Manipur

NRHM

National Rural Health Mission

NewsLetter

Jan - June 2012

(Double Quarterly Edition)

ASHA Training

An ASHA winner with AIR, Director

Immunization Session

Inside the DMMU

DMMUs Serving the Interiors

Raincoats distributed to 3878 ASHAs

IMPHAL, June 23: Raincoats were distributed to a total of 3878 members of Accredited Social Help Activist (ASHA) by National Rural Health Mission.

The raincoat distribution function was attended by Phungzathang Tonsing, Minister, Health and Family Welfare, K Moses Chalai, Commissioner, Health and Family Welfare and Devesh Deval, State Mission Director, NRHM, Manipur as chief guest, president and guest of honour respectively.

Speaking at the event, Phungzathang Tonsing acknowledged that the ASHA has provided many benefits to both the people of hill and valley of the state. He also appealed that we must try to strengthen the ASHAs at the state level, Block level and village level.

The minister also assured that besides the raincoats given to the ASHAs today, many other items will also be provided them in future.

Moses Chalai stressed that the ASHAs are our limbs and that we really appreciate and thank the voluntary service provided by them.

Guest of honour of the function, Devesh Deval said that let us spread the message and idea of the ASHA to everybody. He also asserted that all the programmes undertaken by the ASHAs are so far successful.

REPORT ON 3 DAYS DISTRICT HEALTH MELA 2011-12

At Lamdeng Community Hall

On 23rd February to 25th February 2012

Organised by : District Health Mission Society, Imphal West

The three(3) days District Health Mela 2011-12 was held at Lamdeng Community Hall from 23rd Feb. to 25th Feb.2012. The Inaugural function of the Health Mela was graced by N Ashok Kumar ,IAS , Deputy Commissioner/Chairperson, DHMS(IW) ; Y. Kullabi ,Head Master, Lamdeng High School ; Dr. W Gullapi ,Add. Director, FW & Dr. Th. Rajendra Cardiologist, JNIMS as Chief Guest , President & Guest of honour respectively. Activities conducted during the Mela are : Free treatment ; Free distribution of Drugs ; Free Diagnostic service fully utilising DMMU 2(two) Vehicles i.e routine lab test, Ultra Sound, X-Ray, ECG, Blood smear test, Sputum test etc. IEC activities like awareness talk on NLEP; RNTCP ; NACP ; NVBDCP and Family Welfare Services were conducted. With an aim to understand and assess the knowledge of the general community on various Health issues , a Medi. Quiz was conducted on 1st & 2nd Day of the Mela , giving Cash prizes to the winners. One Street Play with the theme on Institutional Delivery was performed on the last Day of the Mela.

Number of patients attended at the Health Mela are as follows :

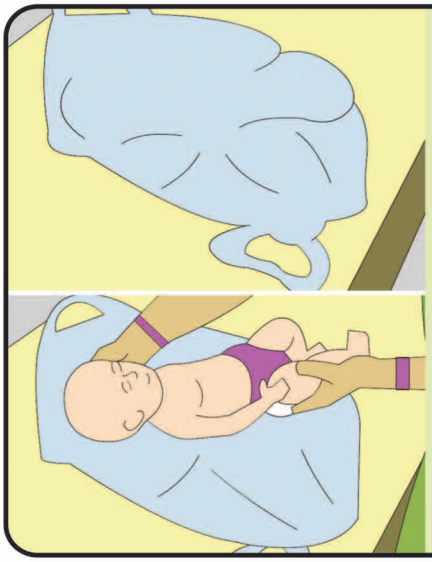
Sl. No.	Category	Number of patients attended
1	Paediatrics	129
2	ENT	67
3	Gynae	79
4	Medicine	251
5	Ortho	2
6	Eye	269
7	Skin	90
8	Dental	40
9	Surgery	114
10	Physiotherapy	92
11	AYUSH Cell	79
12	Neurology	17
	Total	**1229**

Number of patients investigated at the 2 DMMU Vehicle

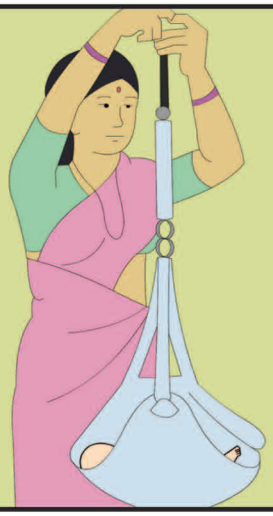
Sl.No	Type of Test-ing	Number of Patients
1.	Laboratory testing	
	Urine Preg-nancy test	10
	Hb%	33
	ABO	36
	HIV	28
	Blood RBS	63
	Urine R/E	20
	Blood Sugar	7
	Total	197
2.	X-Ray	54
3.	USG	53
4.	ECG	3
	Total	**1229**

Weighing the Newborn

- Place the sling on the scale.
- Hold the scale by the top bar off the floor keeping the adjustment knob at eye level.
- Turn the screw until its top fully covers the red and '0' is visible.



- Remove the sling from the hook and place it on a clean cloth on the ground.
- Place the newborn, with minimum clothes on, in the sling.
- Replace the sling on the hook.



- Hold the top bar carefully as you stand up.
- Lift the scale and sling, with the newborn, off the ground until the knob is at eye level.
- Read the weight.
- Gently put the sling, with the newborn in it, on the ground.
- Unhook the sling, remove the newborn and hand him over to its mother.
- Record the weight.

- If baby's weight is in the green zone: Normal.
- If baby's weight is in the yellow zone: Underweight, needs extra care.
- If baby's weight is in the red zone: Very small, needs referral and extra care.

A report on workshop cum Training on financial matters for Medical Officers handling NRHM activities.

By Sandhya N, MFS
Ex-Deputy Director, Finance, NRHM, Manipur

Medical Officers of Health Services function as head of the 36 Block Programme Management Unit (BPMU) and other health facilities such as PHC, CHCs etc. NRHM releases substantial amount of fund to these BPMUs and other health facilities for carrying out various core activities such as JSY payment, ASHA training, PnDT activities, Trainings, Untied, Rogi Kalyan Samiti and Annual Maintenance Grants etc. It is essential that the Medical Officers are thoroughly aware of the financial rules and regulations of fund utilization under NRHM. Further it is essential that they understand the necessity of monthly concurrent audit and annual statutory audit besides the mandatory AG and CAG audit which take place from time to time.

"NRHM releases substantial amount of fund to these BPMUs and other health facilities for carrying out various core activities such as JSY payment, ASHA training, PnDT activities, Trainings, Untied, Rogi Kalyan Samiti and Annual Maintenance Grants etc."

Aims and objectives of the training:

1. To orientate the medical officers on fund flow to the Districts, Blocks, District Hospitals, PHC/CHC levels.
2. Requirements on submission of finance reports to Ministry.
3. Financial guidelines on Untied funds, Rogi Kalyan Samiti and Annual Maintenance Grants which are released to District Hospitals, PHC & CHC and SC level.
4. On the necessity of Audit-Concurrent, Statutory, AG and CAG Audits
5. To orientate them towards procurement guidelines under NRHM. Necessity for maintenance of proper records for receipt and distribution of drugs, medicines etc.

The workshop cum training was held on 25th Feb'12 at Conference Hall of Macs, Lamphel. The resource persons

included Miss Sandhya N, Deputy Director (Finance), Mr Bikram Singh, DFM, IE and Md. Bariyajuddin, DFM, Churachandpur. The training was attended by 22 medical officers including Medical Superintendents.

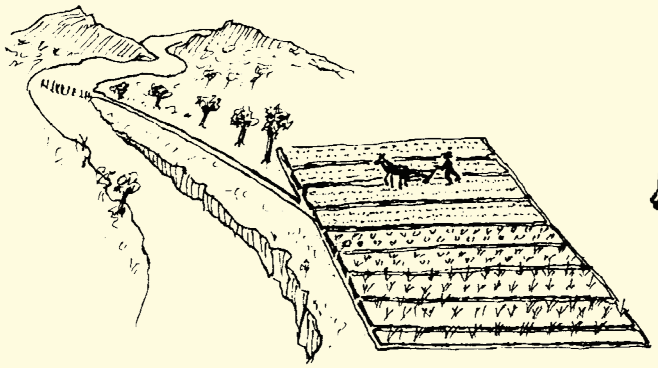
"The resource persons gained a lot of knowledge from the field experience of the senior medical officers and medical superintendents. This knowledge sharing is quite productive as it helps to remove bottlenecks in implementation of the programmes."

Observations during the workshop

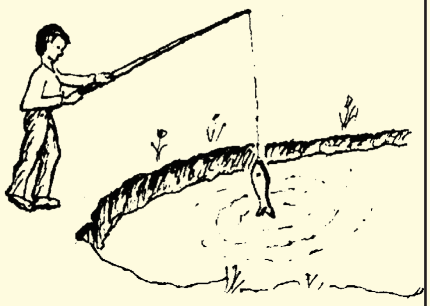
1. The medical officers showed a keen interest in knowing the financial rules and regulations and took the initiative during interaction hours to question the resource persons regarding various financial problems they encounter during the implementation of NRHM schemes.
2. The interaction was two-way through knowledge sharing. The resource persons gained a lot of knowledge from the field experience of the senior medical officers and medical superintendents. This knowledge sharing is quite productive as it helps to remove bottlenecks in implementation of the programmes.
3. A need for continuos updating on financial matters is a must.

MORE WAYS TO WORK TOWARD BETTER NUTRITION

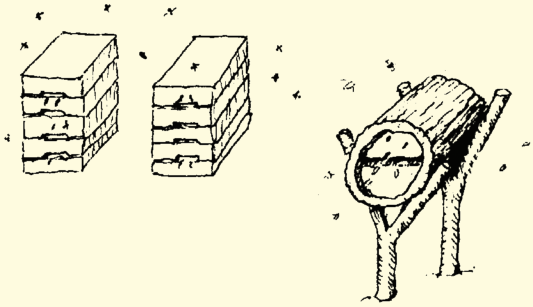
IRRIGATION OF LAND



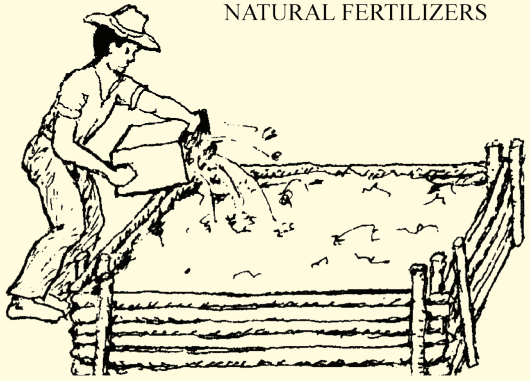
FISH BREEDING



BEEKEEPING

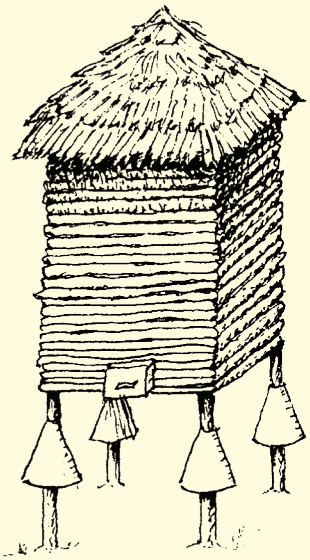


NATURAL FERTILIZERS



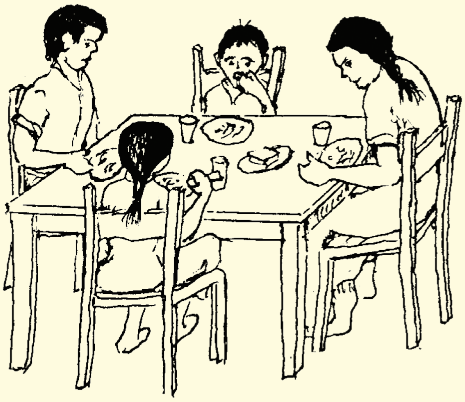
Compost pile

BETTER FOOD STORAGE



Metal sleeves to keep out rats

SMALLER FAMILIES



THROUGH FAMILY PLANNING

(p. 283)

Dr. N. Paona
CHC Mao

Technique of Ksharasutra application in Fistula - IN – ANO

Fistula - IN – ANO is a track which opens deeply in the anal canal or Rectum and superficially on the skin around the anus. Sometimes, the track may have a single opening which is called as Sinus. Generally, this track develops from ANO rectal abscess that bursts spontaneously or is incised in adequately. And anal Fistula may occurred with or without symptoms sometimes found intermittent swelling with pain, discomfort and discharge of pus in the perineal area. This track does not heal usually due to faecal contamination, presence of unhealthy granulation and lack of rest to the part so, it has been recognized as a difficult surgical disease in all the ancient and modern medical sciences of the world therefore and alternative method was device which was a combination of surgical and para surgical techniques called Ksharasutra from the house of Ayurveda

Kshara + Sutra = ksharasutra (KS)

KS is an alkaline medicated threat which has been described in all the ancient books of Ayurveda as a caustic thread not only for the treatment of Fistula - in - ano but also for all those conditions which demand gradual excision of over grown soft tissues. This condition includes piles, Polyps, Warts, Papillae and other non healing chronic sinuses and ulcers where debridement is an essential factor to permit a healthy healing pattern at this stage, KS came to rescue of surgeons since a chemical fistulectomy rather than a surgical fistulectomy proved to be free from complications.

The role of KS into the fistulous track was capable of dissolving the tough fibrous tissues and ultimately draining it out creating a healthy base for healing. This is the second big

"KS is an alkaline medicated threat which has been described in all the ancient books of Ayurveda as a caustic thread not only for the treatment of Fistula - in - ano but also for all those conditions which demand gradual excision of over grown soft tissues."

revolution in the treatment of Fistula-in-ano its gradual and sustained chemical action not only removed the debris the side of Fistula but it also help in encouraging fresh healthy granulation thereby inducing a long awaited healing pattern in the depth of tissues. The method has now been very well tried at many Ayurvedic and modern surgical centre in India and abroad and the results have been reproduced showing equal efficiency. The KS treatment of Fistula-in–ano is now an accepted technique by WHO and has also found a place in the text books of Colorectal Surgery.

" The KS treatment of Fistula-in–ano is now an accepted technique by WHO and has also found a place in the text books of Colorectal Surgery."

Advantages and benefits of KS therapy

1. KS is a very safe in patients who are otherwise not fit for surgery.

   Eg: Diabetics, Cardiac patients, Hypertensive elderly and weak patients.
2. Fully Ayurvedic management associated medicines for internal and external use has many benefit.
3. It is a simple safe and sure treatment for Fistula-in-ano (95% success rate).
4. Recurrence is negligible (3- 5) % .
5. No damage to anal sphincter and chance of incontinence is partially nil.
6. Performed in minor OT conditions.
7. It is an ambulatory procedure no hospitalization required.
8. Only local or topical anesthesia required.
9. No antibiotic coverage required.
10. It is very Cost effective compare to other surgery.
11. It is a simple minimum invasive surgical technique.
12. Minimum scar formation at the wound site.

Post-Partum Care: Home Visits

The ASHA must make regular home visits as described below.
During your visits, advise the mother on the need for adequate rest and nutrition. Make sure the newborn is being kept warm and breastfed exclusively. Also look for early signs of sepsis or other illnesses in the baby and post-delivery complications in the mother.

For normal babies

If baby is born at home:
ASHA must be present during birth or visit within one hour of birth.

If baby is born in hospital:
ASHA must try to be present and support mother.

In all cases ASHA must visit the new mother and baby on the following days after baby's birth:
Days 3, 7, 14, 21, 28, 42, then once every two weeks until the baby is two years old.

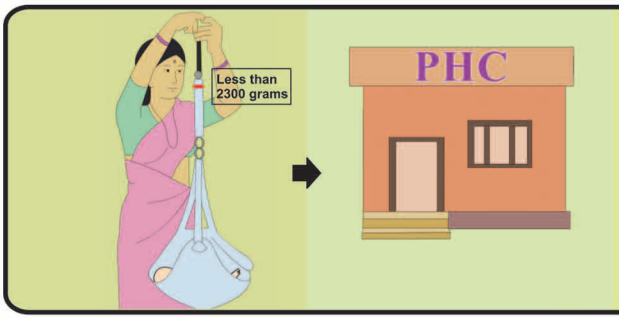
Remember to fill the home visit form.

Post-Partum Care: Home Visits

For high risk babies

If possible visit the baby every day for a week. Then visit once every three days until the baby is 28 days old.

Weigh the baby on days 7, 15, 21, 28.



If the baby is not gaining weight, and weighs less than 2300 grams on the 28th day, refer the baby to a hospital. Continue to visit once a week until the baby is two months old, and weigh the baby each time. If the baby is improving, visit on day 42, weigh the baby and make referral if necessary.

Remember to fill the home visit form for high risk baby.

Continue to visit the mother and baby until the baby is two years old.

A REPORT ON E-BANKING INITIATIVE IN NRHM, MANIPUR

By the E-banking team of SHS, NRHM

1. Sandhya N. Ex-Deputy Director (Fin)
2. Bikram Singh, DFM, DHS, IE
3. O. Deepak Singh, Block Finance Manager, IE
4. Jayanta Singh, Block Finance Manager, IE
5. Robert Singh, Block Finance Manager, IE

E-banking is being pilot projected under the initiative of Ministry of Health & Family Welfare to enable greater transparency and accountability.

Need for E-banking:

- No immediate and complete information available regarding numerous bank accounts under NRHM in the state
- Lack of information on treasury route flows
- Sanction order wise information on expenditure and advances
- Problem of advances lying unadjusted for long duration and their tracking to ensure early adjustment.
- Backward and high focus districts unspent balances and fund utilisation details- not readily available

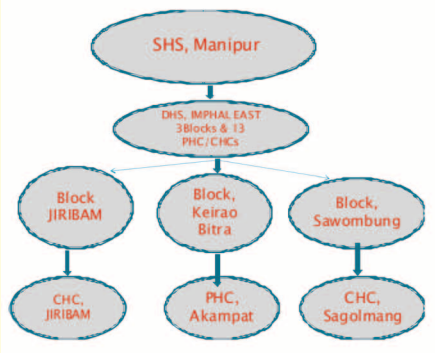
" E-banking is being pilot projected under the initiative of Ministry of Health & Family Welfare to enable greater transparency and accountability. "

How can E-banking help us?

- To enable to see expenditure trending information in real time
- Facility wise and level wise
- Abnormalities or red flags in expenditure patterns easily detected or detected in time
- Information on payments to Beneficiaries
- Third Party Payments
- Asha incentive payments

Features of NRHM-Financial Information Management System through which E-banking will be implemented.

- A web enabled bank independent portal
- Work online or offline and with or without a standard accounting software
- An Apex level Graphical Dashboard View with Drill Down facility
- Geographical Area wise,
- Scheme and sub scheme wise
- Agency wise
- Budget Planning and Allocations, Expenditure Tracking, Financial Accounting and Audit, Standard and Utility Reporting formats
- Data base management in terms of users and data (Query builder, FAQs)
- Tracking of Beneficiary and Non-Beneficiary expenditure, ASHA Payment Module, Vendor (Third Party) Management



Roll Out Plan in Manipur

- Roll out planned in three phases.
- The first phase would consist of the pilot project at State Health Society and District Health Society, Imphal East.
- The 2nd phase is planned for roll out in 4 Districts i.e. Imphal West, Bishenpur, Thoubal and Churachandpur.
- The third phase will be scaling up to the remaining 4 Districts viz Chandel, Senapati, Ukhrul and Tamenglong.

Roll Out details of pilot project

- Imphal East District which has 3 BPMU Unit and 13 PHCs/CHCs.
- The pilot project would be taken up in all the 3 BPMUs.
- As part of first phase, one PHC/CHC under each block would be taken up for the project.

- Once the amount of time, effort and difficulty in taking up one PHC/CHC in each block is worked out all the PHCs and CHCs at the district level may be incorporated.

Gap analysis before the implementation of e-banking

- Infrastructure requirements: Each BFM would be provided with a data card for online facility. Other infrastructure needs such as laptops etc might be required when eventually scaled up.
- Training needs: At the district level two types of training a) Orientation for the checkers i.e. CMO and MOs and b) Detailed training and hands on experience for the PHC Accountants for the PHC picked up for sample pilot. First round of trainings at State and District level has been completed.
- Segregation of bank accounts for each programme at SHS, DHS, and all 3 BPMU. This activity has been completed.
- Some tweaking in the software would be required. Requirements on changes on modules have been intimated to the Ministry for due rectification.

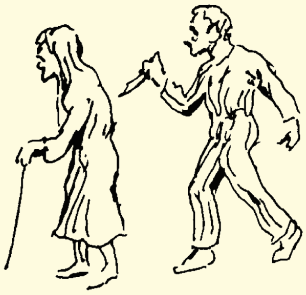
SWOT analysis

Bottlenecks	Advantages
Coordination with multiple banks for link up etc. As per bank mapping the main banks for the pilot project are SBI, UBI, CBI, BOB and AXIS. The problem will multiply as the project is scaled up.	Extremely user friendly and easy to use.
Scaling up in the 5 hill districts will pose a major problem on account of poor connectivity.	Offline mode is being developed
Cooperation and understanding of the e-banking modules is required/desired from the existing technical staffs who will be checker2 (person who authenticates the transaction) at various levels.	No specialized knowledge or accounting or Tally is required to understand the modules.

QUESTIONS AND ANSWERS ON SOME FOLK BELIEFS AND HOME REMEDIES

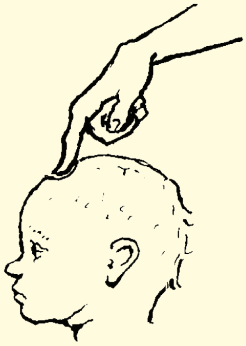
These examples are from the mountains of Mexico, the area that I know best. Perhaps some of the beliefs of your people are similar. Think about ways to learn which beliefs in your area lead to better health and which do not.

When people think someone is bewitched, is it true that he will get well if his relatives harm or kill the witch?



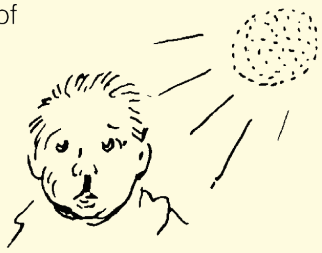
FALSE! No one is ever helped by harming someone else.

Is it true that when the 'soft spot' on top of a baby's head sinks inward this means the baby will die of diarrhea unless he gets special treatment?



This is often true. The 'soft spot' sinks because the baby has lost too much liquid (see p. 151). Unless he gets more liquid soon, he may die (see p. 152).

Is it true that if the light of the eclipsing moon falls on a pregnant mother, her child will be born deformed or retarded?

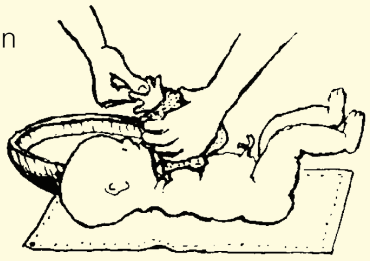


This is not true! But children may be born retarded, deaf, or deformed if the mother does not use iodized salt, if she takes certain medicines, or for other reasons (see p. 318).

Is it true that mothers should give birth in a darkened room?

It is true that soft light is easier on the eyes of both the mother and the newborn child. But there should be enough light for the midwife to see what she is doing.

Is it true that a newborn baby should not be bathed until the cord falls off?

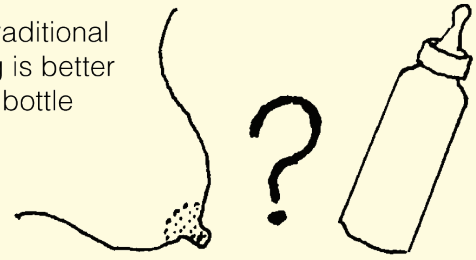


True! The stump of the cord should be kept dry until it falls off. But the baby can be gently cleaned with a clean, soft, damp cloth.

How many days after giving birth should a mother wait before she bathes?

A mother should wash with warm water the **day after giving birth**. The custom of not bathing for weeks following childbirth can lead to infections.

Is it true that traditional breast feeding is better than 'modern' bottle feeding?



TRUE! Breast milk is better food and also helps protect the baby against infection.

What foods should women avoid in the first few weeks after childbirth?

In the weeks following childbirth, women should not avoid any nutritious foods. Instead, they should eat plenty of fruit, vegetables, meat, milk, eggs, whole grains, and beans (see p. 276).

Mr. Wahengbam Imo Singh
State Community Mobilizer,
RRC – NE States MoH&FW,
Govt.of India

A REPORT ON JSY BACKLOG CAMP, CHURACHANDPUR DISTRICT.

Shri Devesh Deval, State Mission Director, NRHM took the initiative of conducting the JSY backlog clearance camps in phases so as to benefit the mothers and ASHAs in the district.

To solve the problem of backlogs, camps in three phases (14th, 15th Feb, 29th, 30th March, and 8th June) were organised in the District Hospital of Ccpr as an initiative.

The documents required for the camps are:

1. JSY card Signed by the beneficiary and verified by the authentic person.
2. Original Discharge certificate.
3. Photocopy of health card.
4. Original SC/ST/BPL certificate from ADC/village chief.

Details of the Churachandpur district Camps:

Sl. No.	Backlog Details	14th & 15th Feb, 2012	29th & 30th March, 2012	8th June, 2012	Total backlogs cleared
1	1144 beneficiaries at DH	557	374	174	1105 beneficiaries
2	75 ASHAs as reported by CMO	187		105	292 ASHAs

Some of the observations during the JSY backlog clearance camps are:

1. No BPL & MCH card/certificate enclosed.
2. Only discharge certificate, residential proof certificate by head of the village and JSY card enclosed.
3. Publicity through media (local newspaper, TV) done by the district officials a week ahead of the camps.
4. On the 2nd round camp, DPMUs staffs' cooperation/coordination was very poor that only DPM handled the entire camp.
5. Hospital staffs assisted in providing JSY money to beneficiaries and ASHAs.
6. The district hospital was the right chosen camp site for the beneficiaries as well as ASHAs.

Since then, Spot payments of JSY has been started in Imphal West, Churachandpur and Bishnupur.

Maternal Health Division
Ministry of Health and Family Welfare
Government of India

Postnatal Care

NATIONAL RURAL HEALTH MISSION

Post natal care ensures well-being of the mother and the baby

1st Check up	1st day of delivery
2nd Check up	3rd day of delivery
3rd Check up	7th day of delivery
4th Check up	6 weeks after delivery

Additional check ups for Low Birth Weight babies on 14th, 21st and 28th days

SERVICE PROVISION DURING CHECK UPs

	Mother	Newborn
Ask	• Heavy bleeding • Breast engorgement	• Confirm passage of urine (within 48 hours) and stool (within 24 hours) • For convulsions, diarrhea and vomiting
Observe & Check	• Pallor, pulse, BP and temperature • Urinary problems and perineal tears • Excessive bleeding (PPH) • Foul smelling discharge (Puerperal sepsis)	• Activity, color and congenital malformation • Temperature, jaundice, cord stump and skin for pustules • Breathing, chest in drawing • Suckling by the baby during breast feeding
Counsel For	• Danger signs • Correct position of breast feeding and care of breast and nipples • Exclusive breast feeding for 6 months • Nutritious diet and calcium rich foods • Maintaining hygiene and use of sanitary napkins • Choosing contraceptive method	• Keeping the baby warm • No bathing on first day • Keep the cord stump clean and dry • Additional check up for the Low Birth Weight babies • On importance of Routine Immunisation • Danger signs in baby
Do	• Hb% estimation • Give IFA supplementation to the mother for 3 months	• Give 0 dose BCG, OPV, Hepatitis B • Give Inj. Vitamin K 1 mg IM

For use in medical colleges, district hospitals and FRUs

Published by : National Rural Health Mission, Manipur

Trainings under NRHM

By :-
Dr. Sucheta (DD, Training)
L. Romila (HRD/Training Consultant)
Tarshi E. (Asst. Training Consultant)

Training is a process that involves the acquisition of knowledge, sharpening of skills, concepts, rules, or changing of attitudes and behaviours to enhance the performance of employees. It also helps the employees in building up their personalities, at the same time improving their progress towards the actualization of their full potential. It brings tremendous change in terms of knowledge, attitudes and behaviour of the employees thereby achieving overall organisational development, effectiveness and efficiency in a desired manner.

Trainings done so far :-

IMEP Training held on 22nd March, 2012

March, 2012. IMEP (infection management and environment plan) is one of the initiatives under NHRM to give guidelines for healthcare workers in waste management and infection control in primary health centres. It's an important component for the support of primary level healthcare under NRHM.

An IMEP training programme was organized by the State Health Society, NRHM, Manipur from 17th January to 19th January with 26 participants per batch, which includes paramedical staffs, LTs, SNs and ANMs and 3 resource personals (Dr. Gopal Krishna DD, Macs / Dr. Kokildro, Sr. Microbiologist JNIMS / Dr. Tilotama Devi ML CR RD Wing).

The duration of the training was one day and the number of batches was three. Fitting interactive sessions were done with the participants and resource personals sharing their experi-

ence and expertise. During the course of the session, training kit folder, IMEP training guidelines, and lunch packet were distributed. At the end of the training, participants were given questionnaires related to the topic discussed, following which they were asked questions related to it. This evaluation has been done to justify whether the participants have understood the subject methodically. The training programme concluded with Shri Devesh Deval, IAS, State Mission Director, State Health Society, Manipur, and Dr. Sucheta, Deputy Director, Training, State Health Society, Manipur giving away certificate of acknowledgement to the participants.

RTI / STI (Reproductive Tract Infection / Sexually Transmitted Infection) Training :-

Public health is our health and it's a must to understand what public health is or how it impacts our daily lives. That's why we proudly take the national initiative to promote public health awareness in our community. Some of the programmes undertaken were based on v.i.z RTI (reproductive tract infection) and STI (sexually transmitted infection.

In our schedule programmes 120 MOs were targeted but 90 have attended it. Five more resource person contributed to the cause as well. The main purpose was to make the MOs recognize the magnitude of RTI/STI problems in our community and country as a whole. To make them comprehend the seriousness and complication of this infection and its long term implication on one's reproductive health. They implement clinical examination of STI/RTI clients based on complete history. It also diagnosed and treated common STI/RTI by using given flowcharts based on the infrastructure, facilities and availability of drugs at PHC. Basic counselling was given to the clients about prevention and complete treatment of STI/RTI. Partners of clients were diagnosed and treated as well. Certain treatment were stipulated and info on STI/RTI among special populations (sex workers, MSM, etc.) were advocated in an indulgent way.

The programmes were held from 14th of March to 22nd of March. Day 1 kicked off with introduction of public health and its importance by Dr. Usha Khundrakpam, DFWO, IW, followed by Dr L. Gojendro, DFWO, IW sharing his insights on syndromes case, management of RTI/STI and partner management. Day 2 started off with Dr. Gopal Krishna, DD MACS, sharing his ideas on Laboratory Tests for RTI/STI and Dr. Kokildro, Senior Microbiologist, JNIMS putting valuable info on client education and counseling. The day followed with Dr. Meghachandra, DFWO, IE, giving away knowledge on management of sexual violence and prevention of RTI/STI among high risks groups. It concluded with Dr. Purnamala Devi, Epidemiologist Regional Family Welfare Training Centre, allocating her thoughts on prevention of RTI/STI in adolescents and male participation in controlling and preventing RTI/STI.

The Programmes concluded with great feeling that we are able to broaden the awareness to a vast extent. It was a very successful programme which makes people from various co-ordinates to work on a single umbrella for a better future, a future free of RTI and STI. A door has been opened for sharing boundless knowledge of awareness and we proudly acknowledge taking the initiative.

Conclusion:

The sole purpose of training and development programs that has been conducted by NRHM is to build the necessary skills of the employees and to create positive feelings among them, which might in turn provide the much needed hope and inspiration to many. Major training needs lesser supervision. We look forward to build more and more benefits and confidence to expand the development of future India.

Photos at a Glance.....

PHSC PARBUNG

PHC PHUNGYAR

Where There Is No Doctor

An Extract from the original book "Where There Is No Doctor" by David Werner

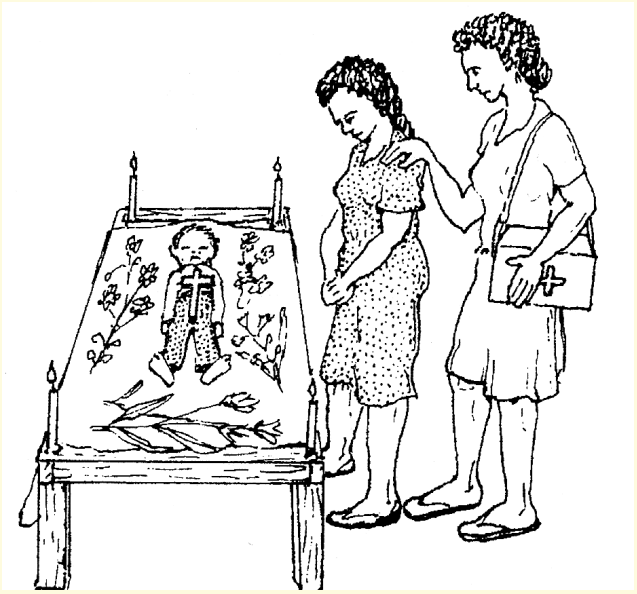
Dear Village Health Worker,

This book is mostly about people's **health needs.** But to help your village be a healthy place to live, you must also be in touch with their **human needs.** Your understanding and concern for people are just as important as your knowledge of medicine and sanitation.

Here are some suggestions that may help you serve your people's human needs as well as health needs:

1. BE KIND.

A friendly word, a smile, a hand on the shoulder, or some other sign of caring often means more than anything else you can do. **Treat others as your equals.** Even when you are hurried or worried, try to remember the feelings and needs of others. Often it helps to ask yourself, "What would I do if this were a member of my own family?"

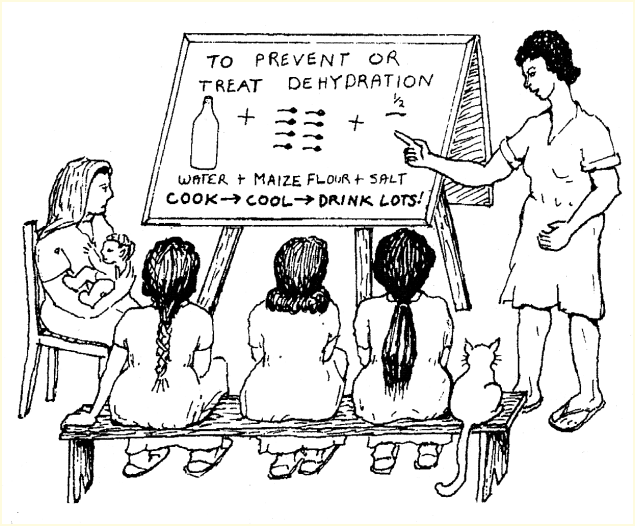


HAVE COMPASSION
Kindness often helps more than medicine.
Never be afraid to show you care.

Treat the sick as people. Be especially kind to those who are very sick or dying. And be kind to their families. Let them see that you care.

2. SHARE YOUR KNOWLEDGE.

As a health worker, your first job is to teach. This means helping people learn more about how to keep from getting sick. It also means helping people learn how to recognize and manage their illnesses—including the sensible use of home remedies and common medicines.



LOOK FOR WAYS TO SHARE YOUR KNOWLEDGE

There is nothing you have learned that, if carefully explained, should be of danger to anyone. Some doctors talk about **self-care** as if it were dangerous, perhaps because they like people to depend on their costly services. But in truth, **most common health problems could be handled earlier and better by**

people in their own homes.

3. RESPECT YOUR PEOPLE'S TRADITIONS AND IDEAS.

Because you learn something about modern medicine does not mean you should no longer appreciate the customs and ways of healing of your people. Too often the human touch in the art of healing is lost when medical science moves in. This is too bad, because. . .

If you can use what is best in modern medicine, together with what is best in traditional healing, the combination may be better than either one alone.

In this way, you will be adding to your people's culture, not taking away.

Of course, if you see that some of the home cures or customs are harmful (for example, putting excrement on the freshly cut cord of a newborn baby), you will want to do something to change this. But do so carefully, with respect for those who believe in such things. Never just tell people they are wrong. Try to help them understand WHY they should do something differently.

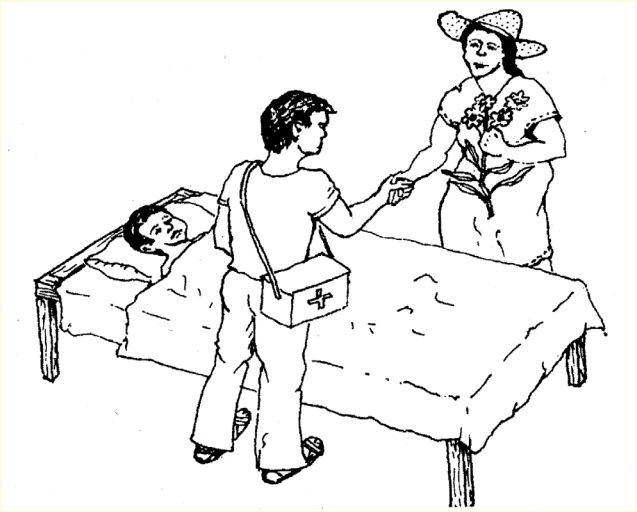
People are slow to change their attitudes and traditions, and with good reason. They are true to what they feel is right. And this we must respect.

Modern medicine does not have all the answers either. It has helped solve some problems, yet has led to other, sometimes even bigger ones. People quickly come to depend too much on modern medicine and its experts, to overuse medicines, and to forget how to care for themselves and each other.

So go slow—and always keep a deep respect for your people, their traditions, and their human dignity. Help them build on the knowledge and skills they already have.

4. KNOW YOUR OWN LIMITS.

No matter how great or small your knowledge and skills, you can do a good job as long as you know and work within your limits. This means: Do what you know how to do. Do not try things you have not learned about or have not had



WORK WITH TRADITIONAL HEALERS AND MIDWIVES - NOT AGAINST THEM
Learn from them and encourage them to learn from you.

KNOW YOUR LIMITS

enough experience doing, if they might harm or endanger someone.

But use your judgment.

Often, what you decide to do or not do will depend on how far you have to go to get more expert help.

For example, a mother has just given birth and is bleeding more than you think is normal. If you are only half an hour away from a medical center, it may be wise to take her there right away. But if the mother is bleeding very heavily and you are a long way from the health center, you may decide to massage her womb (see p.265) or inject an oxytocic (see p. 266) even if you were not taught this.

Do not take unnecessary chances. But when the danger is clearly greater if you do nothing, do not be afraid to try something you feel reasonably sure will help.

Know your limits—but also use your head. Always do your best to protect the sick person rather than yourself.

5. KEEP LEARNING.

Use every chance you have to learn more

KEEP LEARNING - Do not let anyone tell you there are things you should not learn or know.

Study whatever books or information you can lay your hands on that will help you be a better worker, teacher, or person.

Always be ready to ask questions of doctors, sanitation officers, agriculture experts, or anyone else you can learn from.

Never pass up the chance to take refresher courses or get additional training.

Your first job is to teach, and unless you keep learning more, soon you will not have anything new to teach others.

6. PRACTICE WHAT YOU TEACH.

People are more likely to pay attention to what you do than what you say. As a health worker, you want to take special care in your personal life and habits, so as to set a good example for your neighbours.

Before you ask people to make latrines, be sure your own family has one.

PRACTICE WHAT YOU TEACH
(or who will listen to you?)

Also, if you help organize a work group—for example, to dig a common garbage hole—be sure you work and sweat as hard as everyone else.

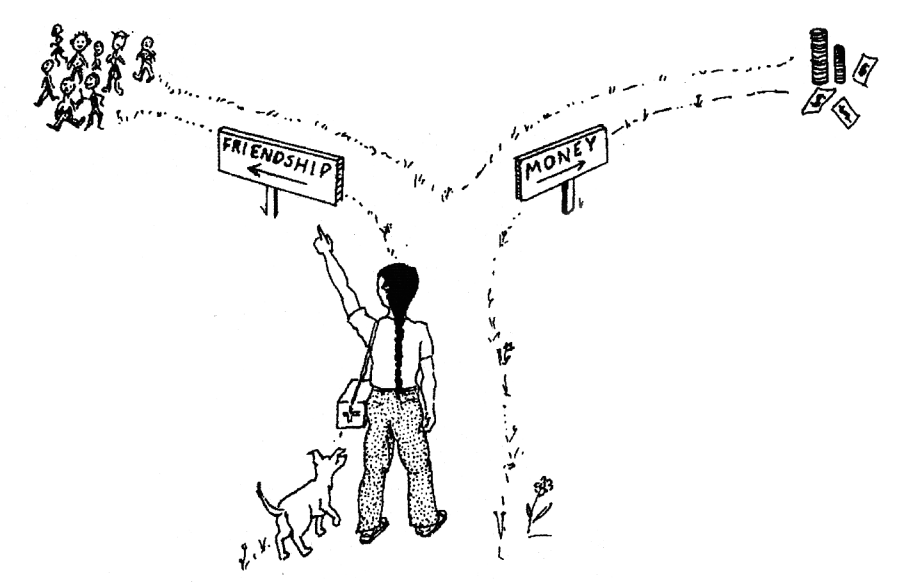
7. WORK FOR THE JOY OF IT.

If you want other people to take part in improving their village and caring for their health, you must enjoy such activity yourself. If not, who will want to follow your example?

Try to make community work projects fun. For example, fencing off the public water hole to keep animals away from where people take water can be hard work. But if the whole village helps do it as a 'work festival'—perhaps with refreshments and music—the job will be done quickly and can be fun. Children will work hard and enjoy it, if they can turn work into play.

You may or may not be paid for your work. But never refuse to care, or care less, for someone who is poor or cannot pay.

This way you will win your people's love and respect. These are worth far more than money.



WORK FIRST FOR THE PEOPLE - NOT THE MONEY
(People are worth more.)

Photos at a Glance.....

PHC NONGPOK SEKMAI BTQ

PHC NONGPOK SEKMAI INSTITUTIONAL BUILDING

"My Voice"
Women at Health Sector in the Village level

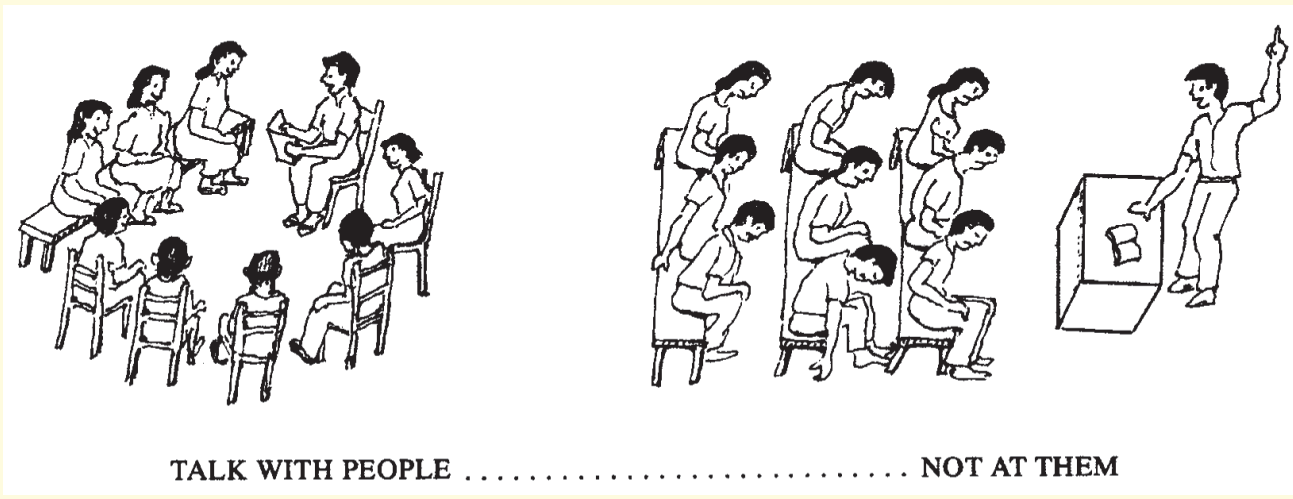
By: Tarshi Elangbam
Assistant HR/Training Consultant

Focusing on women & child health as a core issue, NRHM (National Rural Health Mission) was launched which includes ASHA in every village, Janani Susaksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK) etc. It aims at correcting rural inequities in the matter of health. It correctly seeks to integrate health with those essential inputs in health, v.i.z, sanitation, hygiene, safe drinking water, and nutrition. Most of the schemes and programmes initiated by our government look good on paper but they fail in the matter of implementation. Primary health centres and sub-centres are falling apart as some of them have collapsed physically. One hesitates to put all the blame on lack of funds. Well intended plans and programmes have been hampered by poor implementation and planning. Worst of all, gender discrimination is on the rise leading to female foeticide. Unfortunately, foeticide is committed not only by the illiterate and the impoverished but also by the literate masses.

The NRHM proposes to empower local communities in the matter of public health with ASHA as its key communicator and bridge between the community and the health providers. JSY is a program with the goal of reducing the numbers of maternal and neonatal deaths by giving incentives to women who gives birth in a health facility. JSSK is another ingredient for providing easy access to needy pregnant woman for delivering in government institution facilities. It is likely to benefit one crore women and new born. To check gender discrimination, PNDT (Pre-Natal Diagnostic Technique) Act is being fully implemented under NRHM all over the country.

Specific health plans sought from each village by special health committees within the panchayats are good enough, but what about the way our villages are structured? There has been little change in the feudal mindsets and the caste hierarchies. Irrespective of caste and creed, there is universal discrimination against women. In the circumstances, the social participation and empowerment envisaged by the health mission is bound to be skewed in favour of the already empowered to the further detriment of the already marginalized. The selection of the office bearers will be governed by who is close to the ruling elite at the village level. Example in the selection of ASHAs, there might be some who are selected with bias. It would be foolish to expect equitable representation of all castes and communities, and the least of all women, in such a situation. In spite of all this 'hope' cannot be lost, and there is inexplicable amount of optimism that successful execution of schemes will be done to precise the disorientation.

Women, from infanthood to their adulthood, get an unfair deal on matters of health. Firstly, as a class, they are conditioned through generations to place themselves last within the family itself, though they put in the most labour without financial gain in the running of the family. As such, their health concerns also get a very low priority. They bear in pain and discomfort for long periods of time without seeking relief. The abysmal sex ratio in India as revealed by the 2001 census speaks volumes about the importance given to women in this country. Inevitably more attention is given to man in matters of treatment or attention where woman has been discarded. An inherent preference for the boy for want of resources is a matter of grave concern. Surveys of uptown hospitals in Delhi revealed that even well to do families discriminate against the girl child in matter of medical treatment. Statistical information spoke volume s about the bias; while the male- female ratio for organ donors at the AIIMS was 40 to 100; the male –female ratio of recipients of organs at the same hospital was 560 to 100! It's high time to use our knowledge and wisdom to stop this unjust discrimination of woman before it's too late. Justice lies on the implementation of our will not schemes, schemes is just a support. A little progress every day adds up to big results, so evolvement might be tardy now but, a ray of anticipation and acceleration can be seen in some key areas of change and elaboration. The only thing that remains is a spark to ignite or rush the adrenaline to provide the knock-on-effect of realization and atonement. And, with the UPA Chairperson herself launching the National Initiative of Ministry of Health and Family welfare, Government of India, is a big indication of showing the concern of government, regarding the vicious circle of discrimination.



Photos at a Glance.....

PHC NONGPOK SEKMAI AYUSH

PHSC PHOUDEL KEIRANBI

Capacity Building Workshop – My Personal Experience

Rajesh Khartu Monsang
Additional State Program Manager
NRHM, Manipur

It was a sunny afternoon as I headed for Tulihal Airport from my house to catch the flight bound for Guwhati for attending the "Capacity Building Workshop", organized by Regional Resource Centre (RRC)- NE from 25th June – 29th June 2012, at State Institute of Health and Family Welfare, Guwahati, Assam. From the brightness of a hot sunny afternoon in Imphal, a quarter of an hour later we were welcomed by the drizzling rain drops of Mother Nature at Guwahati.

The road trip from Gopinath International Airport to the State Institute of Health and Family Welfare Hostel at Khanapara, in Guwahati was amazing. The light drizzling of rain, coupled with clear washed road enabled us to see the beautiful landscapes of the city through the window panes of the car as we drove by.

All the participants of the workshop were teams from the state of Manipur and Arunachal Pradesh only.

The workshop covers the entire components of NRHM with detail discussions on every indicator and components of RCH Flexi Pool, NRHM Flexi Pool (ASHA/ VHNSC/PRI/RKS), Immunization, National Disease Control Programme, HMIS, Quality Issues, Bio-Medical Waste Management, Facility Assessment, Monitoring indicators for SPIP and District Health Planning.

Apart from the theoretical presentations, the workshop was based on situational interaction and hence a good learning curves especially for those of us who are new to NRHM. The workshop enabled us to understand the various indicators essential for developing a good block/district health action plans and what are the issues hindering the preparation of a good viable health plan. For few of us (four members

of the Manipur team and a few other members from Arunachal), we never had any sort of detailed orientation program after joining NRHM, so, it was very difficult for us to understand the gravity and importance of developing a very good district health action plan. Our understanding of the major issues and indicators necessary in making a good district plan was totally lacking. We were also clueless about the differentiation in setting the goals, objective, strategies and activities involved in the health action plan preparation.

The importance of HMIS was also highlighted and methods were taught to calculate the Number of Live Births, Pregnant Women and Infants etc. Many of us except for the experienced DPMs, had no clear idea about calculating the number of live births, pregnant women and infants for projecting targets in the health plan. The importance and difference in the sources of secondary data (DHLS, NFHS, SRS etc) were also highlighted and taught.

" The importance of HMIS was also highlighted and methods were taught to calculate the Number of Live Births, Pregnant Women and Infants etc. Many of us except for the experienced DPMs, had no clear idea about calculating the number of live births, pregnant women and infants for projecting targets in the health plan. The importance of HMIS was also highlighted and methods were taught to calculate the Number of Live Births, Pregnant Women and Infants etc. Many of us except for the experienced DPMs, had no clear idea about calculating the number of live births, pregnant women and infants for projecting targets in the health plan. "

After theoretically covering all the major components and issues through interactive discussions, finally we were divided into groups of 5-6 members (each group consists of members both from Manipur and Arunachal) and provided the HMIS data of a district named Pam Pure in Arunachal Pradesh. Each group was given only one component (either Maternal Health, Child Health Or Family Planning) to do the situational analysis and then prepare the Goal, Objective, Strategies and Activities required to be incorporated for preparing the District Health Action Plan. Each group prepared their respective Health Plans and the presentations were submitted to the resource person for final group presentation. Each group represented by a member then presents the Health Plan as a PPT to the entire members present for workshop. Each points presented by different groups were discussed, analyzed, validated and then rectified with necessary inputs by the entire participants with the guidance of the resource persons, to make it relevant and ultimately turn it into a quality District Health Action Plan.

This exercise of situational analysis of a district from the available HMIS data and preparing a District Health Action Plan enabled us to understand what really goes into preparing a quality district health action plan. It also teaches us of what are the things we need to keep in mind (Goals & Objectives) while preparing the strategies and activities.

The workshop enabled us to grasp and understand the various issues and challenges existing at the field level. Based on that, a thorough gap analysis is done which helps in preparing a fully detailed health action plan which could be implemented and monitored effectively through the various strategies and activities.

At the end of the rigorous yet fruitful workshop, all the participants thanked the RRC-NE team for being so supportive and resourceful. Everyone acknowledged the importance of the workshop held and its impact on their understanding of the NRHM better.

" So, the "Capacity Building Workshop", organized by Regional Resource Centre for North East States (RRC-NE) is truly a good initiative to provide necessary update/ skills required for making NRHM a success story. "

So, the "Capacity Building Workshop", organized by Regional Resource Centre for North East States (RRC-NE) is truly a good initiative to provide necessary update/skills required for making NRHM a success story. Such kind of workshops should be held regularly so that we all could align/ realign our strategies or priorities and not be diverted from our main goal. This will also enable us to judge where we stand and where are the field/issues we lack.

As the workshop came to an end, there was a feeling of relief from the rigorous schedule of classes we were attending for the last five odd days. But unluckily since the class usually ends at around 5.30 PM, our thought of sight seeing the city did not materialize. Yet we all managed to drop in at few malls located nearby. The euphoria and hustle of a metropolitan city could be felt at the malls which are packed with people of all types and ages.

So, not only do we manage to learn in depth about NRHM, but we also experienced the life in hostel during those few days reminding us of our childhood.

A brief report of the two batches of three days training of MOs on Adolescent Reproductive and Sexual Health

Submitted by: - Dr. Hemam Ibemcha Devi
Deputy Director NRHM
State Nodal officer ARSH

BACKGROUND:

Despite 35 percent of the population being in the 10-24 age group and 23 percent in 10-19 years of age group, the health needs of adolescents have neither been researched nor addressed adequately; particularly their reproductive health needs are often misunderstood, unrecognized or underestimated. Limited research shows that adolescents are indulging in premarital sex more frequently at an early age, the incidence of pregnancies among them is rising and most of them face the risk of induced abortions under unsafe conditions, and contracting sexually transmitted infections including HIV. Our initiative is to create a supportive environment that would positively influence knowledge, attitude, perceptions, skills and behaviour of adolescents and also help in increasing access and use of sexual and reproductive health services. The strategies to attain the objectives include effective IEC and counselling skills, development and promoting safe and healthy behaviour supported by providing quality services and increasing linkages among various institutions and departments.

Training for MOs on Adolescent and Reproductive and Sexual Health was planned to be conducted in two batches for 62 MOs and 3 NGOs representatives, to achieve the program goal, for achieving optimum health and development of the adolescent segment of the population (ARSH is a part of RCH II program). The target population of the program is 10-19 years of age group.

Objectives of the training program:

The main objective of the training program is to enable to introduce a comprehensive Adolescent Health Initiative i.e. Adolescent Friendly Health Clinics (AFHCs) in the State, and to guide the new schemes under Adolescent Health Programme through re-orientation of the MOs with the knowledge of adolescents related health issues and adolescent friendly health services. The Adolescent Health Initiative/Clinic consists of two components.

" The main objective of the training program is to enable to introduce a comprehensive Adolescent Health Initiative i.e. Adolescent Friendly Health Clinics (AFHCs) in the State, and to guide the new schemes under Adolescent Health Programme through re-orientation of the MOs with the knowledge of adolescents related health issues and adolescent friendly health services. "

- Adolescent Friendly Health Services
- Adolescent Health Counselling Services

Adolescent Health clinics will provide following services:

Clinical services

- General examination
- Nutrition advice
- Detection and treatment of anemia
- Easy and confidential access to medical termination of pregnancy
- Antenatal care and advice regarding child birth
- RTI/STI detection and treatment
- HIV detection and counseling
- Treatment of psychosomatic problems De-addiction of substance abuse
- Other health concerns

Counselling services:

As per the behavior change domains referred to the above problems and issues.

Activities:

Due to measles catch up campaign and overlapping of other program, out of 62 participants only 58 participants attended the training and few replacements was also made from the districts. The training programme was conducted successfully on the prescribed scheduled held at MACS conference Hall from 26th-28th September 2011 (1st batch) & 3rd-5th October (2nd Batch) 2011. Resource persons were from Regional Institute of Medical Science (RIMS), Health and Family welfare Department of Manipur, State training institute RD wing Lamphelpat and NRHM Program Management Units. All the trainees actively participated in the training programme. The modules covered in the training program are Adolescent Growth and Development and its Implication on Health, Communicating with the Adolescent Client, Adolescent Friendly Reproductive and Sexual Health Services, Sexual and Reproductive Health concern of Boys and Girls, Nutritional Needs of adolescents and anaemia, Pregnancy and unsafe abortion in Adolescents, contraception for Adolescents, RTIs, STIs and HIV/AIDS in Adolescents and Strategy for addressing ARSH in RCH II and Action Plan.

"The modules covered in the training program are Adolescent Growth and Development and its Implication on Health, Communicating with the Adolescent Client, Adolescent Friendly Reproductive and Sexual Health Services, Sexual and Reproductive Health concern of Boys and Girls, Nutritional Needs of adolescents and anaemia, Pregnancy and unsafe abortion in Adolescents, contraception for Adolescents, RTIs, STIs and HIV/AIDS in Adolescents and Strategy for addressing ARSH in RCH II and Action Plan."

There were Introduction of registration format & reporting format of Adolescent Friendly Health Clinic (AFHC), Introduction of operational guideline of Weekly Iron and Folic Acid Supplementation, NGO SASO's presentation of Survey Finding on MOs and Youth Friendly Health Service.

MOs training Modules which consists of X (ten) modules and other additional modules were discussed in detail with slide show, active interactive session, role play and group discussion by the participants and feedback discussions during three days training. An NGO SASO also presented their survey finding on MO and Youth Friendly Health Services

On the first day of the session Dr. H Ibemcha Devi DD (ARSH/FRU/SHP) NRHM, Manipur briefly described the over view

of the training sessions along with Goal and specific objective of the session. That re orientation training of the MOs is mainly to initiate AFHCs in the PHCs, CHCs and DH to look after the health needs of the adolescents in friendly manner. The main objective was, to re orient all the participants to make aware of the adolescent related health issues starting from normal growth and development and its health implication and how to improve and solve the adolescent related health issues and referral services if needed. And also explained the instructions of Ministry of Health and Family Welfare guidelines, how to maintain the clients' confidentialities register with code system. How to register an adolescent client, how to refer a case with cod system and how the clinic may be rearranged adolescent friendly. She also discussed the operational guideline of new scheme of Weekly Iron and Folic Acid supplementation of adolescents and biannual de worming scheme and how to calculate the quantity of Iron Folic Acid and tab albendazole with available data of target population. To maintain confidentiality unique identity (Unique ID) of each client and disease code to be used for any recording and reporting and referral services. Operational guideline on the new scheme to be coming up like Weekly Iron and Folic Acid supplementation were also discussed so that they can guide the school teachers, ASHAs , AWW and various stakeholders involved in the scheme. MOs module on Adolescent Health, operational guideline for Weekly Iron and Folic Acid supplementation and instruction booklet for maintenance of register regarding adolescent Friendly Health Clinics (AFHC) were also issued to all the trainees.

"The main objective was, to re orient all the participants to make aware of the adolescent related health issues starting from normal growth and development and its health implication and how to improve and solve the adolescent related health issues and referral services if needed."

Dr. Y. Ibechaobi Devi, Joint Director, Family Welfare Services Manipur take the introductory session of the module (Module I). All the participants are paired with the help of game card and allowed to introduced to their partner by name, designation and where he/ she are working, number of years work experience, fondest memory of adolescent and troublesome experience of their own adolescent life. Thus, all the participants know each other and share life experiences in one session.

Dr. S. Randhoni Devi, Associate Prof. Dept of O&G RIMS addressed various stages of Adolescent growth and development and their health implications. Adolescence covers ages 10-19 years in the RCH II Programme. She discussed all the physical events/changes, sexual development, emotional and social development during this age group, both for boys and girls, the transition period from a child to a full mature adult. And Health implications, emotional problems due to these physical changes are also discussed in detail with the help of audio visual aids. Role played, participatory methods and group discussion are used in training methodology.

Dr. RK Lenin Singh, Prof. Dept of Psychiatry, RIMS discussed the different ways of communicating with the adolescent clients. Various health issues related to the adolescents, services to be provided and counseling mechanism and communication skills were also discussed in detail with the help of slide show, role play and group discussions. He discussed various barriers to effective communication and barriers to sexual and reproductive health information and services and actions for overcoming barriers .Following the lecture series interactive feedback discussions with the participants took placed. He gave more emphasis to identify effective communication skill and effective counselling skills to use when interacting with adolescent client.

Dr. Th. Bidhumukhi Devi, Prof., Dept of O&G RIMS, discussed the details of Adolescent Friendly Health Services & how to reorganize the existing Health System into adolescent friendly environment.

Detail strategy of reorganization was discussed to initiate within the existing available minimum infrastructure and manpower to achieve optimum result. Various methods describe were to identify day and hour of clinic clearly and to make aware of it for the adolescent segment by pasting wall paper or hoarding in the visible area and through outreach services. To write clearly in the wall paper, the services available in the clinic so that the adolescent could access the services. To get knowledge of adolescent related health issues some booklets may be provided in the waiting room so that the adolescent read it during waiting their turn in the clinic. Available space, materials and environment where adolescent wait their turn at the clinics are very important to increase access to the clinics. The whole module was discussed in detail with interactive sessions.

Dr. Kh. Ibochouba Singh. Prof., Dept of Pediatrics, RIMS discussed the Nutrition and anemia in adolescent. He discussed in detail nutritional needs of various growth phases of adolescent and described the importance of special nutritional needs of adolescents. And illustrated measures to prevent and treat anemia. He discussed why the nutrition is important during adolescence, the nutritional needs of boys more than that of girls, diseases that can be caused by lack of proper nutrition and over nutrition and explained the magnitude of anaemia in adolescent girls and its consequences. He described prevention and management of anaemia in adolescent girls and way that can be done to improve the nutritional status of adolescent girls.

Dr. Th. Nonibala Devi. Asso. Prof., Dept of O&G RIMS discussed Pregnancy and unsafe abortion in adolescent and contraceptive needs for Adolescents in two separate sessions. She discussed the factors that influence adolescent pregnancy and abortion. The risk associated with adolescent pregnancy and child birth, in married as well as unmarried adolescents, and the manner in which they differ from those in older women. She discussed the nature and scope of illegal abortion in adolescents. List the factor contributing to illegal

and unsafe abortions in adolescents. She also discussed the consequences of post abortion complications in adolescents and how to manage post abortion complications .In the session of contraceptive needs for adolescents she discussed the eligibility of adolescents to use various contraceptive methods available and effectiveness of each of these methods and discussed which contraceptive methods are most appropriate for adolescents. Demonstrated counselling skills to help adolescent choose methods most appropriate for them and best suited to their needs.

DR. Dr. L. Ranjit Singh, Prof. Obs & Gynae Department of RIMS discussed Sexual and Reproductive Health concern of Boys and Girls and RTIs, STIs and HIV/AIDS in Adolescents two different sessions. He described common sexual and reproductive health concerns and problems of adolescents. He also addressed issues related to menstruation, myths and misconceptions related to nightfall and masturbation. He discussed in detail sexual health related issues and concerns of adolescents. In another session of RTIs, STIs and HIV/AIDS in Adolescents, he discussed the factors responsible for RTI &STIs in adolescents. He described the action points for prevention and treatment of RTI &STIs in adolescents. He addressed the myths related to HIV and AIDS and identified action points for reducing stigma and discrimination related to it. There was interactive session on RTI/STI & HIV/AIDS.

Dr Purnamala Devi, Epidemiologist, StateInstitute Health & Family WelfareTraining Centre, RD wing Lamphelpat discussed the Strategy for addressing ARSH in RCH II providing ARSH Services through Health system. She explained how to make an action plan by using SWOT analysis i.e. by finding strength, weakness, threat and opportunity of the situation while operationalising ARSH services.

From the NGO sector SASO, Th. Shilviya Devi & Lupeshor Singh in the first batch, Lupeshor Singh RK Ashish Singh in the second batch shared their survey findings on MOs and Youth Friendly Health Services. According to SASO's Survey findings on MO and Youth Friendly Health Services most of

the adolescents prefer AFHC on Sunday/Holidays. All the trainees were aware of the reason and suggested to open AFHC preferably on Sunday and Holidays once in a week at least for two hours on that day. Also instructed to re organize within the existing infrastructure and manpower. But all the trainees interacted that setting up of AFHCs on sun day or holidays is not convenient for the staffs.

Feed backs received from the trainees:

- Few MOs felt that manpower is less to initiate AFHC
- Few expressed that the register maintenance will be difficult as there are so many codes to be used and prefer to provide coded register format
- To provide regular uninterrupted supply of contraception materials.
- To increase manpower
- To initiate& extent the reorganization by the NGOs to other Districts other than Imphal East and Imphal West and Churachandpur.
- Required directives from the District CMOs , M/S & MO i/c of the concern institutions to initiate Adolescent Friendly Health Clinics .
- Required re orientation of the supporting staffs like ANM/registration grade IV.

Suggestions from the resource persons:

- As for additional manpower and infrastructures will take years, it was suggested to initiate reorganization within the existing infrastructure and manpower and will further discussed with Directors Health and Family Welfare departments Regarding directives from District CMOs, Directors Health and Family Welfare and District CMOs will be co-coordinating.
- Regarding regular and uninterrupted supply of contraception materials as far as possible will try to fulfill and also will discussed with Director Family welfare department and also given feed backs that every institute may put up their requirement in the PIP.
- It was also assure to provide coded register in near future.

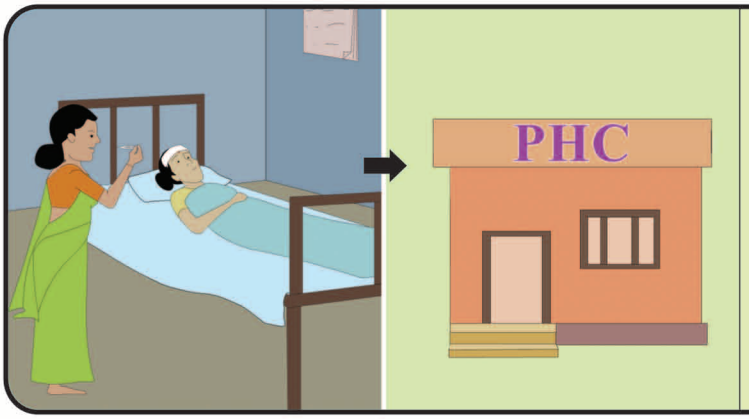
Recommendations:

Need to train more MOs of PHC/CHC/DH and counselors of ICTC, supporting staffs like ANM/LHVs, grade IV staffs, ASHA, AWW, School teachers and NGO representatives.

Post-Delivery Complications

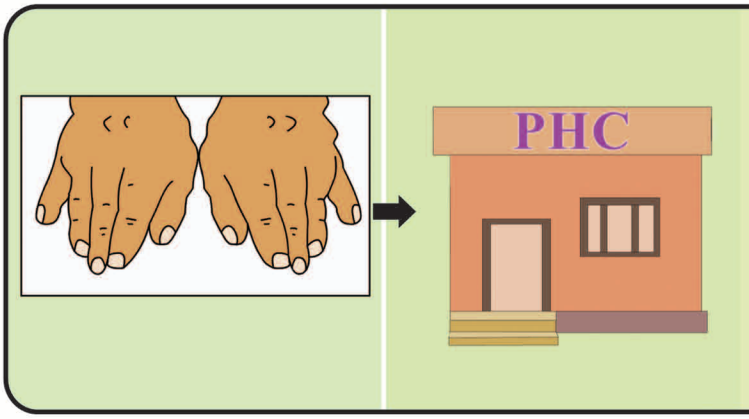
If mother is bleeding heavily, using more than five pads or one thick cloth per day, then it is a sign of **excessive bleeding.**

Ask mother to begin breastfeeding immediately, to help reduce bleeding. Refer her urgently to a **hospital.**



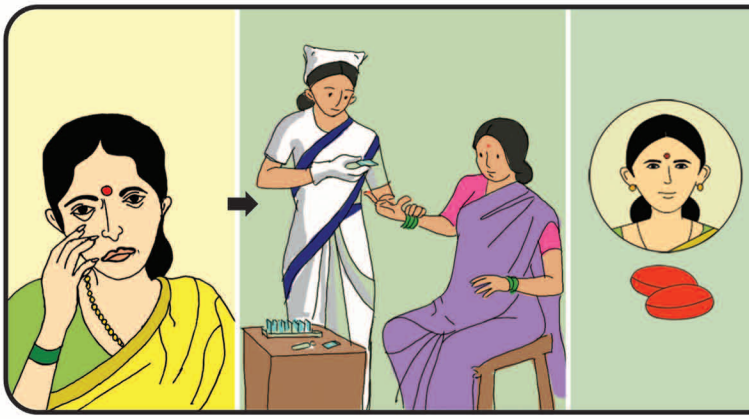
If mother has foul smelling discharge, **puerperal sepsis (infection)** is likely. Fever, chills and pain in abdomen are other signs of infection.

Measure temperature to check for fever. Refer mother to **hospital,** preferably on the same day.



Another danger sign is **convulsions,** which may sometimes be accompanied by swelling of face and hands, severe headache and blurred vision.

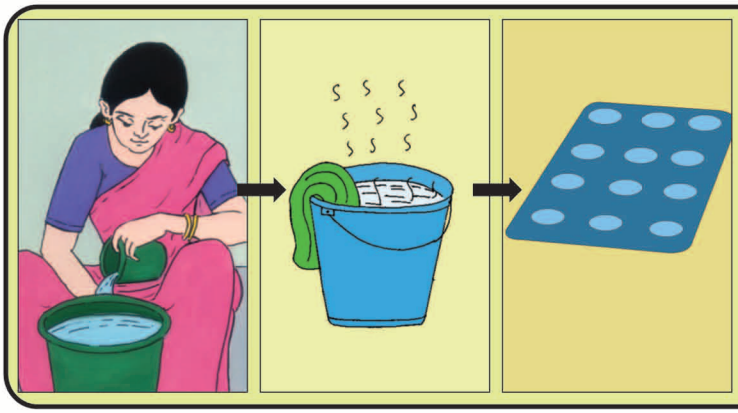
Refer mother to **hospital** immediately. If ANM is available, she can stabilize the mother before she is taken to hospital.



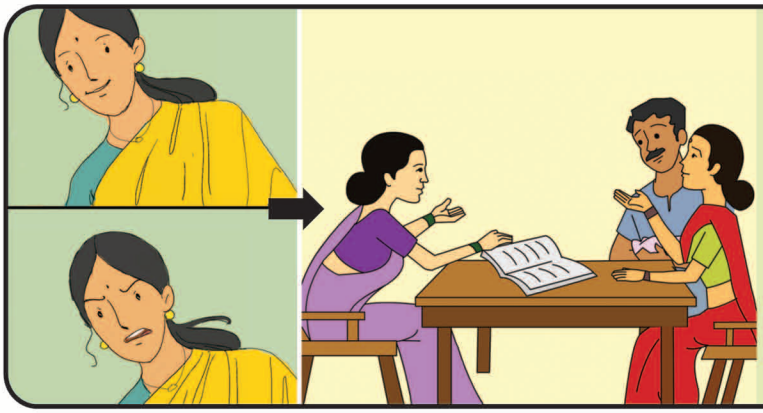
If mother looks pale, get her blood tested for **anaemia.** Ensure that she takes **IFA tablets** at least for 100 days. If she is moderately anaemic, she needs two tablets a day. If she is severely anaemic, refer her to a health facility for treatment. Also counsel her on the need for a healthy, iron-rich diet.

Post-Delivery Complications

If mother has **engorged breasts,** help her with breastfeeding, ensuring that baby is attached properly. Apply warm compress to breast, and help her express milk. Check her temperature. If there is fever, refer her to a **doctor.** Encourage her to continue breastfeeding, even if she is prescribed antibiotics.



If mother has **perineal swelling and infection,** advise her to keep the area clean, and to hold a warm cloth (dipped in hot water) to her genitals, twice a day. Refer her to a **doctor** if there is fever. A **paracetamol** will help relieve pain and fever.



If mother suffers from **mood swings** after delivery, counsel her; also counsel the family so they can provide necessary support. If there is no improvement after a week or so, or if the mood changes are severe, referral may be required.

Reena Laishom
Block Health programme Manager
Wangoi Block

Experience as BHPM in NRHM

I joined NRHM as a Block Health Programme Manager on 22nd December2007 after submitting my joining report to the MO i/c of CHC Wangoi. Compared to my previous job, I find everything strange and unfamiliar starting with my working environment with previous staffs. In that strange situation I was unwelcomed by a harsh comment from a staff as to why these new contract staffs are appointed, still I managed to ignore the situation and adjusted myself.

With the pace of time, I was exposed to training, workshop and meeting making me to enjoy my job, strange things turned out to be friendly. To me the NRHM programme is a bouquet of multi colour flower to be presented to the rural community with the participation of the community starting from planning to implementation of programme. Initially the acronym ASHA reminded me of the meaning hope but unaware, after knowing the ASHAs and their activities they are really a hope turning to reality the health needs of the rural people.

Interaction with Panchayat Ray Institution

The first task I did as a Block Health programme Manager was to interact with the ASHAs of my Block after I met some of them in BCC/IEC workshop in PHC Shamurou. In my visit to PHCs I interacted with them and learned a lot from them about the village profile and their activities in the village. There are 142 ASHAs in Wangoi Block 25 in CHC Wangoi, 39 in PHC Shamurou, 30 in PHC Mayang Imphal, 28 in PHC Mekola and 20 in PHC Sekmaijin. In my occupancy of service as Programme manager, replacement and selection of ASHAs were done and in that process interaction with the PRIs and FGDs were conducted, facing constrains and pressures but managed to come up with solution, still there are some villages that require ASHA and proposal is made in the Block Health Action Plan as proposed by the village in the village Health Action Plan. ASHAs are trained up to Module 6&7 round III, I enjoyed teaching of Module V where I was one of the Resource persons and the mode of training was participatory. ASHAs are great boon to the health system and we need to empower them in the best way to fill in the gap that a rural community need.

In awareness programme

Dealing in official documents and files with note sheet for programmes is not as interesting as field visit in Village Health and Nutrition Day, conducting Focus Group Discussion, Community meeting, Monitoring visit, facility survey, workshops and participating in Health Camps. All these activities give an in-depth picture making the programme move in the needful direction leading to planning and achievement of the NRHM programme. I am content when misconceptions and doubts are cleared in the workshop conducted under BCC/IEC in which the participants were members of Village Health Committees and Village Health and Sanitation Committees and making them aware about the NRHM programme and their role with their active participation.

A great insight in my experience as a Block Health programme Manager is that of coordination, communication and cooperation needed for the achievement of programmes under NRHM. It is knowledgeable that through proper coordination and rapport with the Medical officer, paramedical staff, ANM, ASHA no activity can be conducted in the periphery, a strong support is required from them all. Many a time in review meetings, both negative and positive feedbacks in the District and Block level create space for correction and appreciation; I feel that positive feed back for little contribution can heighten up the fervour for the service contributed by each individual who are the part of the health system.

Meeting with ASHA

I am completing my five years experience in December 2012 and NRHM programme has completed seven years. Many achievements are made and some are not achieved, yet new programmes like JSSK and MCTS are launched with a goal to achieve. No programme can be made successful without manpower, infrastructure, fund and transparency. My earnest request to the entire Health system is that all of us should work in earnest to make NRHM successful in Manipur.

Breastfeeding: Good Practices

Early and exclusive breastfeeding plays a key role in ensuring newborn health.

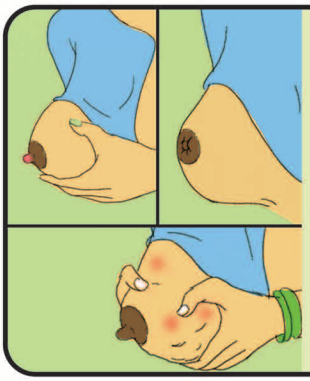
Breastfeeding should begin immediately after the baby is born, at least within an hour after birth.

Till a baby is six months old, she should be exclusively breastfed. The baby should not be given anything else, not even water.

A newborn should be breastfed at least eight-ten times every day. Feeding more often helps in production of more milk.

If a baby is unable to suckle or a mother unable to breastfeed directly, she can express her breast milk into a clean bowl. This can then be given to the baby with a spoon.

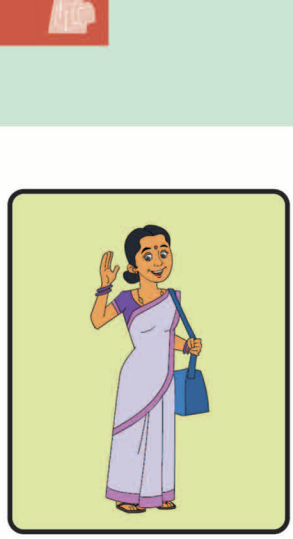
A mother should continue breastfeeding even if she is unwell and taking antibiotics.



Continuing to breastfeed is important even if the mother has problems like sore or inverted nipples or engorged breasts.

Breastfeeding should continue for a year or two, even after the baby begins to have other foods.

Post-partum Care and Newborn Health: An ASHA's Role



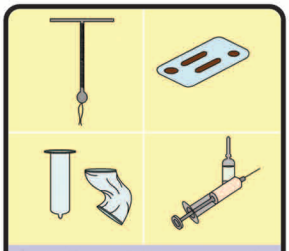
Undertaking regular home visits on the prescribed days to check on health of mother and newborn.

Advising mother about having a nutritious diet and counselling the family about her need for adequate rest for at least six weeks after delivery.

Assessing mother for signs of complications and ensuring appropriate referral.

Helping mother manage anaemia.

Encouraging and supporting exclusive breastfeeding and helping mother deal with problems related to this.



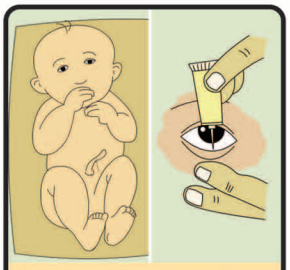
Counselling mother on contraceptive needs (temporary/ permanent) as required and helping her family to access family planning services.

Observation and first examination of newborn and recording birth outcome.

Immediately after delivery, initiating breastfeeding and keeping newborn clean, warm and dry.

Measuring temperature, checking weight and determining if newborn is pre-term.

Keeping the newborn warm; dealing with hypothermia; managing fever.



Umbilical cord care and care of eyes: immediately after birth and during home visits thereafter.

Counselling family on caring for the newborn, especially the precautions necessary for preventing infections.

Educating the family on the importance of exclusive breastfeeding and other related facts.

Dealing with asphyxia and neonatal sepsis.

Identifying high risk babies and counselling family on care required, including breastfeeding.

RTI/STI Training

NRHM, AIR officials with ASHAs

PNDT Workshop

RCH out reach camp at Kaboanram

Tribal Health
- Distribution of Nutritions Meal

BCC/IEC Workshop at Haijang

NRHM NewsLetter

Editorial Office :

National Rural Health Mission, Directorate of Family Welfare, Manipur

Chief Editor :

Devesh Deval, Mission Director, NRHM

Editorial Board :

1. Dr. K.Rajo, State Nodal Officer, BCC/IEC
Joint Director, FW Dept., Manipur
2. Ng. Monota, State Programme Manager, NRHM
3. Kiranmala Thangjam, State BCC/IEC Consultant, NRHM (Convener)

09206042181 www.nrhmmanipur.org

Designed and printed by: Nest Advertising & Marketing Pvt. Ltd.

Manipur NRHM National Rural Health Mission