise and appreciate their involvement and participation in the various health programmes and to perk up their performance in future. Their performances were appraised based on activities of last year (2010-2011). With an idea to give recognition to maximum number

of ASHAs, prizes were given for the following Indicators / Categories. Screening was done based on the report submitted by Medical Officer i/c Community Health Centre/Primary Health Centre as per the record available at the Health Centre.

CASH PRIZES & CERTIFICATES were given to the 1st, 2nd & 3rd best ASHA in the following categories:

1. MATERNAL HEALTH

a) Ante Natal Check-up (No. of Pregnant women escorted to Primary Health Centre/Community Health Centre)

b) Janani Suraksha Yojna (No. of Mothers escorted to Primary Health Centre/Community Health Centre)

c) ASHA who have received the maximum JSY incentives (from Community Health Centre/Primary Health Centre)

2. CHILD HEALTH

- a) Number of Immunisation Session Attended (2010-11)

3. FAMILY PLANING

- a) Motivator – No Scalpel Vasectomy (at Primary Health Centre/Community Health Centre)

- b) Motivator – IUCD (at Primary Health Centre/Community Health Centre)

4. VILLAGE HEALTH & SANITATION COMMITTEE

- Maximum number of meetings held.
- Timely & correct Physical & Financial reporting of VH&SC.
- Best Documentation
- ASHA with Innovative Ideas – (Presentation by the winners)
- Timely reporting of Birth & Death to their respective Health Centre.
- No of VH&ND organised.

COMPETITION:

- a) QUIZ (2 participants each from PHC/CHC)

- 15 Minutes Short play based on Health Issues (5-10 participants each)
- Solo Song Competition – Best Vocal & Best Lyricist. (1 ASHA per PHC/CHC)
- Block wise Stall Decoration Competition (stall displaying Nutritious food ; ASHAs in 5 years ; Sanitation around the villages)

The biggest prizes were the: District Best ASHA; 2ND Best ASHA & 3rd Best ASHA based on their overall performance. A Memento and Certification were given along with a cash prize of Rs.2000/- ; Rs 1500/- and Rs.1000/- to the District Best ASHA; 2nd Best ASHA and 3RD Best ASHA respectively.

In a glance:

The ASHA Day Celebration started on 29th June, 2011 with Dr. Kh. Usha, DFWO/ Member Secretary/District ASHA Nodal Officer Imphal West, welcomed all the participants for the three-day ASHA DAY celebration.

INAUGURATION OF ASHA DAY



Candle lighting by Dr.Usha Kh, District Family Welfare Officer/Mem.Secy

3878 ASHAs at your service



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A Short play by Khurkhul Primary Health Centre ASHAs



A Short play by Mekola Primary Health Centre ASHAs





A Short play by Wangoi Community Health Centre ASHAs



A Short play by Mekola Primary Health Centre ASHAs

On the Second day (30th June, 2011), a Song Competition was held with participants (ASHAs) from Community Health Centre/Primary Health Centre (1 ASHA per Primary Health Centre/Community Health Centre) of the District.

A Stall Exhibition was also organised by the three Blocks of Imphal West District. Each Block displayed 3(THREE) Stalls on the themes of Nutrition, ASHA in 5 years & Sanitation around the villages.

Do not get your daughter married before the age of 18



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L. Rita Devi, ASHA of Khumbong Primary Health Centre



Victoria Devi, ASHA of Wangoi Community Health Centre



Rahida, ASHA of Sekmaiijin Primary Health Centre



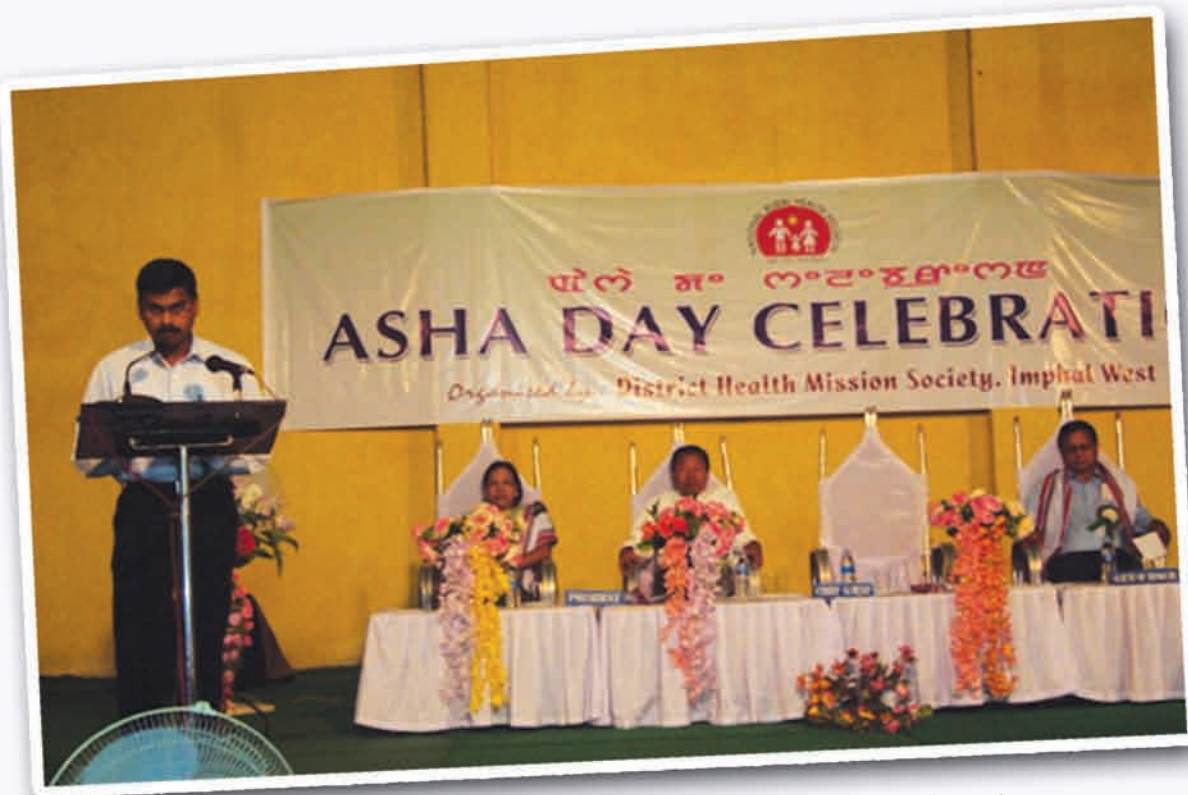
A Quiz competition was conducted with the ASHAs participating from each PHC/CHC as a team. Questions were selected based on Training Modules (1 to 6). Open Questions were thrown to the Audience for a cash prize of Rs.100/-.

At the closing function, Mr. N Ashok Kumar Singh, IAS, State Mission Director, NRHM Manipur; K. Radhakumar, IAS Deputy Commissioner/Chairperson, District Health Mission Society Imphal West and Dr Rajo Singh, State ASHA Nodal Officer, SHS Manipur graced the function as Chief Guest, President and Guest of honour respectively. L. Rita, ASHA PHC Khumbong presented a Manipuri classical Song with the lyrics based on the changes of health scenario of the village with the coming of NRHM. All the Special Dignitaries express their appreciation for the work and the role that the ASHA is playing in the community.



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Speech by N. Ashok Kumar, IAS, State Mission Director



K. Radhakumar, IAS, DC Imphal West

List of the ASHAs who were awarded with **Cash prize & Certificate of achievement** for the various activities they had performed (2010-11) are:

Sl. No	Category	1st Prize	2nd Prize	3rd Prize
A.	MATERNAL HEALTH			
	ANC (Mother escorted to PHC/CHC)	K. Binodini	R.K. Memcha PHC Mayang Imphal	C. Haripiyari PHC Kakwa
	JSY (Mother escorted to PHC/CHC)	A.Mani Devi CHC Sekmai	K. Binodini PHC Mekola	Memton Leima, CHC Sekmai
	JSY (Asha Incentive)	A. Mani Devi CHC, Sekmai	K. Binodini PHC, Mekola	K. Robita PHC Mekola
B.	FAMILY PLANNING			
	IUCD (client motivated)	W. Tababi PHC, Mekola	Rasamani CHC, Wangoi	Kh. Tabasini PHC Kakwa
	NSV (Client motivated)	L. Lalita, PHC Phayeng	Ibechaobi CHC Mayang Imphal	Th. Binashakhi PHC Khumbong
C.	CHILD HEALTH			
	No. of Immunisation session attended	W. Tababi Devi	K. Binodini PHC Mekola	Y. Memcha PHC Mekola
D.	VILLAGE HEALTH & SANITATION COMMITTEE			
	Maximum Number of VHND meeting held	W. Meerabai PHC Phayeng	Marida PHC Mayang Imphal	Y. Memcha PHC, Sekmai
	Maximum Number of VHND held	W. Meerabai PHC Mekola	Marida PHC Mayang Imphal	W. Meerabai PHC, Phayeng
	Overall Best Documentation maintained	Meerabai PHC Phayeng	Marida PHC, Mayang Imphal	Kumudini PHC Sekmai
E.	BEST SHORT PLAY	PHC Phayeng	PHC Mekola	PHC Sekmai
	Audience Choice	PHC Mayang Imphal		
F.	SONG COMPETITION	L. Rita, PHC Khumbong (Special Cash Prize was also given by DC/Chairperson for her innovative ideas)	L. Nirubala, PHC Phayeng	W. Victoria, CHC Wangoi
G.	QUIZ	PHC	PHC Mayang	PHC Mekola
		Samurou(H. Memcha & P. Romi)	Imphal(S. Rasha & S. Maichon)	(W. Tababi & L. Shobharani)
H.	STALL EXHIBITION			
	Best "Nutrition Stall"		Haorang Sabal Block (PHC PHAYENG)	
	Best "ASHA in 5 yr Stall"		Haorang Sabal Block (PNC Khurkhul)	
	Best "Sanitation around the Village Stall"		Haorang Sabal Block (PHC Kakwa)	



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Permanent methods of family planning – Vasectomy and Tubectomy

BEST ASHA OF THE DISTRICT was awarded for overall achievement (2010-11) with a *cash prize; a memento & certificate of achievement* to the following ASHAs:

1. BEST ASHA OF THE DISTRICT 2010-11 :

WAHENGBAM (O) TABABI DEVI, PHC MEKOLA

2. SECOND BEST ASHA OF THE DISTRICT 2010-11 :

KONJENGBAM (O) BINODINI DEVI, PHC MEKOLA

3. THIRD BEST ASHA OF THE DISTRICT 2010-11 :

W. MEERABAI DEVI, PHC PHAYENG



Prize Distribution by N. Ashokumar, IAS, SMD



Prize Distribution by K.Radhakumar, IAS, DC Imphal



Inside the
DMMU
Vehicle



Health Mela,
Thoubal



Keeping the faith in
NRHM



IEC in full swing



Interaction Time

Spreading Awareness on Family Planning



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SMALL FAMILY IS THE **RIGHT** CHOICE

FOR A HAPPY FUTURE



NATIONAL RURAL HEALTH MISSION, MANIPUR



91 essential medicines has been procured and started distribution to all nine districts. In turn, the medicines are being distributed to Health Facilities in the periphery.

Hon'ble Minister(H&FW) Shri L. Jayantakumar Singh, Former Mission Director (NRHM, Manipur) Shri P.K. Jha, Former Commissioner (Health & Family Welfare) Shri V. Mang, Dr. Ibomcha, Director Health & Dr. Joykumar, Director(Family Welfare)



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