

উন্নত স্বাস্থ্য সেবা নিশ্চিত



Manipur

NRHM

National Rural Health Mission

11th & 12th Double Edition(Oct 2010-March 2011)

Newsletter



“ District Hospitals on Wheels ”



Mission Director, PK Jha giving a welcome speech



Finance Training with FMG (Financial Management Group, MoHFW, ND) on Oct. 2010.



NBITS Training for ANMs and ASHAs

"DMMU- DISTRICT HOSPITALS ON WHEELS" REPORT ON THE DISTRICT MOBILE MEDICAL UNIT CAMP 2010-2011 till Dec' 2010

*Under District Health Society, Bishnupur
Submitted by: Pushpa Oinam, DPM, NRHM Bishnupur*

INTRODUCTION:

The Bishnupur district with its headquarter at Bishnupur (27 Km. from Imphal) was opened on 25-05-1983. Stretching between 93.43 ° E and 93.53 ° E Longitudes and 24.18 ° N and 24.44 ° N Latitudes the total geographical area of the District is 496 Sq. Km. It is bounded on the North by Imphal West District, on the South by Churachandpur District, on the East by Imphal and Thoubal Districts. As per the 2001 Census, the total population of the district is 2,08,368 (1,04,550 males and 1,03,818 females) having a density of 454 per Sq. Km. and literacy of 57.50 % (67.43 % for males and 47.50 % females). Of the demographic pattern, the Manipuri Meiteis constitute the largest population followed by the Meitei Pangal (Manipuri Muslims, Schedule Caste (1,727) and Schedule Tribals (6143). Splinter number of Biharis and Marwaris are temporarily settled in the district mainly for the business professions.

Most of the villages in the district have population above 2000 people living in it. Some of the villages in Moirang block have difficult transport facilities. This factor plays an obstacle in organizing outreach services such as immunization, polio and regular health check ups. Out of the three blocks, Moirang block has the highest number of villages and its road connectivity, however, remains poor.

The district has reasonable sex ratio of 993 females per 1000 males as compared to state statistic of 978 females per 1000 males. There will be a linear growth of population in future with the health status of women not degrading to a large extent.

The literacy rate of the district is 82.25 which is reasonably high in the state as per 2001 Census. The female literacy rate (47.50%) is low and in some way affects the social development.

The Health Indicators of the District are CDR-5.1, IMR-19.58, TFR-2.4, Female literacy rate-47.5 and Sex ratio is 993.

The implementation of District Mobile Medical Unit Camps have been strategically planned so as to reach out to interior and hard to reach Villages especially through a well packaged activities.

The District Mobile Medical Unit camp has been planned in 21 (twenty one) such HRA villages for the year 2010-11. Till Oct' 2010 7 (seven) camps have been completed out of 21 (twenty-one).

List of DMMU Camps to be conducted during 2010-11

Sl. No	Health Facility	Camp Venue	Date of Camp
1	CHC Nambol	1.Kongkham 2.Langpok 3. Utlou	15th Sept, 2010 13th Oct, 2010 10th Nov, 2010
2	CHC Moirang	4.Kwakta Bazar 5.Saiton Bazar 6.Kha-Thinungei	20th Sept, 2010 8th Dec, 2010 13th Jan, 2011
3	PHC Leimapokpam	7.Sanjenbam 8.Khunpham 9.Waheng Khuman	28th July, 2010 7th Jan, 2011 8th Feb, 2011
4	PHC Oinam	10.Naorem 11.Maibam Chingning 12.Ngaikhong Khullen	27th Oct, 2010 5th Nov, 2010 29th Dec, 2010
5	PHC Ningthoukhong	13.Toubul 14.Nachou 15.Thinungei	18th March, 2011 25th Jan, 2011 19th Feb, 2011
6	PHC Thanga	16.Hourengh Chingyang 17.Khunsem 18.Keibul	22nd Dec, 2010 24th Feb'2011 10th March'2011
7	PHC Kumbi	19.Pombikhok 20.lthai 21.Borayangbi	25th Sept, 2010 20th Oct, 2010 15th Nov, 2010

Total number of DMMU Camp = 21 (Twenty one)

For these camps a team of Doctors including Specialist, Nurses and Paramedics had been utilized to render services to the people.

Publicity:

1. Communication to the Chairman Village Health & Sanitation Committee, Miking, Newspaper, Radio, Mobilization through ASHAs

Objective:

- To Provide District Hospital Services to the Periphery
- To Provide Specialist Services to the unreached
- To improve the Health seeking behavior of the People
- To provide free Medicines, X-ray, Lab-testing, etc

Services Provided:

1. Free Medicine
2. Free Lab-Testing (Hb%, Blood R/E, Urine R/E, VDRL, ABO, Sputum examination)
3. Free Health Check - up
4. Free X- Ray Testing
5. Free Vision Testing
6. HIV Testing

VII. Outcome of the Health Camp:

- I. Total number of patient at Sanjenbam on 28th July'10-2 30 (Three hundred and thirty)
- II. Total number of patient at Kongkham on 15th Sept'10- 250 (Two hundred and fifty)
- III. Total number of patient at Kwakta on 20th Sept' 10- 300 (Three hundred)
- IV. Total number of patient at Pombikhok on 25th Sept'10- 190 (one hundred and ninety)
- V. Total number of patient at Langpok on 13th Oct'10 - 350(Three hundred and fifty)
- VI. Total number of patient at Ithai on 20th Oct'10 - 330(Three hundred and thirty)
- VII.Total number of patient at Naorem On 27th Oct'10 - 360(Three hundred and sixty)
- VIII.Total number of patient at Maibam Chingning 5th Nov' 2010 - 290 (Two hundred & Ninety)
- IX. Total number of patient at Utlou on 10th Nov'2010-350 (Three hundred and fifty)
- X. Total number of patient at Borayangbi on 15th Nov' 2010- 420 (Four hundred & twenty)
- XI. Total number of patient at Saiton Bazar on 8th Dec,2010- 279 (Two hundred & seventynine)
- XII.Total number of patient at Houreng Chingyang on 22nd Dec'2010- 310 (Three hundred & ten)
- XIII.Total number of patient at Ngaikhong Khullen on 29th Dec' 2010- 290 (Two hundred & ninety-nine)

VIII. COMMON AILMENTS DETECTED**IX. Recommendation:**

1. Monitoring visit from State Health Society, Manipur
2. Appointment of One Sonographer to handle the Ultra sound Machine.
3. Paedetrician to be posted at District Hospital, Bishnupur

X. Conclusion

The DMMU Camp so far organized was a successful one. It was organized in co-ordination with the District Hospital Unit of Bishnupur and PHC at the periphery. The common ailments detected will help the District Planning Team to incorporate in the next District Health Action plan for necessary changes. It will also increase the health seeking behavior of the rural population. It will also help in achieving the main aim of NRHM i.e affordable, accessible, accountable, effective and reliable primary health care, especially to the poor and vulnerable section of the population.



Reaching the interiors



Maternal Health - A priority



Child Health - Free Medicines



Bringing smiles to their faces



Counselling the mothers



Waiting for their turn

NRHM Newsletter

District Mobile Medical Units Camps Report for 2009-10, Churachandpur:

Submitted by: DPMUs, CCPUR

Two Mobile Medical Units are operational at the District under NRHM. Through these 2 vehicles, eight medical camps have been conducted at various outreached villages. Their details reports are given below:

1. Date: 11-12-2009: The year DMMU camps kick off at Primary Health Centre Sagang. It was attended by five MBBS doctors, 5 Nurses, 1 Ophthalmist, one X-Ray technician 1 each Lab Tech, Pharmacist including one specialist and the cases seen by them are categorize are as follows:

Medicine---79 cases, Obstetrics & Gynae-57, Paediatric---30, Eye---75. Overall outpatient's outdoor seen reaches to 241.

2. Date: 29-10-10: The 2nd DMMU camp was held at Sangaikot village under PHC Saikot on 29/10/10. And was attended by 130 patients. Four MBBS doctors (one specialist) with 4 ANMs, 1 Pharmacist, 1 ophthalmist and 1 Lab Technician attended the camp and categorize by them are as follows:

Medicine: --48, Obstetrics & Gynae: ---24, Paediatric---35 and Eye-23.

3. Date: 4-09-10: The 3rd DMMU camp was held on 4/9/10 at Bunglon village under PHC Henglep. It was attended by five MBBS doctors, one Ophthalmist 6 ANMs, 2 Pharmacist and 1 Lab Tech seeing Medicine-99, Gynae-38, Ayush-12, Eye--30 and paediatric-88. A total of 267 nos of patients had attended the camp.

4. Date: 09-09-10: The 4th DMMU camp was held on 9/9/10 at New Pangsang under PHC Henglep. It was attended by five doctors, 1 X-Ray technician, 3 ANMs, 1 ophthalmist and 1 pharmacist and group themselves into different department i.e Medicine-39, Gynae-36, Paediatric-36, Eye-29. The total patients who came in the camp reach to 207.

5. Date: 18-09-10: The 5th DMMU camp was held on 18/9/10 at Haijang village under PHC Singngat. It was attended by five doctors, 1 ophthalmist, 1 Lab Tech, 1 X-Ray Technician in which they group themselves into different department i.e medicine-106, Gynae-36, paediatric-36, eye-29. The total no of patients attended the camp was 207.

6. Date: 25-09-10: The 6th DMMU camp was held on 25-09-10 at B Salvaphai village under PHC Saikot. It was attended by five doctors, 3 ANMs, 1 ophthalmist, 1 lab tech and 1 pharmacist. The total no of patients attended the camp was 207 nos.

7. Date: 29-9-10: The 7th DMMU camp was held on 29/9/10 at Khoirentak village under PHC Sagang. It was attended by five MBBS doctors, 4 ANMs, 1 ophthalmist, 1 X-Ray technician, 1 Pharmacist. The cases seen by the doctors are as follows: Medicine-75, Gynae-11, paediatric-08, eye-24. The total no of patients seen was 118.

8. Date: 06-10-10: The DMMU camp was held on 6/10/10 at Tangpijol village under PHC Singngat. It was attended by five doctors, 3 ANMs, 1 Ophthalmist, 1 X-

Ray technician, 1 pharmacist. The case seen by the doctors are as follows: Medicine-87, Gynae-26, paediatric-59 and eye-20. The total no of patients who came in the camp was 192.

Conclusion: In all the above camps, total of 1453 patients attended the camps with the active participation of Deputy Commissioner, Chief Medical Officer, District Family Welfare Officer, DPMUs, BPMUs, ASHAs, ANMs and all the staffs of the concerned health centres.

Camps constraints: The MBBS doctors who attended the above camps were of the same persons. They were engaged for the entire schedule camp. Out of the five MBBS doctors who attended the camp, there was only one specialist doctor, Dr Arkee, MD Physician. Since there is nil specialist doctors under NRHM and also shortage in District Hospital. Specialist doctors could not be use in the DMMU camps. Also, the DMMU vehicles cannot move to the interior parts of the District due to torn road condition.

Churachandpur





Immunization



Vehicles in full use



Giving free medicines



The kids coming out in full swing



Medicines for the people

BRIEF REPORT OF RCH OUTREACH HEALTH CAMPS HELD IN RESPECT OF TAMEGLONG DISTRICT FOR THE YEAR 2010-11

RCH Outreach Health Camps were held in 12 villages under the 4 blocks of Tamenglong District for the year 2010-11. The facilities that were made available during the camps were:

- a) Free examination of sick and ailing people.
- b) Free examination of Malaria, HIV/AIDS and Sputum tests.
- c) Free health education on TB, Malaria, HIV/AIDS, Leprosy, Sanitation and other health related issues,
- d) Free distribution of medicines and health Pamphlets

The places where these camps were held along with the number of patients examined and treated are as follows:

Sl no	DH/CHC/PHC	Name of village members	Team	Date	Number of patients
1	CHC Nungba	Longpi	13	13-11-2010	214
		Okoklong	13	17-11-2010	144
2	PHC Tousem	Phelong	8	24-11-2010	250
3	PHC Khoupum	Leikot	9	2-11-2010	161
		Taodaijang	9	20-11-2010	181
4	PHC Haochong	Khundong	13	21-11-2010	310
5	PHC Noney	Thangal	13	24-11-2010	310
6	PHC Tamei	Lamlaba	11	17-1-2011	245
		Konphung	11	18-1-2011	288
7	District Hospital	Bhalok	7	18-3-2011	96
		Machunlong	7	22-3-2011	160
		Atonguning	7	26-3-2011	75
			12		2434

BRIEF REPORT OF DMMU (District Mobile Medical Unit) OUTREACH HEALTH CAMPS HELD IN RESPECT OF TAMEGLONG DISTRICT FOR THE YEAR 2010-11

District Mobile Medical Unit (DMMU) Outreach Health Camps were held in 16 villages of Tamenglong District for the year 2010-11. The facilities that were made available during the camps were:

1. Free examination of sick and ailing people.
2. Free examination of Malaria, HIV/AIDS and Sputum tests.
3. Examination of Blood RE, Haemoglobin and Blood/Urine sugar at Rs 10 per test.
4. X-ray examination at Rs 50 per film.
5. Free health education on TB, Malaria, HIV/AIDS, Leprosy, Sanitation and

other health related issues.

6. Free distribution of medicines and health Pamphlets

The places where these camps were held along with the number of patients examined and treated are as follows:

SI no	DH/CHC/PHC	Name of village	Team members	Date	Number of patients	Lab Report
1	District Hospital	Khunjao	25	4-11-10	252	29
		Khongjaron	23	5-11-10	246	48
		Dailong	23	17-11-10	128	30
		Kahulong	16	22-11-10	119	23
		Taobam	17	2-12-10	111	22
		Namkaolong	16	3-12-10	208	19
		Tabanglong	12	29-12-10	107	13
2	CHC Nungba	Reangpang	9	16-1-11	217	29
		Kambiron		17-1-11	108	21
3	PHC Noney	Makhuam	16	29-1-11	197	46
		Charoi Tupul	15	30-1-11	172	29
		Luangchum	18	31-1-11	191	12
4	PHC Oinamlong	Oinamlong	16	11-3-11	173	12
		Nungkao	17	12-3-11	102	11
		Kaimai	17	13-3-11	177	11
		Sibilong	15	14-3-11	163	9
		16			2671	364





Counselling the patients



Free medicines being distributed



Caring for the people



Health Mela 2011 (Tamenglong)



We are here for you



Crowds thronging the counter



Waiting for patients



Medicines on demand



Looking after the sick

DISTRICT HEALTH SOCIETY, IMPHAL EAST

District Mobile Medical Camp

Submitted By: Benny Th, DPM, IE

OPD record				Centre	Diagnosis	Facility avail
Sl.no	Male	Female	Total			
1.	129	372	501	Irilibung,KBB	Common cases: ARI, PUS, Back-pain, PUO Irregular menstruation, PID, Dental caries, Perichondritis Viral Fever, Cough, Boil, Worm infestation UTI, Malnutrition, Amoebiasis, Blood grouping, Hb, Urine Albumin, Urine Sugar Rare cases: Heart disorder, Thyroid disorder Lumbar spine (AP, lateral view) UTI, Malnutrition, Amoebiasis	1.Medicine 2. Gynae and Obts. 3. Eyes (Opt) 4. Dental 5. X-ray 6. ECG 7.Ultra-Sound 8.Lab.Testing Facility
2.	181	476	657	Heingang,SWB		
3.	199	273	472	Kangla Siphai,SWB		
4.	188	407	595	Nongpok Keitelmanbi,KBB		
5.	321	416	737	Yambem,KBB		
6.	286	415	701	Waithou Chiroo, KBB		
7.	184	279	463	Tangkham Kalika Mandir,SWB		

MANPOWER

Sl. No.	Name	Designation	No.
Other Staffs for DMMU Camp at Irilibung			
1	Dr. Ch. Nabakanta Sharma	Sr. Gynae. (JN Hospital)	1
2	Ajima	Asst. Gynae. (JN Hospital)	1
3	Dr. P. Subhajit Singh	Ophthalmologist	2
4	Lhingkhohat Haokip	Ophthalmologist	
5	Uma	Asst. Ophthalmologist	2
6	Suchitra	Asst. Ophthalmologist	
7	Dr. P Arunkumar Singh	Paed. (RIMS)	1
8	Dr. Anil	Medicine Specialist	1
9	Dr. RK Ratan	Dental Specialist	1
Ultrasound			
1	Dr. S. Sunil	Sonologist	1
X-ray Tech.			
1	T. Debendra Singh	X-ray Tech. (Imphal Hospital)	1
Internal Arrangement Staffs for DMMU			
1	Dr. L. Braine Singh	MO for Sawombung	3
2	Dr. B. Anuradha	MO for Sawombung	
Staff Nurse			
1	W. Loidang	Staff Nurse, Ningomthongjao (UHC)	
ANM			
1	RK Tamphasana	District Headquater	4
2	Anita	Minuthong SC	
3	S. Radharani	Lamlai PHC	
4	Ronibala	Heingang PHC	

Pharmacist

1	Mahind	Pharmacist Sagolmang CHC	1
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DMMU Staffs

1	K. Rita Devi	X-ray, DMMU, Imphal East	1
2	K. Meela Chanu	Lab. Tech., DMMU, Imphal East	1

Paramedical Staffs

1	District level officers, BPMU, Grade IV etc. Imphal East		10
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DISTRICT HEALTH SOCIETY, IMPHAL EAST

Reproductive and child health camp 2010-2011

Sl.No	Centre	No.of OPD	Cases detected	Manpower
1.	Yambem	213		Dr. Dennibala,
2.	Nongpok Keithelmanbi	240		and Dr Sangita (AYUSH Doctor)
3.	Andro	250	Reproductive Age:	Dr Nilakanta,
4.	Chanam Sandrok	189	Irregular menstruation,	Dr Brainee,
5.	Kairang Muslim (Mahabali)	260	PID, Back-pain, PUO, Skin infection, PMS,	Dr Raikumar
6.	Heingang	276	Dysmenorrhoea,	Dr Anuradha (AYUSH Doctor)
7.	Nongpok Heirok	213	Menorrhagia,	Dr. Bocha,
8.	Yaingangpokpi	280	Hypertension,	Dr Indira Raleng,
9.	Makeng Chengloul	199	Vertigo, Headache UTI, RTIs, ARI, PMS, Tinnitus, Pedal	Dr. Indira, Dr Rosie, Dr Romita, Dr Nirpendra
10.	Kashimpur	320	Child: Viral Fever, Cough, Boil, Worm infestation, UTI, Malnutrition, URTIs, Icterus, Scabies. Gastritis Tonsillitis, Epistaxis, Anaemia.	Dr Kom, Dr. Thanjapao, Dr AK Das, Dr Khallen, Dr Oken, Dr. Bocha .
11.	Butangkham	343		
12.	Latingkhan	332		



Child health - A must



Eye care counter



Waiting in queue

NRHM Newsletter



Caring for the old



Easing the pain



The team with the villagers



Free medicines



Counselling sessions



Interaction time

NRHM Newsletter



Giving the correct dose



Maternal Health



For the people

One day Reproductive & Child Health Camp for the 2010 - 2011, IMPHAL WEST.

Submitted by: DPMUs, IW

CAMP AT VILLAGES UNDER SEKMAIJING PHC

1) Date of Camp: 19th June 2010 Venue: Phoubakchao village.

The Camp was attended by 4 MOs (2 Lady Doctors & 2 Male doctors) & 1 AYUSH Doctor, 6 Nurses and 2 Technicians (Lab. Tech & X-Ray Tech)

One day Reproductive & Child Health Camp was conducted on 19th June 2011 at the village with support from UCM, Phoubakchou Branch and PHC Sekmaijin. Altogether a total of 500 patients attended the Camp. Out of these total, 147 were Children & 353 women. 15 Female patients were examined for Malaria Parasite but no M. P. was detected. Blood examination for sugar; urine & HB were also conducted. Awareness talks on Malaria & Tuberculosis were also conducted by the concerned MHW.

2) Date of Camp: 21st Jan., 2011 Venue: Laphupat Tera, Jupiter High School.

The Camp was conducted at Laphupat Tera which is 20 k.m. away being the remotest area from PHC Sekmaijing with only one public transportation routing only once in a day. RCH Camp was conducted in this area with an aim to reach out the Health services to this inaccessible community. The Camp was attended by 2 MOs & 8 Paramedical staffs. A total of 119 patients attended the Camp out of which 36 Pregnant Women have received ANC Check up and maximum of the children (23) complain for skin problem & worm infestation.

CAMP AT VILLAGES UNDER PHC PHAYENG.

3) Date of the Camp: 26th June 2010 Venue: Samusang Club Building

The camp was conducted at Samusang under PHC Phayeng with support from local club. The Camp was attended by 4 MOs (2 Lady Doctors & 2 Male Doctors) ; 1 AYUSH Doctor & 8 Supporting staffs. Altogether 244 Nos. of patient attended the Camp out of which 160 were women & 84 were Children.

4) Date of the Camp: 29th June 2010 Venue: Takyel Khongbal .

Number of Staffs engaged are 5 Doctors including 1 AYUSH & 8 Paramedical staff. Total number of OPD patients is 296 out of which 140 were Women & 56 was children.

5) Date of the Camp: 06th Jan.2011 Venue: Haorang Sabal Dispensary

4 MOs; 8 paramedical Staffs & 5 supporting staffs attended the Camp. A total of 303 patients attended the camp providing services to 154 Women & 149 Children. 46 patients have been investigated for Blood Sugar (10) ; Urine (Alb/Sug-29); Hb% (24 patients); Pregnancy test (4 patients) & Blood group (19) . Out of these 3 patient were found Diabetic

CAMPS AT VILLAGES UNDER PHC KHURKHUL:

6) Date: 07th Jan.2011 Venue: Mayang Langjing PHSC

One day RCH Camp was conducted at Mayang langjing PHSC Building providing free health services to 234 Patients, Out of which 164 were Female & 70 were Children.

3 Allo, Doctors & 1 AYUSH doctor along with 14 Paramedical/Support staffs participated in the Camp. Facilities for ICTC services were also provided at the Camp. 8 Pregnant women & 6 General patients were tested for HIV however none of them were found positive. 9 Patients were investigated for Blood Sugar; Urine (Alb.Sug) ;HB % & Pregnancy test.

CAMPS AT VILLAGES UNDER CHC SEKMAI:

7) Date: 22nd Oct 2011 Venue: Nongchup Kameng Primary School.

Under CHC Sekmai RCH Program was conducted at Nongchup kameng Primary School Campus. 278 patients were treated at the Camp out of which 183 were female and 95 were children. 4 Lady Doctors along with 8 paramedical staffs / support staffs attended the Camp.

CAMPS AT VILLAGES UNDER PHC MAYANG IMPHAL

8) DATE: 18th Jan.2011 VENUE: Kokchai PHSC

RCH Camp was conducted at Kokchai PHSC providing free health services to 296 patients out of which 163 were women & 133 were children. 2 lady doctors & 1 AYUSH MO supported by 6 Paramedical staffs attended the Camp.

CAMPS AT VILLAGES UNDER CHC WANGOI

9) DATE: 19th JAN.2011 VENUE :MUTUM PHIBOU AWANG LEIKAI

One day RCH Camp at Mutum Phibou was attended by 124 Clients out of which 82 Women & 32 children were provided with free treatment & medicine. Laboratory test on 32 patients were conducted for Blood sugar test; urine test; HB Exam. ; ABO grouping. Free distribution for Oral pill to 18 clients & Nirodh to 2 clients were also provided.

DMMU CAMP CONDUCTED DURING 2010-2011

The first DMMU Free Health Medical Camp 2010-11 was organised on 16th Oct., 2010 at Tabungkhok Primary School, Tabungkhok Mayai Leikai under Tabungkhok PHSC covering Tabungkhok village(3032) & Heinoubok village (2348). Altogether 4 (four) ASHAs are Working under this PHSC. The OPD was open from 10 a.m to 4 p.m. availing specialist services like Gynaecologist/Sonologist, Paediatrics, and Medicine. The facilities available at the two DMMU vehicles like Ultra Sound; X-Ray; ECG; Ophthalmic & various Lab. services were utilised to the maximum. The Specialist engaged were Dr Chorjit Singh, Gynaecologist JN Hospital; Dr Chitrapriya Paediatrician CHC Wangoi & Dr Debeshwor, Medicine PHC Mayang Imphal and 2 MOs. Altogether 25 Paramedical & Management staffs were engaged. Altogether 1389 attended the Camp ,out of which 748 were Women ; 231 were Men & 410 were children below 18 years old. 26 patients were investigated for various Services like Blood Sugar ; Urine ; Hb% ;Pregnancy Test ; Blood group & HIV test . Out of the total, 8 patients were found Diabetic and 23 patients were exposed for X-Ray & 2 patients for ECG. Awareness talk on National Program like RNTCP; AIDS; Malaria & Leprosy were also conducted.

The second Camp was conducted at Takyel Kolom Community Hall under PHC Phayeng. The Camp was conducted by Gynaecologist, Dr Chorjit Singh; Dr Ibemhal, Paediatrician; Dr Debeshwor, Medicine JNIMS Porompat ; 4 MOs & 2 AYUSH Doctors

and 8 Paramedical staffs were engaged for the Camp. 989 Patients were provided free medical services & drugs. Out of the total 178 were women; 208 Children & 603 Men. 32 patients were investigated for Blood Sugar-6 patients; Urine (Alb/Sugar)-12 Patients; HB% - 10 Patients & Blood Group -3 patients.

Imphal West



Caring for the old people



Inside the DMMU vehicle



Work in full swing



Free medicines



Child Health - A must



Counselling the mothers



The team with the villagers



Caring for the people

NRHM Newsletter

GOVERNMENT OF MANIPUR
BLOCK PROGRAMME MANAGEMENT UNIT: PHC MACHI
Chandel District

Machi Block

SUMMARY:

The 1(one) day RCH camp at Machi Block at 3 (three) different villages under the aegis of the DHS, Chandel has been conducted on 27th & 30th of September 2011 & 5th of February 2011 at Heinoukhong Village, Kangoi Khullen Village & Maryland Village respectively. The RCH camps were a successful one while keeping aside the few constrain that is being faced while conducting.

The RCH camps is being planned, arranged & mobilized by the BPMU & the ASHAs of the respective villages in consultation with the M.O i/c. The schedules and venues were adjusted according to the necessity of the village, population and its distance from the nearest Health centres.

DESCRIPTION OF RCH CAMP AT HEINOUKHONG VILLAGE:

Dt. 27th September 2011

Heinoukhong village is situated near the sub-urban area of Heirok Part -III. It is about 18km away from the NH-39 from Wangjing and 24km away from the PHC Machi. It is categorized under Khulsaibung Sub-Centre for its health facilities. The community mostly visits to health services at Heirok and Kakching. The village is inhabited by the Maring community. The village has 61 household and a total population of 291 and it's a catchment area. The patients turn out from the nearby village i.e., Wabaching can also be seen during the camp.

Mobilization of the community is being done by the BPMU and the ASHA concern of the said village. There were 3 doctors, 3 ANMs, 1 Lab. Technician and the BPMU staff (3) to manage the camp.

The stall includes:

1. Gynaecologist	-	Dr. Gina Gangmei (outsourced)
2. Paediatric	-	Dr. Robert K. (outsourced)
3. General Medicine -		Dr. Emerson Khartu M.O i/c, PHC Machi
No. of patients turn up		: 156
No. of household		: 61
Total population		: 291

DESCRIPTION OF RCH CAMP AT KANGOI KHULLEN VILLAGE:

Dt. 30th September 2011

Kangoi Khullen village is located on the sloppy area of Machi Block which is about 10 km away from Machi PHC and 15 km away from Khunbi Sub-Centre. It has 124 households and a population of 1105. It is one among the largest villages in the Block. The presence of inter-caste married families can also be seen within the village itself. The village is inhabited by the Maring tribe and it is not a catchment area. Due to sudden outpour of rain the patients turn out is less in comparison with its population.

The RCH Camp stalls were put at the village Community Hall. There were 3 Doctors, 2 ANMs, 2 ASHAs, 1 Lab. Tech, 1 Pharmacist and the BPMU of the concern Block.

The stall includes:

1. Pediatric	-	Dr. Suraj Singh (outsourced)
2. General Medicine	-	Dr. Emerson Khartu M.O i/c, PHC Machi
3. AYUSH	-	Dr. Y. Polendro Singh M.O Ayush
No. of patients turn up		: 198
No. of household		: 124
Total population		: 1105

DESCRIPTION OF RCH CAMP AT MARYLAND VILLAGE:

Dt. 5th February 2011

The Maryland village is located on the way from Heirolk through Wangjing which is about 38 km away from Machi PHC and 21 km away from Khulsaibung Sub-Centre. It has 44 households and a total population of 239 and is inhabited by the Tangkhul tribe. The presence of inter-caste married families can also be seen and it is not a catchment area. The village is being chosen due to its far off distance and being one of the village where Minimal Health care facility is being received under Machi block.

The RCH Camp stalls were put at the Village Church Compound. There were 3 Doctors, 3 ANMs, 1 ASHA, 1 Lab. Tech, 1 Pharmacist and the BPMU.

The stall includes:

1. Pediatric	-	Dr. Mani Singh (outsourced)
2. General Medicine	-	Dr. Emerson Khartu M.O i/c, PHC Machi
Dr. Monoringa Sp (outsourced)		
No. of patients turn up		: 122
No. of household		: 44
Total population		: 239

EVALUATION & SUGGESTIONS:

The Machi Block had completed the 3 (three) RCH Camps as per the allotment given by the District Health Society at Heinoukhong, Kangoi Khullen & Maryland Village for the financial year 2010-11. The BPMU along with the MO i/c had planned for the schedules & venues according to the availability and conveniences of the Specialist/Doctors (that has to be outsourced) & the villagers in particular. The villagers suggested that it would be good if we could provide them more facilities like USG, X-Ray, TB, Malaria, etc. in the near future since it's hard for them to afford the said facilities due to low income and poverty.

SUGGESTION:

1. The availability of Higher Quality medicines rather than the generic medicines of lower quality for better benefit of the peoples.

2. The funding of the RCH Camp at the Hill Station should be more than that of plain areas as the Manpower could reach the unserved areas only by hiring vehicles and many more things to be done in order to reach the concern areas.

CONCLUSION:

The findings and observation of the RCH Camps conducted at Machi Block is average. Hence forth, the RCH Camps should be conducted quarterly at the Village level as it would cut down the number of ill health society. The availability of Specialized Gynecologist & Pediatric Doctors during the said RCH Camps would surely bring satisfactory and beneficial results since its primary target being a Mother and Child.

The time schedule of the RCH Camps is as follows:

Day - 1 (27th September 2011) : 09:00 am to 4:00 pm at Heinoukhong village

Day - 2 (30th September 2011) : 09:00 am to 4:00 pm at Kangoi Khullen Village

Day - 3 (5th February 2011): 10:00 am to 3:30 pm at Maryland village

The RCH Camps ended with a word of gratitude and thanks from the concerned Village Authorities, Clubs and the Villagers.

Chandel



Counselling sessions



Waiting in queue



Counselling sessions



Caring for the old



Free medicines

NRHM Newsletter



Looking after the patients



Checking their health



Explaining & making them understand

Report of DMMU Services for the year 2010-11 of THOUBAL DISTRICT

Date	Name of Health Institution	DMMU Performance Report									
		Ultra sound	X Ray	ECG	VDRL	WIDAL	Urine RE	HB %	Blood Sugar	ABO	RF
8 th Sept. 2010	PHC Khoirom	11	3	Nil	2	1	6	4	7	Nil	1
15 th Sep. 2010	PHC Charangpat	13	1	1	Nil	2	8	6	10	1	2
29 th Sept. 2010	PHC Wangoo Laiphom	21	4	1	5	3	10	16	11	4	8
7 th Oct. 2010	CHC Sugnu	16	3	1	7	3	12	11	8	2	5
13 th Oct. 2010	PHC Serou	22	8	2	5	6	14	16	5	1	8
20 th Oct. 2010	PHC Wangjing	19	6	Nil	7	4	17	15	11	Nil	11
27 th Oct. 2010	CHC Heirok	25	11	3	8	9	19	19	8	7	16
3 rd Nov 2010	CHC Yairipok	23	6	4	8	9	4	6	19	Nil	nil
10 th Nov 2010	PHC Khongjom	18	11	2	6	7	11	16	11	1	10
20 th Nov. 2010	PHC Pallel	16	7	3	4	5	10	12	9	Nil	6
3 rd Dec 2010	PHC Hiyanglam	20	7	6	5	8	12	15	6	Nil	11
18 th Dec 2010	PHC Kakching Khunou	17	8	8	4	11	13	7	2	1	3
25 th March 11	PHC Lilong	11	2	6	3	7	5	4	1	Nil	1
26 th March 11	CHC Haoreibi	24	11	7	8	10	13	6	4	2	11
28 th March 11	PHC Leishangthem	19	12	10	9	14	11	8	5	Nil	9

NHRM Newsletter

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Thoubal District RCH Report for the year 2010-11

Date	Venue	Name of Health Institution	DMMU Performance Report										
			OPD	Ultra Sound	X Ray	ECG	VDRL	WIDAL	Urine RE	HB %	Blood Sugar	ABO	RF
26 th Aug. 2010	Sekmaiijing Khunou	PHC Hiyanglam	315	27	15	3	11	6	11	19	7	3	16
28 th Aug. 2010	Arong Tera	PHC Hiyanglam	295	31	16	NIL	8	6	15	25	11	3	21
28 th Sept. 2010	Chaobok Kabui	PHC Lilong	197	23	14	NIL	10	4	17	21	12	NIL	15
5 th Oct. 2010	Heirok Part II	CHC Heirok	309	34	16	4	16	11	21	30	9	5	19
22 nd Oct. 2010	Sabaltongba	PHC Leishangthem	227	32	17	NIL	10	13	23	29	16	4	17
22 nd Nov. 2010	Yairipok	CHC Yairipok	264	33	21	3	9	12	25	21	11	6	21
23 rd Nov. 2010	Yairipok Bamon Leikai	CHC Yairipok	341	36	15	1	6	16	23	30	12	4	31
30 th Dec. 2010	Serou Manang Leikai	PHC Serou	308	31	21	NIL	7	19	16	17	11	3	16
7 th March 2011	Pallel	PHC Pallel	217	21	11	NIL	8	13	12	15	14	5	22
12 th March 2011	Wangoo Tera	PHC wangoo Laipham	263	27	17	1	11	15	16	12	13	6	11
14 th March 2011	Arong Khunou	PHC Hiyanglam	397	39	22	2	21	25	19	19	21	11	26
16 th March 11	Irong Khunou	PHC Leishangthem	197	17	11	NIL	11	14	10	9	4	NIL	11



DMMU vehicles in full use



Inside the DMMU vehicle

NRHM Newsletter



Inside the DMMU vehicle



A peek inside the DMMU

DETAILED SUMMARY REPORT OF DMMU PROGRAMME CONDUCTED IN THE DISTRICT DURING THE YEAR 2010-11

Submitted by: Elizabeth Rk., DPM, Senapati

INTRODUCTION:

NRHM has served the poor rural people of Senapati District by extending various health facilities even to the most interior part of the areas. For the first time service like DMMU has really impressed the people who inspite of the requirement were unable to avail it due to reasons like, lack of awareness, heavy work load at home, poor economic life, difficult area to reach etc. DMMU consist a set of free medicine, specialist doctors, lab, ultra-sound, IEC/BCC and all other paramedical staff, so it is a kind of special health facilities which any ordinary poor man wouldn't be able to afford any time.

During the year 2010-11 District Health Mission Society, Senapati has already conducted 8 DMMU as an Out-Reach and 1 planning by 25th March 2011, 2 Health Mela, occasionally at 2 CHCs and DMMU service is made available at District Hospital for 2 days in a week i.e. Monday and Thursday.

Some of the common diseases/sickness of the people found during the camps are like, skin disease, Fever, Diarrhea, Cold & Cough, Blood Pressure, Malaria, Typhoid, Gastritis, Gynae, Toothache and Arthritis and some diseases that need to be addressed are Pile cases and Diabetics.

Following is the detail showing Health Camps conducted with DMMU service:

Sl.No	Side/area for Health camp	Under CHC/PHC	Date
01	Ngatan village	PHC Maram	17-18 Aug. 2010
02	Khangchup Chirru	PHC Motbung	31 Aug-1st Sept, 2010
03	Kaithelmanbi	PHC Kalapahar	10th Sept, 2010
04	Sajouba	PHC Tadubi	6th Oct, 2010
05	Kamu Koireng	PHC Maphou	28th Oct, 2010
06	Thonglang Akupa	PHC T Waichong	10th Nov, 2010
07	Liyai	PHC Paomata	26th Nov, 2010
08	Ngari	PHC Phaibung	8th - 9th Dec, 2010
09	Jangnoi	PHC Saikul	25th March, 2011

Conclusion:

Over all the DMMU programmes in the District was conducted successfully. No doubt there is always more demand for free medicine as maximum people try to avail it. This kind of programme for the rural people like our District is really going to bring lots of change in the attitude of the people towards health concern and awareness towards it. In spite of the sickness, people in the rural area especially the interior are less inclined to go for treatment. With IEC/BCC programme and more regular dealing with community by medical personnel, people are getting to learn more about health care and available facilities.



Medicines in full stock



Caring for the children



Caring for the people



The team with the villagers



Felicitating the old people



Interaction with the villagers

NRHM Newsletter

ACHIEVEMENTS OF RCH AND DMMU CAMPS DURING 2010-11

Submitted by: Rajeev Irengbam, DPM, UKL

The National Rural Health Mission was launched all over India in April 2005. It is an endeavour to uplift the health status of rural population in India. It also assumed that the health and well being of the population is a basic right of citizens and provisioning of services is done by the State, District and Block in different levels. There also exist the role and equal participation of people in Health care provisioning including Village Authority involvement. Within this context, we believe that National Rural Health Mission having a holistic approach has enhanced utilization of health services and mitigated the gaps detrimental to accountability, effectiveness, affordable and accessible health care system.

The status of health indicators in Ukhrul District before NRHM and after NRHM has reflected proportional increase because of the various interventions done under NRHM especially for Maternal and Child health. Infrastructure creation, Human Resource induction, Training and other activities like RCH camps, DMMU camps, BCC activities, and Community participation has major impacts in improving the well being of the rural populace.

In the current year 2010-11, 12 RCH Camps and 12 DMMU camps were approved to conduct these camps in most vulnerable areas of Ukhrul District to be implemented by both District and Blocks. The achievement status of these camps is as follows:

ACHIEVEMENTS OF RCH DURING 2010-11

Sl. No	Name of the Village	Date of RCH Camps	Status	Average OPD
1	Chingjaroi	12/10/2010	Completed	200-250
2	Phungcham	26/10/2010		Patients were given health care services: gastrointestinal cases, hypertensive cases, back pain were commonly found.
3	Chamu Khayang	9/11/2010		
4	Ningthi	23/11/2010		
5	Lamlai Khunou	22/10/2010		
6	T. Hundung	12/11/2010		
7	Kachai	17/11/2010		
8	Litan	8/10/2010		
9	Mawai	14/12/2010		
10	Kangkum	11/01/2011		
11	Kaziphung	10/12/2010		
12	Sokvao	21/12/2010		

ACHIEVEMENTS OF DMMU CAMPS DURING 2010-11

Sl. No.	Name of the village	Date of DMMU Deployment	Status	Average OPD
1	Ngaingu	9/10/2010	Completed	300-500 OPD
2	Nungbi	29/10/2010		patients were given health care services
3	Ngahui	13/11/2010		

4	Kharasom	27/11/2010		
5	Grihang	11/12/2010		
6	Sorde	25/12/2010		
7	Sorbung	8/01/2011		
8	Shankshak	29/01/2011		
9	Sanakeithel	12/02/2011		
10	Tuinem	26/02/2011	22 nd March'11	
11	Tolloi	12/03/2010	8 th March'11	
12	Iambui	11/03/2010	Completed	

Under RCH and DMMU program out of 24 camps 22 camps have been done in 24 villages till March 2011. These camps have benefitted to the people on an average 200-500 patients in a single camp. In most of the camps, people like to welcome the service provider warmly and requested to visit every year as the health care services did not reach to the village frequently. In a way these camps are an approach to bring health care delivery to peoples' door step. The DMMU Van as been a favorite one to the villagers and has been called as 'white elephant' that provides X-ray, lab services, Ultrasound and eye care to the people where such services have never been given before in such poor accessible locations.

RCH camps conducted by Block

Sl. No	Name of the Village	Date of RCH Camps	Status
1	Chingjaroi	12/10/2010	Completed
2	Phungcham	26/10/2010	
3	Chamu Khayang	9/11/2010	
4	Ningthi	23/11/2010	
5	Lamlai Khunou	22/10/2010	
6	T. Hundung	12/11/2010	
7	Kachai	17/11/2010	
8	Litan	8/10/2010	
9	Mawai	14/12/2010	
10	Kangkum	11/01/2011	
11	Kaziphung	10/12/2010	
12	Sokvao	21/12/2010	

DMMU Activities

Sl. No.	Name of the village	Date of DMMU Deployment
1	Ngaingu	9/10/2010
2	Nungbi	29/10/2010
3	Ngahui	13/11/2010
4	Kharasom	27/11/2010
5	Grihang	11/12/2010
6	Sorde	25/12/2010
7	Sorbung	8/01/2011
8	Shankshak	29/01/2011
9	Sanakeithel	12/02/2011
10	Tuinem	26/02/2011
11	Tolloi	12/03/2010
12	Iambui	11/03/2010

Ukhrul



The key to good Health- Health Camps



Crowds waiting for their turns



Counselling sessions



Free medicines

NRHM Newsletter



Caring for the old



Eye Care



Interaction time



Waitingfor my turn



An opportunity to good health

NRHM Newsletter

COMMON MEDICINAL PLANTS OF MANIPUR

Prepared by:
Dr. N. Poana (CHC, Mao)

HEIKRU

Emblica officinalis Gaertn.

Uses : Best known anti oxidant, Acidity, Diabetes, urinary problems, Leucorrhoea, vomiting.

Action : Antianaemic, antidiarrhoeal, diuretic, antidiabetic, antioxidant, used in jaundice and eye problems.

The fruit is an important source of vitamin c (ascorbic acid), minerals and amino acids.

A decoction of powder is prescribed for peptic ulcers, and it may lower serum cholesterol, LDL, triglycerides and phospholipids without effecting HDL levels and may have positive effects on atherosclerosis.



TULSI

Ocimum sanctum Linn

Uses: Antiviral, Antibacterial, Expectorant, Appetiser.

Action: Leaf- carminative, stomachic, antiasmodic, antiasthmatic, expectorant, hepato-protective, antipyretic. Seed- genitourinary diseases.

Root_ antistress. Essential oil antibacterial, antifungal.

The ethanol extract (90%) of the leaves showed hepato-protective effect against paracetamol-induced liver damage.



MANAHI

TERMINALIA CHEBULA RETZ



Action: Myrobalan is used as appetizer, Its fruits have laxative, stomachic, tonic and antioxidant properties. It is also known as an adaptogen, and hepatoprotective drug. It acts as a gentle laxative and helps in smooth evacuation. It is an effective purgative and helps in removing toxins and fats from the body, resulting in their reduced absorption. In Ayurveda Myrobalan is the best for or purifying the channels of body. Further it can be taken for a long time without any ill effects.

Chemical constituents: Tannins, anthraquinones and polyphenolic compounds. Aqueous extract of fruits was evaluated for its antioxidant activity.

Clinical research: It increases the frequency of stools and has got the property of evacuating the bowel completely.

Aqueous extract of fruits of Terminalia chebula was evaluated for its antioxidant activity by studying in habiting of radiation induced lipid peroxidation in rat liver microsomes at different radiation doses. Extract showed potent antioxidant action and was found to restore enzyme superoxide dismutase from radiation damage (A. Bhattacharya et al, Indian Journal of chemistry 37,676-1999).

TILHOU

Action: Antibiotic, antibacterial, antisclerotic, anti-inflammatory, expectorant, diuretic, hypotensive, antidiabetic.

Key application: For the prevention of atherosclerosis (German Commission E) and age-dependant changes in the blood vessels, and loss of appetite (WHO).

Onion bulbs contain a volatile oil with sulphurous constituents, including allylpropyldisulphide; sulphur- containing compounds, including allicin, alliin; flavonoids; phenolic acids and sterols.

Regular use of onion (50 g per day) reduces insulin requirement of a diabetic patient from 40 to 20 units a day. Thiosulphinates, isolated from onion juice, exhibited antiasthmatic activity in vivo.



Allium cepa Linn.

NINGTHAU KHONGLEE

Action: It has been used to treat general weakness, fever, dyspepsia, dysentery, gonorrhea, secondary syphilis, urinary diseases, impotency, gout, viral hepatitis, skin diseases, and anemia. In compound formulations, Guduchi is used clinically to treat jaundice, arthritis, spondylosis, and diabetes. The root is considered to be a strong emetic and is used for bowel obstruction. It possesses antioxidant and immunomodulator properties.

Ingrients: In the early 1900s, giloin, gilenin, and gilosterol, as well as the bitter principles columbin, chasmanthin, and palmarin, were identified in the plant. Clinical data

Tinospora cordifolia miers.



PERUK**Action :**

CNS relaxant, peripheral vasodilator, Sedative, antibiotic and detoxifier.

Used as a brain tonic for improving memory and for overcoming mental confusion, stress and fatigue.

Uses :

Extracts orally to treat stress-induced stomach and duodenal ulcers, topically to accelerate healing particularly in case of chronic Post surgical and Post trauma wounds.

**Centella asiatica Linn****HEIBONG**

Action: Astrigent and antiseptic; used in threatened abortions, menorrhagia leucorrhoea, urinary disorders, skin diseases, swellings, boils, haemorrhages.

Unripe fruits – astrigent, carminative, digestive, stomachic, used in diarrhoea, dyspepsia, dysentery, menorrhagia and haemorrhages.

Ripe fruits – antiemetic, also used in haemoptysis.

Roots and fruit – hypoglycaemic.

Bark – decoction is used in skin diseases, inflammations, boils and ulcers.

Ficus racemosa Linn.

CHANAM

Uses: Hyperlipidemia, Nervine, Cardiac tonic, Arthritis, Antibacterial, Appetizer, Cough and cold.

A recent renew of research on Garlic has shown that this commonly used root may have a number of positive effects that have implication for brain health. The Ayurvedic Pharmacopocia of India indicates the use of bulb as a brain tonic in epilepsy and psychic disorders.

Garlic contains the compounds Allicin which release the powerful antioxidant called sulfenic acids as it is broken down by the body.



Allium Sativum Linn.

SHING

Uses: Appetizer, Anti-inflammatory, Rheumatic pain, cough and cold, Diarrhea

Action : Rhizome – Antiemetic, Antiflatulent, anti-inflammatory, antispasmodic, expectorant, circulatory stimulant, increases bioavailability of prescription drugs, increase appetite, anaemia, rheumatism, irritable bowel and diarrhoea.

For dyspepsia and prevention of motion sickness (German Commission E); Vomiting of pregnancy, anorexia, bronchitis and rheumatic complaints (The British Herbal Compendium) as a post-operative antiemetic.

Zingiber officinale Rose



YAINGANG

Curcuma Longa Linn.

Turmeric : A common ingredient in Indian curries, turmeric contains a chemical called curcumin whose positive effects of the brain have been widely studied. Curcumin is both a potent antioxidant and an anti-inflammatory agent. Research suggests that the compound may help inhibit the decomposition of toxic beta-amyloid plaque and there is some evidence that it may help in its breakdown and removal from the brain. Curcumin also may help promote the removal of potentially toxic metals from the brain. And it is use in various skin disorders.



Turmeric

NONGMANGKHA

Adhatoda Vasica

Action : Expectorant and anti spasmodic.

Uses : The chief quinazoline alkaloid vasicine is reported in all parts of the plant. Its a bronchodilator, respiratory stimulant, hypotensive. The leaves are found to activate the digestive enzyme trypsin.

An extract of leave showed significant antifungal activity against ringworm.



1st prize
Republic Day
2011

Health Mela
TML

62nd REPUBLIC DAY CELEBRATION

REPUBLIC DAY
CELEBRATION 2011
DISTRICT MOBILE MEDICAL UNIT

Reaching the Un

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NRHM

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